Warwick Water Division
Backflow Prevention Device Test Form
935 Sandy Lane Warwick, RI 02889

Owner of Property: __________________________________________
Test Date: ______________________
Service Address: _____________________________________________
Account #: ______________________
Property Owners Phone Number: ________________________________
Meter Reading: ______________________
Billing Address: ______________________________________________
DC _______________ RPZ _______________
EXACT LOCATION OF DEVICE: _________________________________
RPDA _______________ DCDA _______________
Calibration Date: _____________________________________________

Rhode Island is a Containment State. Please only submit Domestic or Fire line Information

<table>
<thead>
<tr>
<th>REDUCED PRESSURE ZONE (RPZ)</th>
<th>Backflow Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHECK VALVE CHECK VALVE NO. 2 TIGHTNESS FLOW CONDITION RELIEF VALVE CHECK VALVE NO. 2 DP</td>
<td>Make __________________ Model No. ____________</td>
</tr>
<tr>
<td>CLOSED TIGHT LEAKED CLOSED TIGHT LEAKED FLOW NO - FLOW OPENED AT PSID DID NOT OPEN PSID</td>
<td>Size ____________________________</td>
</tr>
<tr>
<td>PSID______ __</td>
<td>PSID______ ___</td>
</tr>
<tr>
<td>TC#1 PSI</td>
<td>Flow No – Flow</td>
</tr>
</tbody>
</table>

Double Check Valve Device Assembly (DCVA)

<table>
<thead>
<tr>
<th>Backpressure Test Condition</th>
<th>Check valve No. 1 DP</th>
<th>Check valve No. 2 DP</th>
<th>Flow Evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td>TC#1 PSI</td>
<td>TC#4 PSI</td>
<td>PSID______ __</td>
<td>PSID______ ___</td>
</tr>
</tbody>
</table>

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

Line Pressure __________ PSI Protection Type: Domestic Line __ Fire Service Line ___

TESTERS FULL NAME ____________________________
TESTERS CERTIFICATION # ______________________
TESTERS COMPANY NAME _________________________
TESTERS PHONE NUMBER _________________________

PLEASE SEND COMPLETED FORMS TO:
BACKFLOW@WARWICKRI.COM
OR BRING TO
935 SANDY LN. WARWICK, RI

*Note- Test forms to be completed in full. All non-register/incomplete forms will be returned. All testers are required to submit a copy of their current ‘certification card’ and ‘calibration certificate on testing equipment’