Searcy Water Utilities

BACKFLOW ASSEMBLY TEST FORM

CUSTOMER NAME (AS SHOWN ON CUSTOMERS LETTER)		ACCOUNT NUMBER (AS SHOWN ON CUSTOMERS LETTER)		WATER METER NUMBER	
SERVICE ADDRESS (AS SHOWN ON CUSTOMERS LETTER)		TYPE OF INSTALLATION ☐ CONTAINMENT ☐ 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 ☐ NO ☐	"Y" STRAINER INSTALLED YES ☐ NO ☐	BLOW-OFF YES ☐ NO ☐ SIZE _____ IN.

TYPE OF ASSEMBLY	TYPE OF FREEZE PROTECTION
RPZA ☐ DCVA ☐ FIRE CHECK ☐ PVB ☐ AVB ☐ AIR GAP ☐	☐ OUTDOOR ENCLOSURE ☐ INSIDE BUILDING ☐ NONE

REDUCED PRESSURE ZONE ASSEMBLY (RPZA)	PASSED	DOUBLE CHECK VALVE ASSEMBLY (DCVA)	PASSED
1ST CHECK VA _____ psi* (5 or more) (HOLDING IN DIRECTION OF FLOW)	☐	1ST CHECK VA _____ psi* (1 or more) (HOLDING IN DIRECTION OF FLOW)	☐
RELIEF VALVE _____ psi* (2 or more) (OPENED AT)	☐	2ND CHECK VA (HOLDING BACK PRESSURE)	☐
DIFFERENCE _____ psi* (3 or more) (1ST CHECK VALVE)	☐	NO. 2 SHUTOFF VALVE (LEAK TIGHT)	☐
2ND CHECK VA (HOLDING BACK PRESSURE)	☐	2ND CHECK VA _____ psi* (1 or more) (HOLDING IN DIRECTION OF FLOW)	☐
NO. 2 SHUTOFF VALVE (LEAK TIGHT)	☐		
2ND CHECK VA _____ psi* (1 or more) (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	
		LOCATION OF ASSEMBLY ON PROPERTY BY METER ☐	

WAS DEVICE WORKING PROPERLY ON ARRIVAL YES ☐ NO ☐	TYPE OF APPLICATION
DID ASSEMBLY PASS ON INITIAL TEST YES ☐ NO ☐	DOMESTIC ☐ LAWN IRRIGATION ☐ FIRE SYSTEM ☐

NAME OF INSTALLATION COMPANY (FOR NEW ASSY.)	TELEPHONE	NEW INSTALLATION ☐ REPLACEMENT ☐	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 (SIGNED)	TESTERS TELEPHONE
CUSTOMERS REPRESENTATIVE (PRINTED)		CUSTOMERS TELEPHONE	

Completed test forms shall be returned to:

Searcy Water Utilities
Attn: Alan Sewell a.sewell@searcywater.org
PO Box 1319
Searcy, AR 72145

ILLEGIBLE OR INCOMPLETE COPIES OF THIS FORM WILL NOT BE ACCEPTED

2020