



Kent County Water Authority

Kent County Water Authority Backflow Prevention Device Assembly Test Form

Owner of Property _____ Water Acct # _____

Date _____ Time _____

Mailing Address _____

Tested by _____

(City,Town) _____ (Zip) _____

Certificate # _____

Contact Person/Phone _____

RPZ DCVA

Make _____ Model No. _____

Device Address _____

Size _____ Serial No. _____

Annual Test

Test After Installation

Test After Repairs

Device Replaced _____

Exact Device Location _____

Test Kit Serial # _____ **Calibration Date** _____

<i>Reduced Pressure Backflow Prevention Device Assembly (RPZ)</i>					Remarks
Check Valve No. 1	Check Valve No. 2 Tightness	Flow Condition Evaluated	Relief Valve DP Opening Point	Check Valve No. 2 DP	
Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____ PSID	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Flow <input type="checkbox"/> No-Flow <input type="checkbox"/>	Opened at PSID _____ Did Not Open <input type="checkbox"/>	_____ PSID	<p>ALL BFPA'S MUST HAVE REPAIR KITS ON HAND FOR EMERGENCY REPAIRS. ALL BFPA'S TO BE REPAIRED/REPLACED WITHIN 10 DAYS OF INITIAL TEST</p>
<i>Double Check Valve Device Assembly (DCVA)</i>					
Backpressure Test		Check Valve No. 1 DP	Check Valve No. 2 DP	Flow Condition Evaluated	
TC#1 PSI	TC#4 PSI	_____ PSID	_____ PSID	Flow <input type="checkbox"/> No-Flow <input type="checkbox"/>	

At the time of the test, the downstream shut-off valve was: Closed Tight Leaked Not Tested

Line Pressure _____ PSI Protection Type: Service Line Fire Service Line Internal Domestic Plumbing System

THE ABOVE REPORT IS CERTIFIED TO BE TRUE

PASS FAIL SERVICED RESTORED

TESTERS SIGNATURE _____

WITNESS BY _____

TESTERS PRINTED NAME _____

TESTERS COMPANY NAME _____

TESTERS ADDRESS _____

TESTERS PHONE# _____

**SEND, FAX OR EMAIL FORMS TO:
Kent County Water Authority
35 Technology Way, West Greenwich, RI
02817 or FAX:
401.823.4810
EMAIL:
backflow@kentcountywater.org**

NOTE: . TEST FORMS TO BE COMPLETED IN FULL. ALL NON REGISTERED/INCOMPLETE FORMS WILL BE RETURNED.ALL TESTERS ARE REQUIRED TO SUBMIT A COPY OF THEIR CURRENT "CERTIFICATION CARD" AND "CALIBRATION CERTIFICATE ON TESTING EQUIPMENT"