

**OFFICIAL DOCUMENT**

FOR NEW DEVICE AND REPLACEMENTS ONLY

**Newport News Waterworks (Public Utilities) Backflow Test Form**  
Mail completed original test form to Cross Connection Control Office, 425 Industrial Park Drive, Newport News, VA 23608

BP# \_\_\_\_\_ OR Meter # \_\_\_\_\_

Name of Premises \_\_\_\_\_

Service Address \_\_\_\_\_

Use & Location of Device \_\_\_\_\_

Original Device \_\_\_\_\_

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

Replacement Device \_\_\_\_\_

Manufacturer/Model      Type      Size      Serial Number

**Line PSI at Time of Test** \_\_\_\_\_ psi (circle one) Existing device / Replacement / New      **Retest - Line PSI** \_\_\_\_\_ psi

Reduced Pressure Device	Requirements	Initial Test	Repairs	Retest
Check Valve #1	Closed tight?	(circle one) <b>Yes/No</b>		(circle one) <b>Yes/No</b>
Pressure drop across Ck. Valve #1	min. of 5.0 psid	_____ psid (A)		_____ psid
Check Valve #2	Closed tight?	(circle one) <b>Yes/No</b>		(circle one) <b>Yes/No</b>
Differential Pressure Relief Port	Must open at min. of 2.0 psid	Opened at _____ psid (B)		Opened at _____ psid
Pressure Buffer	A-B = > 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) <b>Yes/No</b>		(circle one) <b>Yes/No</b>
		_____ psid		_____ psid
Check Valve #2	Closed tight at a min. of 1.0 psid?	(circle one) <b>Yes/No</b>		(circle one) <b>Yes/No</b>
		_____ psid		_____ psid

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

Remarks \_\_\_\_\_

Testing Company \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Company Address \_\_\_\_\_

E-mail \_\_\_\_\_ VA Plumbing License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Backflow License # \_\_\_\_\_ DPOR State License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

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

For new devices down load backflow test forms at [www.nnva.gov](http://www.nnva.gov) (search "backflow test form).