

# NEWWA Backflow Prevention Device Assembly Test Report Form

Owner of Property \_\_\_\_\_

Mailing Address \_\_\_\_\_

(City, Town)

(Zip)

Contact Person \_\_\_\_\_

Device Address and Location \_\_\_\_\_

Device Identification Number \_\_\_\_\_

Test Kit Serial # 11200169 Calibration Date 1/3/2025

Date \_\_\_\_\_ Time \_\_\_\_\_

Tested by Howard Schwartz

Certificate # BF-2024-333

RPZ ☐ DCVA ☐ PVB ☒ SRVB ☐

Make WILKINS Model No. 720-A

Size 1" 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 <input type="checkbox"/>		Closed Tight <input type="checkbox"/>		Flow <input type="checkbox"/>	Opened at PSID			Flow <input type="checkbox"/>
Leaked <input type="checkbox"/>		Leaked <input type="checkbox"/>		No-Flow <input type="checkbox"/>	_____	PSID	PSID	No-Flow <input checked="" type="checkbox"/>
_____ PSID					Did Not Open <input type="checkbox"/>			
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			
TC#1 PSI	TC#4 PSI	_____ PSID	_____ PSID	Flow <input type="checkbox"/> No-Flow <input type="checkbox"/>	Did Not Open <input type="checkbox"/>			

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

Test Witnessed by:  
  
Water Works Official  
  
Owner Agent  
  
State Official

PASS ☒ FAIL ☐ OTHER ☐

Remarks

Service Restored ☒