



Kent County Water Authority

REDUCED PRESSURE BACKFLOW PREVENTER TEST REPORT

Service Name: _____ Water Account No. : _____
 Address: _____ City: _____ State: _____ Zip: _____
 Device Location: _____ Serve What System: _____
 Valve ID#: _____ Serial Number: _____
 Type: _____ Make: _____ Model: _____ Size: _____
 Rebuild Due Date: _____ Test Due Date: _____

Annual Report	Check Valve#1 Pressure _____	Check Valve #2 Pressure _____	Differential Pressure Relief Valve Opened at ____ psi reduced pressure Did not Open ____
	_____ Cleaned	_____ Cleaned	_____ Cleaned
	_____ Replaced	_____ Replaced	_____ Replaced
	_____ Other, describe	_____ Other, describe	_____ Other, describe
	_____	_____	_____

Final Test	Check Valve #1 Pressure _____	Check Valve #2 Pressure _____	Differential Pressure Relief Valve Opened at ____ psi reduced pressure Did not Open ____
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Notes/Comments: _____

The above is certified correct. Signed _____ Date Tested: _____

Tested by (Print Name) _____ Certification Number _____

Company Name _____ License Number _____

Company Telephone Number _____

Return to: **KENT COUNTY WATER AUTHORITY**
1072 Main Street
West Warwick, RI 02893

