

York Water District Annual Backflow Prevention Device Assembly Test Record Form

Owner of Property _____ Test Date _____

Device Address _____ Time _____

Location of Device on Property _____ Device Type: RPZ DCVA

Protection Type: Domestic Fire Well

Static Line Pressure _____ Irrigation Commercial Other _____

(Optional)

Device Information

Assembly Manufacturer _____ Model _____ Size _____

Serial # _____ New Installation: Yes No

Test Equipment

Test Kit Manufacturer _____ Model _____ Serial # _____

Last Calibration Date _____
(Due Annually)

Reduced Pressure Backflow Prevention Device (RPZ) - NEWWA Test

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"/>	Closed Tight <input type="checkbox"/>	Flow <input type="checkbox"/>	Opened at PSID	
Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	No-Flow <input type="checkbox"/>	_____	
_____ PSID			Did not Open <input type="checkbox"/>	_____ PSID

Double Check Valve Assembly (DCVA) - NEWWA Test

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"/>

PASS FAIL

Remarks : _____

Testing Agency _____
Tester's Name _____

Tester Certification # _____

Tester's Signature _____

Service Restored