



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
<b>Check Valve No. 1</b>	<b>Check Valve No. 2 Tightness</b>	<b>Flow Condition Evaluated</b>	<b>Relief Valve DP Opening Point</b>	<b>Check Valve No. 2 DP</b>	
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	
<i>Double Check Valve Device Assembly (DCVA)</i>					<p><b>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</b></p>
<b>Backpressure Test</b>		<b>Check Valve No. 1 DP</b>	<b>Check Valve No. 2 DP</b>	<b>Flow Condition Evaluated</b>	
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  
1072 Main Street West Warwick, RI 02893**

**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"**