

Backflow Assembly Test Form

CUSTOMER NAME			ACCOUNT NUMBER				WATER METER NUMBER				
SERVICE ADDRESS			CUSTOMER T	ELEPHO	ONE DATE		OF TEST		TEST TIME		
HEIGHT OF ASSEMBLY		MAN	IUFACTURER	MODEL			SIZE		SERIAL NUMBER		
INCHES											
PROTECTION FROM FREEZING: FI		LOODING:	OODING: TYPE OF FE		REEZE PROTECTION: (c			check one)		"Y" STRAINER	
☐ YES ☐ NO ☐ YES			INSIDE BLD HO	' <u> </u>			TAPE NONE OTHER			☐ YES ☐ NO	
TYPE OF ASSEMBLY (check one) RPZA DCVA DRPZA D \[\begin{array}{cccccccccccccccccccccccccccccccccccc			SUPPLY PRESSU ASSEMLBY (T		1) AT ASSEMBLY (TC4)			_	MECHANICAL AIR GAP		
(Test form required on both											
REDUCED PRES	SSURE ZON	IE ASSEMBL	Y (RPZA)	(RPZA) DOUBLE				CHECK VALVE ASSEMBLY (DCZA)			
	(REQUIRE	O PSI)	PASSED (X)	1-4-01	IFOK		(REQL	JIRED F	PSI) PA	SSED (X)	
1st CHECK held in direction of flow	psi (5 or more)			1st CH held in	direction	of flow		psi (1 or more)		
RELIEF VALVE opened at psi (2 or more)				2nd Cl	2nd CHECK held backpressure						
			Ш	NO. 2 SHUTOFF VALVE leak tight							
DIFFERENCE (1st check relief) psi (3 or more)			2nd CHECK			- 6 61		: (4		
2nd CHECK held backpressur		held in direction of flo				psi (1 or more)				
NO. 2 SHUTOFF VALVE leak		TYPE OF APPLICATION (check one)									
2nd CHECK held in direction of flow psi (1 or more)				Com	Commercial Industrial		Fire		System		
		Indu		Res			sidential				
NOTE: Failure of any of the above iter	sting. Lawn Irrigation			n 🗆	Other			_ 🗆			
NAME OF INSTALLATION	INSTALLER	NAMF [.]			EW INSTALLATION:		DATE INSTALLED:				
TO WILL OF THO TALES (TIC					ES NO		5711211	.0.7.2223			
				TLO							
REMARKS:					LOCATION OF ASSEMBLY ON PROPERTY:						
I HEREBY CERTIFY THAT the above-described backflow prevention assembly was tested by me on this date using a fully functioning and calibrated test gauge. the information contained on this test report is true, accu-											
rate and complete:	OCEMBLY TEOTING T	EMDLY TECTING TECH CLONATURE			TEATED TELEPLIANE						
ASSEMBLY TESTING TEC	SSEMBLY TESTING T	EMBLY TESTING TECH SIGNATURE			TESTER TELEPHONE						
ASSEMBLY TESTING TE	CUSTOMER SIG	CUSTOMER SIGNATURE			TEST GAUGE CALLIBRATION DATE						

RETURN FORMS TO:

Cross-Connection Control, 800 South Harkrider, Conway, AR 72032 crossconnect@conwaycorp.com