

OFFICIAL DOCUMENT

Newport News Waterworks (Public Utilities) Backflow Test Form

*Mail test form to Cross Connection Control Office, 425 Industrial Park Drive, Newport News, VA 23608
or email to wwbftestform@nnva.gov*

Business Partner Number _____

Name of Premise _____

Service Address _____

Use & Location of Assembly _____

Original Assembly _____

(1 form per assembly) Manufacturer/Model Type Size Serial Number

Replacement Assembly _____

Manufacturer/Model Type Size Serial Number

Line PSI @ Test ____ Existing Assembly Replacement Assembly New Assembly Line PSI @ Retest ____

Reduced Pressure Assembly	Requirements	Initial Test	Repairs	Retest
Check Valve #1 Press. drop across Ck. Valve #1	Closed Tight? min. 5.0 psid	Yes <input type="checkbox"/> No <input type="checkbox"/> ____psid (A)		Yes <input type="checkbox"/> No <input type="checkbox"/> ____psid (A)
Check Valve #2	Closed Tight?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Differential Pressure Relief Port	Must open at min. 2.0 psid	Yes <input type="checkbox"/> No <input type="checkbox"/> ____psid (B)		Yes <input type="checkbox"/> No <input type="checkbox"/> ____psid (B)
Pressure Buffer	A-B= ____psid	A-B= ____psid		A-B= ____psid

Double Check Valve Device	Requirements	Initial Test	Repairs	Retest
Check Valve #1 Press. drop across Ck. Valve #1	Closed Tight min. 1.0 psid?	Yes <input type="checkbox"/> No <input type="checkbox"/> ____psid		Yes <input type="checkbox"/> No <input type="checkbox"/> ____psid
Check Valve #2	Closed Tight min. 1.0 psid?	Yes <input type="checkbox"/> No <input type="checkbox"/> ____psid		Yes <input type="checkbox"/> No <input type="checkbox"/> ____psid

Pressure VB / Spill Proof VB	Requirements	Initial Test	Repairs	Retest
Air Inlet	Opened at min. 1.0 psid?	Yes <input type="checkbox"/> No <input type="checkbox"/> ____psid		Yes <input type="checkbox"/> No <input type="checkbox"/> ____psid
Check Valve	Closed at min. 1.0 psid?	Yes <input type="checkbox"/> No <input type="checkbox"/> ____psid		Yes <input type="checkbox"/> No <input type="checkbox"/> ____psid

THIS ASSEMBLY TEST: PASSED FAILED

Remarks _____

Testing Company Name & Address: _____ Phone# _____ Cell# _____

Company Address/Email _____

Local Backflow Certification # _____ Exp. Date _____ VA DPOR Plumbing License # _____ Exp. Date: _____

DPOR Backflow Certification # _____ Exp. Date: _____ DPOR Backflow Certification # (Retest) _____ Exp. Date: _____

Test Gauge Make, Model, and Serial # _____ Last Test Gauge Calibration Date _____

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

Tester Name: _____
(Initial Test) Print Signature Date

Tester Name: _____
(Retest Test) Print Signature Date