



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 / /	
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) 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) PASSED			DOUBLE CHECK VALVE ASSEMBLY (DCVA) PASSED		
1 ST CHECK VA _____ psi* (5 or more) <input type="checkbox"/> (HOLDING IN DIRECTION OF FLOW)			1 ST CHECK VA _____ psi* (1 or more) <input type="checkbox"/> (HOLDING IN DIRECTION OF FLOW)		
RELIEF VALVE _____ psi* (2 or more) <input type="checkbox"/> (OPENED AT)			2 ND CHECK VA (HOLDING BACK PRESSURE) <input type="checkbox"/>		
DIFFERENCE _____ psi* (3 or more) <input type="checkbox"/> (1 ST CHECK VALVE)			NO. 2 SHUTOFF VALVE (LEAK TIGHT) <input type="checkbox"/>		
2 ND CHECK VA (HOLDING BACK PRESSURE) <input type="checkbox"/>			2 ND CHECK VA _____ psi* (1 or more) <input type="checkbox"/> (HOLDING IN DIRECTION OF FLOW)		
NO. 2 SHUTOFF VALVE (LEAK TIGHT) <input type="checkbox"/>			DESCRIBE TYPE OF BUSINESS		
2 ND CHECK VA _____ psi* (1 or more) <input type="checkbox"/> (HOLDING IN DIRECTION OF FLOW)			LOCATION OF ASSEMBLY ON PROPERTY BY METER <input type="checkbox"/>		
(* POUNDS PER SQUARE INCH)					
FAILURE REQUIRES REPAIR AND RE-TESTING A Separate Test Form is Required for Both Main and Detector Assemblies			TYPE OF APPLICATION DOMESTIC <input type="checkbox"/> LAWN IRRIGATION <input type="checkbox"/> FIRE SYSTEM <input type="checkbox"/>		
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"/>			
NAME OF INSTALLATION COMPANY (FOR NEW ASSY.)		TELEPHONE		NEW INSTALLATION <input type="checkbox"/>	DATE INSTALLED
				REPLACEMENT <input type="checkbox"/>	/ /
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	

Completed test forms shall be returned to:

Searcy Water Utilities
Attn: Tim Cleveland
PO Box 1319
Searcy, AR 72145

ILLEGIBLE OR INCOMPLETE COPIES OF THIS FORM WILL NOT BE ACCEPTED