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 NUME	BER:
NAME:	LOCATION:		
MANUFACTURER	MODEL	SIZE	SERIAL NO
			RP DC PVB
	SVB		
Reduced Pressur	e Principle Asser	nbly	DCDA RPDA

Double Check Valve Assembly Check Valve #1 Check Valve #2 **Relief Valve** PVB/SVB Held at _____ Held at PSD Opened at PSD AIR INLET INITIAL 11 Leaked **Closed Tight** Did Not Open II**PSD** Opened at_ 1 1 11 Leaked Did Not Open Cleaned Cleaned Cleaned Check Valve Replaced Replaced Replaced REPAIRS: Give Details of repairs made here. Held at___ PSD 1 1 Leaked Cleaned Replaced Final **PSD** Air Inlet PSD **PSD Closed Tight** IIOpened at ____ PSD Check Valve **PSD** Comments:

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

Acknowledged ______Customer Name