

GREENVILLE WATER AUTHORITY

Backflow Prevention Program

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TEST REPORT FOR BACKFLOW PREVENT ASSEMBLIES

TEST REPORT MUST BE RECEIVED BY GWA WITHIN 10 DAYS OF TEST COMPLETED

Customer Name: _____ Phone #: _____
 Facility Service Address: _____
 Contact Person: _____
 Type of Assembly: RPBA _____ RPDA _____ DCVA _____ DCDA _____
 Manufacturer: _____ Model: _____
 Serial #: _____ Size _____ " GWA Meter #: _____
 Assembly Location: _____
 Date Installed: _____ New Installation: Y/N Date Photo Taken: _____
 Does this assembly replace an existing assembly? Y/N If yes, old Serial #: _____

	Reduced Pressure Backflow Assembly (RPBA) or Detector Assembly (RPDA)		
	Double Check Valve Assembly (DCVA) or (DCDA)		Relief Valve
	1 st Check	2 nd Check	
Initial Test	Leaks _____ (min. 1.0 PSID for DCVA, PSID min. 5.0 for RPBA) _____ PSID Closed Tight _____	Leaks _____ (min. 1.0 PSID for DCVA) _____ PSID Closed Tight _____	Opened at _____ PSID (min. 2) Did not Open _____
Date: _____	_____ Repaired _____ Cleaned _____ Replaced _____ Disc _____ Spring _____ Guide _____ Pin Retainer _____ Hinge Pin _____ Seat _____ Diaphragm _____ Other _____	_____ Repaired _____ Cleaned _____ Replaced _____ Disc _____ Spring _____ Guide _____ Pin Retainer _____ Hinge Pin _____ Seat _____ Diaphragm _____ Other _____	_____ Repaired _____ Cleaned _____ Replaced _____ Disc, upper _____ Disc, Lower _____ Spring _____ Diaphragm Large _____ Upper _____ Lower _____ Diaphragm Small _____ Upper _____ Lower _____ Spacer _____ Other _____
<i>Note: PSID is equivalent to Pressure Differential</i>			
Test after Cleaning or Repairs are made	_____ PSID Closed Tight _____	_____ PSID Closed Tight _____	Opened at _____ PSID Did not Open _____

Date of Final Test: _____ Line Pressure: _____ (PSI) Assembly Passed? Y/N
 Licensed Tester (Print Name): _____ License # _____ Expiration Date _____
 Signature of Tester: _____
 Verification Greenville Water Authority (Print Name): _____
 Verification Signature: _____ Date: _____
 Remarks: _____

 Facility Representative (Print Name): _____ Date: _____
 Signature of Facility Representative: _____ Title: _____