



City Of Virginia Beach
Backflow Assembly Test Form
 For Information Call: 757-385-4171

To Submit:
Mail: 2809 S. Lynnhaven Road, Suite 250
 Virginia Beach, VA 23452
Email: backflow@vbgov.com

Business/Owner Name: _____
 Contact Person: _____
 Phone Number: _____ Fax Number: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Type Of Business: _____
 Site Address: _____ Zip Code: _____
 Date Test Due: _____ Permit # (If Applicable): _____

Location: _____
 Serial#: _____ Check If Correct Correction _____
 Device Type: Type: Mfg: Model: Size:
 Device Type Correction: (Include all that apply)

Please be advised that we have made the following annual test on the backflow prevention device as required by Chapter 37 Article III, city code of Virginia Beach and the 12VAC5-590, Water Works Regulation, Public Drinking Water Supply and report the following findings:

RP <input type="checkbox"/>	Existing <input type="checkbox"/>	Commercial <input type="checkbox"/>	Domestic <input type="checkbox"/>
DC <input type="checkbox"/>	New <input type="checkbox"/>	Residential <input type="checkbox"/>	Irrigation <input type="checkbox"/>
PVB <input type="checkbox"/>	Removed <input type="checkbox"/>	Municipal <input type="checkbox"/>	Fire <input type="checkbox"/>
	Replaced <input type="checkbox"/>	Military <input type="checkbox"/>	Bypass <input type="checkbox"/>

DeviceTest	Reduced Pressure Principle Assembly (RP)			PVB/SVB
	Double Check Valve Assembly (DC)			
Date: _____	Check Valve #1	Check Valve #2	Relief Port	Air Inlet
Time: _____	Closed Tight ? Yes <input type="checkbox"/> No <input type="checkbox"/>	Closed Tight? Yes <input type="checkbox"/> No <input type="checkbox"/>	Opened at _____ psid (Min. 2.0 psid)	Opened at _____ psid (Min. 1.0 psid)
(The Dept. of Public Utilities only accepts passing tests.)	Held at _____ psid (Min. 5.0 psid for RP) (Min. 1.0 psid for DC)	Held at _____ psid (PSI Not Required for RP) (Min. 1.0 psid for DC)	Pressure Buffer _____ psid	Check Valve Held at _____ psid (Min. 1.0 psid)

Comments: _____

Yes <input type="checkbox"/> No <input type="checkbox"/> I certify all information on this report is true and accurate, acknowledging that failing and/or incomplete reports will not be accepted. Testing Company: _____ Phone #/Fax #: _____ Address: _____ City: _____ State: _____ Tester's Name (Please Print): _____ Cert. #: _____ Expiration Date: _____ City of Certification: _____ Test Kit Serial #: _____ Calibration Date: _____ Tester's Signature: _____	Line Pressure _____ psi Test Kit Mfg. _____ Test Kit Model _____ Device Tagged Yes <input type="checkbox"/> No <input type="checkbox"/>
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