



Town of Christiansburg

Cross Connection and Backflow Prevention Test Form

Test Results Not Valid Until Submitted To The Town of Christiansburg

Fax 540.381.7238

Mail Completed Original Form To: Town of Christiansburg 100 East Main Street Christiansburg VA 24073-3029

Name of Owner _____

Mailing Address _____

Name of Premises _____

Address of Premises _____

Type of Assembly _____ Location of Assembly _____

Installation Date _____ Size of Assembly _____

Manufacturer _____ Model Number _____

Assembly Serial # _____ Date of Test _____

Testing Company _____ Testers Name _____

Business Address _____ Testers License # _____

Business Phone # _____ License Exp. Date _____

Reason for Test (check one) Annual Failure Maintenance

I certify that I have tested the above assembly and that it meets the performance requirements as specified by the manufacturer and the Town of Christiansburg.

Date _____ Licensed Tester Signature _____

Line Pressure at Time of Test _____

	Initial Test	Retest
<u>Reduced Pressure Zone Assembly</u>		
Differential Pressure Relief Port	Opened at _____ psid	Opened at _____ psid
Must open minimum 2.0 psid		
Check Valve # 1	Closed ? _____ Y / N	Closed? _____ Y / N
Must close min. 3.0 psid above relief port opening		
Check Valve # 2	Closed ? _____ Y / N	Closed ? _____ Y / N
Must close tight		
<u>Double Check Valve Assembly</u>		
Check Valve # 1	Closed ? _____ Y / N	Closed ? _____ Y / N
Must close at a minimum of 1.0 psid		
Check Valve # 2	Closed ? _____ Y / N	Closed ? _____ Y / N
Must close at a minimum of 1.0 psid		
<u>Pressure Vacumn Breaker</u>		
Air Inlet	Opened ? _____ Y / N	Opened ? _____ Y / N
Opened at a minimum of 1.0 psid		
Check Valve	Closed ? _____ Y / N	Closed ? _____ Y / N
Closed at a minimum of 1.0 psid		