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

Owner of Pr	operty								Date			Time			
Owner of Property  Mailing Address									Tested by						
		(City,To				(Zip)			Certifica	te#	<u> </u>				
Contact Pers	son	(City, Fo							RPZ.□	1	DCVA□	PVF	3 🗆	SRVB □	
Contact I on											Mo				
Device Addı	ress and l	Location													
											nstallation				
Device Iden	ee Identification Number								Test After Repairs □						
									Annual Test □						
Test Kit Serial #Calibration Date								Other □							
1	Reduced	Pressure E	Backfla	w Prev	ention 1	Device A	ssem	ıbly (I	RPZ)		Pressure	Vacuu	m Bre	eaker (PVB)	
											Spill Resistant Vacuum Breaker				
CL LV	7 1	Check V		Tal	•	D.P.	CX7	•	CL LVI		CL 137		RVB)	C I''	
No. 1	Check Valve No. 1		itness	Flow Condition Evaluated		Relief Valv DP Openin Point			Check Valve No. 2 DP		Check Valve DP		Flow Condition Evaluated		
Closed Tigh	t 🗆	Closed Tig	ht 🗆	Flow	Flow		Opened at Pa						Flow		
Leaked		Leaked		No-Flow □		 Did Not Open □							No-F	low 🗆	
									PSID		PSID				
PSID	) 							en 🗀							
		Double Cl	ieck Va	ılve Dev	ice Asse	mbly (DC	CVA)							pening Point	
Backpres	t Check	Check Valve No			v Valve N 2 DP			low Condition Evaluated							
TC#1 PSI	TC#4 P										Opened at				
101121	101					 PSID		Flov	w 🗆		PSID			מוט	
			PSID			PSID		No-l	-Flow 🗆		Did Not Open □				
At the time	of the tes	t, the downs	ream s	hut-off v	alve was	s: Closed	Tigh	nt 🗆	Leaked		l Not	Tested			
Line Pressur	re	PSI	Prote	ection Ty	ype: Serv	rice Line		Fire S	Service Line	In	ternal Domes	stic Plu	umbin	g System □	
							<b>D</b> /	4 CC	ПБА	TT		)TI	IFE		
Signature of Certified Tester								PASS □ FAIL □ OTHER □							
Test Witnessed by:							Remarks								
Water Works Official															
Owner Agent															
-8-11															
State Official						Service Restored									