

Kingston Water District

Tel: (401) 783-5494

Fax: (401) 789-7004

OFFICE

14 Frank Avenue
West Kingston, RI 02892

MAIL TO

P. O. Box 216
West Kingston, RI 02892

ADDRESS: _____ ACCOUNT NUMBER: _____

NAME: _____ LOCATION: _____

MANUFACTURER _____ MODEL _____ SIZE _____ SERIAL NO. _____

RP | |
DC | |
PVB | |
SVB | |
DCDA | |
RPDA | |

Reduced Pressure Principle Assembly Double Check Valve Assembly

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
INITIAL TEST	Held at _____ PSD Leaked	Held at _____ PSD Closed Tight Leaked	Opened at _____ PSD Did Not Open	AIR INLET Opened at _____ PSD Did Not Open
REPAIRS: Give Details of repairs made here.	Cleaned Replaced	Cleaned Replaced	Cleaned Replaced	Check Valve Held at _____ PSD Leaked Cleaned Replaced
Final Test	_____ PSD	_____ PSD Closed Tight	Opened at _____ PSD	Air Inlet _____ PSD Check Valve _____ PSD

Comments: _____

Initial Test	Date: _____ Time _____ Certified Tester No. _____ Passed Failed Test By (Signature) _____ Print Name _____
Repairs:	Date: _____ Time _____ Certified Tester No. _____ Passed Failed Test By (Signature) _____ Print Name _____
Final Test	Date: _____ Time _____ Certified Tester No. _____ Passed Failed Test By (Signature) _____ Print Name _____

Acknowledged _____
Customer Name