**Greater Augusta Utility District**

**NEWWA Backflow Prevention Device Assembly Test Report Form**

Owner of Property Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address Tested by:

 Certificate #:

 (City,Town) (Zip)

Contact Person RPZ  DCVA PVB SRVB 

 Make \_\_\_\_\_\_\_\_\_\_\_\_ Model No. \_\_\_\_\_\_\_\_\_\_\_\_

Device Address and Location Size Serial No. \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Test After Installation 

Device Identification Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Test After Repairs 

 Annual Test 

Test Kit Serial # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Calibration Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Semi-Annual 

|  |  |
| --- | --- |
| ***Reduced Pressure Backflow Prevention Device Assembly (RPZ)*** | ***Pressure Vacuum Breaker (PVB)*** ***Spill Resistant Vacuum Breaker (SRVB)*** |
| **Check Valve****No. 1** | **Check Valve** **No. 2 Tightness** | **Flow Condition Evaluated** | **Relief Valve DP Opening Point**  | **Check Valve** **No. 2 DP** | **Check Valve DP** | **Flow Condition Evaluated** |
| Closed Tight Leaked  | Closed Tight Leaked  | Flow   No-Flow   | Opened at PSID\_\_\_\_\_\_\_\_\_\_.\_\_\_ Did Not Open  | \_\_\_\_\_\_\_\_.\_\_\_ PSID  | \_\_\_\_\_\_\_\_.\_\_\_PSID | Flow No-Flow  |
| **\_\_\_\_\_\_\_\_\_\_\_.\_\_** PSID  |
| ***Double Check Valve Device Assembly (DCVA)*** | **Air Inlet Valve DP Opening Point** |
| **Backpressure Test** | **Check Valve No. 1****DP** | **Check Valve No. 2 DP** | **Flow Condition Evaluated**  | Opened at \_\_\_\_\_\_\_\_\_.\_\_\_\_\_\_ PSID Did Not Open  |
| TC#1 PSI | TC#4 PSI | \_\_\_\_\_\_\_.\_\_\_\_PSID | \_\_\_\_\_\_\_\_\_.\_\_\_\_\_PSID | Flow No-Flow  |
| At the time of the test, the downstream shut-off valve was: Closed Tight Leaked  Not Tested  |
| Line Pressure \_\_\_\_\_\_\_\_\_\_\_PSI  | Protection Type: Service Line @ Meter  Fire Service Line  |

|  |  |
| --- | --- |
| Signature of Certified Tester | **PASS** **FAIL** **OTHER**  |
| Test Witnessed by: Water Works OfficialOwner AgentOriginal to Greater Augusta Utility DistrictBrandon Main at bmain@gaud.ws  | Remarks\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Service Restored  |