



BACKFLOW ASSEMBLY TEST FORM

CUSTOMER NAME <small>(AS SHOWN ON CUSTOMERS LETTER)</small>		ACCOUNT NUMBER <small>(AS SHOWN ON CUSTOMERS LETTER)</small>		WATER METER NUMBER	
SERVICE ADDRESS <small>(AS SHOWN ON CUSTOMERS LETTER)</small>		TYPE OF INSTALLATION <input type="checkbox"/> CONTAINMENT <input type="checkbox"/> ISOLATION		DATE OF TEST / /	TIME TESTED
HEIGHT OF ASSEMBLY ABOVE SURFACE _____ IN.	MANUFACTURER	MODEL	SIZE	ASSEMBLY NO.	
SUPPLY PRESSURE AT ASSEMBLY _____ PSI	DISCHARGE PRESSURE AT ASSEMBLY _____ PSI	SIZE OF SERVICE LINE _____ IN.	AIR GAP (RP DISCHARGE) <input type="checkbox"/> YES <input type="checkbox"/> NO	"Y" STRAINER INSTALLED <input type="checkbox"/> YES <input type="checkbox"/> NO	BLOW-OFF <input type="checkbox"/> YES <input type="checkbox"/> NO SIZE _____ IN.
TYPE OF ASSEMBLY <input type="checkbox"/> RPZA <input type="checkbox"/> DCVA <input type="checkbox"/> FIRE CHECK <input type="checkbox"/> PVB <input type="checkbox"/> AVB <input type="checkbox"/> AIR GAP			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) (HOLDING IN DIRECTION OF FLOW)			1 ST CHECK VA _____ psi* (1 or more) (HOLDING IN DIRECTION OF FLOW)		
RELIEF VALVE _____ psi* (2 or more) (OPENED AT)			2 ND CHECK VA (HOLDING BACK PRESSURE)		
DIFFERENCE _____ psi* (3 or more) (1 ST CHECK VALVE)			NO. 2 SHUTOFF VALVE (LEAK TIGHT)		
2 ND CHECK VA (HOLDING BACK PRESSURE)			2ND CHECK VA _____ psi* (1 or more) (HOLDING IN DIRECTION OF FLOW)		
NO. 2 SHUTOFF VALVE (LEAK TIGHT)			DESCRIBE TYPE OF BUSINESS		
2 ND CHECK VA _____ psi* (1 or more) (HOLDING IN DIRECTION OF FLOW)			LOCATION OF ASSEMBLY ON PROPERTY		
(* POUNDS PER SQUARE INCH)			<input type="checkbox"/> BY METER		
FAILURE REQUIRES REPAIR AND RE-TESTING A Separate Test Form is Required for Both Main and Detector Assemblies			TYPE OF APPLICATION <input type="checkbox"/> DOMESTIC <input type="checkbox"/> LAWN IRRIGATION <input type="checkbox"/> FIRE SYSTEM		
DID ASSEMBLY PASS OR FAIL <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED		TELEPHONE		<input type="checkbox"/> NEW INSTALLATION <input type="checkbox"/> REPLACEMENT	DATE INSTALLED / /
NAME OF INSTALLATION COMPANY (FOR NEW ASSY.)					
REMARKS:					

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

ATT #	COMPANY	ASSEMBLY TESTING TECHNICIAN <small>(SIGNED)</small>	TESTERS TELEPHONE
	CUSTOMERS REPRESENTATIVE <small>(PRINTED)</small>	CUSTOMERS TELEPHONE	TEST GAUGE SERIAL #
			CALIBRATION DATE / /

Distribution of Backflow Assembly Test Forms: Original - Central Arkansas Water · Page 2 - Tester · Page 3 - Owner

Completed test forms shall be returned to:

Central Arkansas Water
Cross-Connection Control Program
P.O. Box 1789

Little Rock, AR 72203-1789 501-210-4960

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

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