

DOYLESTOWN TOWNSHIP MUNICIPAL AUTHORITY

Reduced Pressure Principle Backflow Preventer (RP)

Owner of Property _____

Address _____

City _____ State _____ Zip Code _____

Occupant of Property (if different from owner) _____

Occupant Address _____

City _____ State _____ Zip Code _____

Manufacturer of Device: _____ Model #: _____

Size of Device: _____ Serial #: _____

Location of Assembly and Equipment or System Application: _____

Test Equipment:

Manufacturer: _____ Model #: _____ Serial #: _____

Calibration Date: _____

Date test was performed: _____ Time test was performed: _____ Static Line Pressure: _____

	Check Valve #2	Shutoff valve #2	Check Valve #1	Pressure Differential Relief Valve
Initial Test	Leaking () Closed Tight ()	Leaking () Closed Tight ()	Leaking () Closed Tight () Pressure Drop Across Check Valve #1 ___ psid	Opened at ___psid
Describe parts and repairs when needed				
Final Test	Leaking () Closed Tight ()	Leaking () Closed Tight ()	Leaking () Closed Tight () Pressure Drop Across Check Valve #1 ___ psid	Opened at ___psid

Certified Tester (print) _____

Address _____

City _____ State _____ Zip _____

Phone #: _____

License #: _____ Certification # _____

Assembly Final Test Performance

Pass

Fail

Signature _____ Date: _____

Comments or Recommendations (continue to other side, if needed): _____
