



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

**To Submit:**

**Mail:** 3500 Dam Neck Road – Room C102  
 Virginia Beach, VA 23453-2617

**Email:** backflow@vb.gov **And/Or** **Fax:** 757-427-3183

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: _____	<b>Check Valve #1</b>	<b>Check Valve #2</b>	<b>Relief Port</b>	<b>Air Inlet</b>
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)	<b>Pressure Buffer</b> _____ psid	<b>Check Valve</b> Held at _____ psid (Min. 1.0 psid)

**Comments:** \_\_\_\_\_

Yes  No  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: \_\_\_\_\_

<b>Line Pressure</b> _____ psi
<b>Test Kit Mfg.</b> _____
<b>Test Kit Model</b> _____
<b>Device Tagged</b> Yes <input type="checkbox"/> No <input type="checkbox"/>