



(804) 693-4044

County of Gloucester
Department of Public Utilities
7384 Carriage Court, P.O. Box 329
Gloucester, Virginia 23061



FAX (804) 693-4664

Backflow Prevention Device Test Report

Name of Premises _____

Service Address _____

Use & Location of Device _____

Device _____

Manufacturer

Model

Size

Serial No.

Table with 5 columns: Device Type, Requirement, Initial Test, Repairs, Retest. Rows include Reduced Pressure Device, Double Check Valve Device, and Pressure Vacuum Breaker.

Remarks _____

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 _____ Date _____

(Print)

(Signature)

License # _____ Expiration Date _____ City of Certification _____

Testing Company _____ Phone # _____

Company Address _____