York Water Co. Backflow Prevention Device Assembly Test Report Form

130 E. Market Street, York, PA 17401

Owner of Property _____

Mailing Address _____

_____
(City, Town)   (Zip)

Contact Person _____

Device Address and Location _____

_____

Device Identification Number _____

Test Kit Serial # _____ Calibration Date _____

Date _____ Time _____

Tested by _____

Certificate # _____

RPZ ☐   DCVA ☐   PVB ☐   SRVB ☐

Make _____ Model No. _____

Size _____ Serial No. _____

Test After Installation   ☐

Test After Repairs   ☐

Annual Test   ☐

Other _____   ☐

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 ☐ _____.___ PSID	Closed Tight ☐ Leaked ☐	Flow ☐ No-Flow ☐	Opened at PSID _____.___ Did Not Open ☐	_____.___ PSID	_____.___ PSID	Flow ☐ No-Flow ☐

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		
TC#1 PSI	TC#4 PSI	_____.___ PSID	_____.___ PSID	Flow ☐ No-Flow ☐	Opened at _____.___ PSID Did Not Open ☐	

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

Line Pressure _____ PSI | Protection Type: Service Line ☐   Fire Service Line ☐   Internal Domestic Plumbing System ☐

_____
Signature of Certified Tester

PASS ☐   FAIL ☐   OTHER ☐

Test Witnessed by:
_____

Water Works Official
_____

Owner Agent
_____

State Official

Remarks
_____
_____
_____
_____
_____

Service Restored   ☐