



BACKFLOW ASSEMBLY TEST FORM

CUSTOMER NAME		ACCOUNT NUMBER		WATER METER NUMBER	
SERVICE ADDRESS		TYPE OF INSTALLATION <input type="checkbox"/> CONTAINMENT <input type="checkbox"/> ISOLATION		DATE OF TEST / /	
HEIGHT OF ASSEMBLY ABOVE SURFACE ____ IN.	MANUFACTURER	MODEL	SIZE	SERIAL NO.	
SUPPLY PRESSURE AT ASSEMBLY (TC1) ____ PSI	DISCHARGE PRESSURE AT ASSEMBLY (TC4) ____ PSI	SIZE OF SERVICE LINE ____ IN.	AIR GAP (RP DISCHARGE) YES <input type="checkbox"/> NO <input type="checkbox"/>	"Y" STRAINER INSTALLED YES <input type="checkbox"/> NO <input type="checkbox"/>	BLOW-OFF YES <input type="checkbox"/> NO <input type="checkbox"/> SIZE ____ IN.
TYPE OF ASSEMBLY RPZA <input type="checkbox"/> DCVA <input type="checkbox"/> FIRE CHECK <input type="checkbox"/> PVB <input type="checkbox"/> AVB <input type="checkbox"/> AIR GAP <input type="checkbox"/>			TYPE OF FREEZE PROTECTION <input type="checkbox"/> OUTDOOR ENCLOSURE <input type="checkbox"/> INSIDE BUILDING <input type="checkbox"/> NONE		
REDUCED PRESSURE ZONE ASSEMBLY (RPZA)			DOUBLE CHECK VALVE ASSEMBLY (DCVA)		
1 ST CHECK VA _____ psi* (5 or more) <input type="checkbox"/> PASSED (HOLDING IN DIRECTION OF FLOW) RELIEF VALVE _____ psi* (2 or more) <input type="checkbox"/> (OPENED AT) DIFFERENCE _____ psi* (3 or more) <input type="checkbox"/> (1 ST CHECK VALVE) 2 ND CHECK VA (HOLDING BACK PRESSURE) <input type="checkbox"/> NO. 2 SHUTOFF VALVE (LEAK TIGHT) <input type="checkbox"/> 2 ND CHECK VA _____ psi* (1 or more) <input type="checkbox"/> (HOLDING IN DIRECTION OF FLOW)			1 ST CHECK VA _____ psi* (1 or more) <input type="checkbox"/> PASSED (HOLDING IN DIRECTION OF FLOW) 2 ND CHECK VA (HOLDING BACK PRESSURE) <input type="checkbox"/> NO. 2 SHUTOFF VALVE (LEAK TIGHT) <input type="checkbox"/> 2 ND CHECK VA _____ psi* (1 or more) <input type="checkbox"/> (HOLDING IN DIRECTION OF FLOW)		
(* POUNDS PER SQUARE INCH) FAILURE REQUIRES REPAIR AND RE-TESTING A Separate Test Form is Required for Both Main and Detector Assemblies			DESCRIBE TYPE OF BUSINESS		
WAS DEVICE WORKING PROPERLY ON ARRIVAL YES <input type="checkbox"/> NO <input type="checkbox"/> DID ASSEMBLY PASS ON INITIAL TEST YES <input type="checkbox"/> NO <input type="checkbox"/>			TYPE OF APPLICATION DOMESTIC <input type="checkbox"/> LAWN IRRIGATION <input type="checkbox"/> FIRE SYSTEM <input type="checkbox"/>		
NAME OF INSTALLATION COMPANY (FOR NEW ASSY.)		TELEPHONE	NEW INSTALLTION YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE INSTALLED / /	
REMARKS					

I HEREBY CERTIFY THAT THE ABOVE TEST IS TRUE, ACCURATE AND REFLECTS THE PROPER OPERATION OF THE ASSEMBLY:

ATT #	COMPANY	ASSEMBLY TESTING TECHNICIAN	TESTERS TELEPHONE
CUSTOMERS REPRESENTATIVE		CUSTOMERS TELEPHONE	

Distribution of Backflow Assembly Test Forms: Original ↯ Central Arkansas Water - 1 Copy ↯ Tester - 1 Copy ↯ Customer
Completed test forms shall be returned to:

Central Arkansas Water
 Cross-Connection Control Program
 PO Box 1789
 Little Rock, AR 72203

Central Arkansas Water must receive the **ORIGINAL COPY** within ten (10) days of installation or completed test.

ILLEGIBLE, INCOMPLETE OR PHOTO COPIES OF THIS FORM WILL NOT BE ACCEPTED