

Warwick Water Division

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

Owner of Property: Te									est Date:				
Service Address: A										count #:			
										eter Reading:			
Billing Address: D									С		RPZ		
EXACT LOCATION OF DEVICE: R									PDA		DCDA		
Calibration Date:													
Test Kit M													
Rhode Island is a Containment State. Please only submit Domestic or Fire line Information													
REDUCED PRESSURE ZONE (RPZ) Backflow Information											ackflow Information		
CHECK VALVE				FLOV CONDIT			VALVE	CHECK VALVE NO. 2 DP		Make			
CLOSED TIGHT CLOS		ED TIGHT				OPENED AT			Model No				
				FLOW			SID			Size			
LEAKED		LEAKED						PSID					
							·				Serial No		
				NO - FLOW				·		Annual			
						DID NOT OPEN				New In			
PSID		PSID								Repair			
	_									PAS	s 🗆		
Double Check Valve Device Assembly (DCVA)										FAIL			
Backpress	sure	Test	Check val	Check valve No. 1		Check valve		Flow			Comments:		
Condition			DP		DP			Evaluated					
TC#1 PSI TC		#4 PSI						FLOW					
			PSID										
					PSI	D	_•	No – Flow					
At the time of the test, the downstream shut- off valve was: Closed Tight 🗌 Leaked 🗌 Not Tested 🗌													
Line PressurePSI							Protection Type: Domestic Line 🗌 Fire Service Line 🗌						
PLEASE SEND COMPLETED FORMS TO:													
TESTERS FULL NAME								BACKFLOW@WARWICKRI.COM					
TESTERS CERTIFICATION #								OR BRING TO					
TESTERS (
TESTERS F	TESTERS PHONE NUMBER 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'