OFFICIAL DOCUMENT
Give This Form to Plumber.

City of Newport News
Department of Public Utilities (Waterworks)

Backflow Test Form

(www.nngov.com/waterworks/downloads/backflowtestform)

Mail completed **original** *test form to* ---------- ***Cross Connection Control Office***
(1 form per each device) ***425 Industrial Park Drive, Newport News, VA 23608***

Backflow Partner# _____ **OR** Meter #_____

Name of Premises_____

Service Address_____

Use & Location of Device_____

Device_____ _____ _____ _____
Manufacturer Model Size Serial Number

Line Pressure at Time of Test _____psi **(circle one)** Existing / Replacement / New

Reduced Pressure Device	**Requirements**	**Initial Test**	**Repairs**	**Retest**
Check Valve #1 Pressure drop across Ck. Valve #1	Closed tight? min. of 5.0 psid	(circle one) **Yes/No** _____ psid (A)		(circle one)**Yes/No** _____ psid
Check Valve #2	Closed tight?	(circle one) **Yes/No**		(circle one)**Yes/No**
Differential Pressure Relief Port	Must open at min. of 2.0 psid	Opened at _____ psid (B)		Opened at _____ psid
Pressure Buffer	A-B = or > 3.0 psid	_____ psid		_____ psid

Double Check Valve Device	**Requirements**	**Initial Test**	**Repairs**	**Retest**
Check Valve #1	Closed tight at a min. of 1.0 psid?	(circle one) **Yes/No** _____ psid		(circle one) **Yes/No** _____ psid
Check Valve #2	Closed tight at a min. of 1.0 psid?	(circle one) **Yes/No** _____ psid		(circle one) **Yes/No** _____ psid

Pressure VB / Spill Proof VB	**Requirements**	**Initial Test**	**Repairs**	**Retest**
Air Inlet	Opened at a min. of 1.0 psid?	(circle one) **Yes/No** _____ psid		(circle one) **Yes/No** _____ psid
Check Valve	Closed at a min. of 1.0 psid?	(circle one) **Yes/No** _____ psid		(circle one)**Yes/No** _____ psid

Remarks_____

Testing Company _____ Phone # _____

Company Address_____

E-mail _____Fax # _____VA Plumbing License # _____Exp. Date _____

City of Certification _____Backflow License # **or** State License # _____Exp.Date _____

Testing shall be accomplished by licensed plumbers when testing in the Newport News Waterworks system.

Certification: *I have made the above test and hereby certify that this backflow prevention device performed satisfactorily and meets all federal, state and local codes and regulations as required.*

Tester Name_____ _____ _____
(INITIAL TEST) (Print) (Signature) (Date)

Tester Name_____ _____ _____
(RETEST) (Print) (Signature) (Date)

Test backflow preventer and mail original test form within 30 days.

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