

BACKFLOW ASSEMBLY TEST FORM

CUSTOMER NAME					ACCOUNT NUMBER (AS SHOWN ON CUSTOMERS LETTER)			WATER METER NUMBER				
SERVICE ADDRESS (what address does the backflow valve serve)					TYI	LATION		DATE OF TES	ST TIME TESTED			
					☐ CONTAIN	MENT	□ISOLATION					
HEIGHT OF AS	GHT OF ASSEMBLY MANUFACTURER			MODEL		S	IZE	ASSEMBLY NO.				
ABOVE SURFAC	E IN.											
SUPPLY PRE AT ASSEM		DISCHARGE PRESSURE AT ASSEMBLY			SIZE OF SERVICE LINE			GAP CHARGE)	"Y" STRAINER INSTALLED	R	BLOW-OFF ES NO	
				PSI		IN.	YES NO		☐ YES ☐ N		IN.	
TYPE OF ASSEMBLY RPZA DCVA FIRE					CHECK	TYPE OF FREEZE PROTECTION ☐ OUTDOOR ENCLOSURE ☐ INSIDE BUILDING ☐ NONE						
RED	EMBLY (RPZ/		DOUBLE CHECK VALVE ASSEMBLY (DCVA)									
					PASSED	PASSED					PASSED	
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)					NO. 2 SHUTOFF VALVE (LEAK TIGHT)							
(1 ST CHECK VALVE) 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)												
	INCH)		LOCATION OF ASSEMBLY ON PROPERTY					Υ				
FAI A Separate Tes	n and Detector		☐ BY METE					☐ BY METER				
DID ASSEMBLY PASS OR FAIL PASSED									TYPE OF APPLICATION			
DID ASSEMBLY	FAILED		AILED		☐ DOMES	STIC	LAWN	_AWN IRRIGATION ☐ FIRI		RE SYSTEM		
NAME OF INSTALLATION COMPANY (FOR NEW ASSY.)								_	/ INSTALLATION DATE INSTALLED LACEMENT			
REMARKS:												
I HEREBY CERTIFY THAT THE ABOVE TEST IS TRUE, ACCURATE AND REFLECTS THE PROPER OPERATION OF THE ASSEMBLY:												
ATT#	COMPANY				ASSEMBL	Y TESTING TE (SIGNED)	TESTING TECHNICIAN (SIGNED)		TESTERS TELEPHONE		ONE	
CUSTOMERS REPRESENTATIVE (PRINTED)				CUSTOMERS TELEPHONE			-	TEST GAUGE SERIAL #	CAL	IBRATION DATE		

Test reports must be submitted within 10 days of the test by the tester or tester company using the Central Arkansas Water online test portal at https://myaccount.carkw.com/bfss/public/login/form.

For any questions or concerns, please call the Central Arkansas Water Cross Connection Department at 501-210-4960.