



City of Hot Springs Utilities

BACKFLOW ASSEMBLY TEST FORM

Customer Name <small>(As shown on Customer's Letter)</small>		Account Number <small>(As shown on Customer's Letter)</small>		Water Meter Number	
Service Address <small>(As shown on Customer's Letter)</small>		Type of Installation		Date of Test	Time Tested
Height of Assembly Above Surface _____ In.	Manufacturer	Model		Size	Assembly Number
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
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) 1 st Check VA _____ psi* (5 or more) <input type="checkbox"/> Passed <small>(Holding in direction of flow)</small> Relief Valve _____ psi* (2 or more) <input type="checkbox"/> <small>(Opened at)</small> Difference _____ psi* (3 or more) <input type="checkbox"/> <small>(1st Check Valve)</small> 2 nd Check VA holding back pressure <input type="checkbox"/> No. 2 Shutoff Valve (Leak Tight) <input type="checkbox"/> 2 nd Check VA _____ psi* (1 or more) <input type="checkbox"/> <small>(Holding in direction of flow)</small> (*Pounds per Square Inch) Failure Requires Repair and Retesting <small>A separate test from is required for both Main and Detector Assemblies</small>			Double Check Valve Assembly (DCVA) 1 st Check VA _____ psi* (1 or more) <input type="checkbox"/> Passed <small>(Holding in direction of flow)</small> 2 nd Check VA holding back pressure <input type="checkbox"/> No. 2 Shutoff Valve (Leak Tight) <input type="checkbox"/> 2 nd Check VA _____ psi* (1 or more) <input type="checkbox"/> <small>(Holding in direction of flow)</small>		
Did Assembly Pass or Fail <input type="checkbox"/> Passed <input type="checkbox"/> Failed			Type of Application <input type="checkbox"/> Domestic <input type="checkbox"/> Lawn Irrigation <input type="checkbox"/> Fire System		
Name of Installation Company (for new Assembly)		Telephone	<input type="checkbox"/> New Installation <input type="checkbox"/> 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 Signature	Tester's Telephone No.
Customer Representative (Printed)	Customer Telephone	Test Gauge Serial No	Calibrations Date ____/____/____

Distribution of Backflow Assembly Test Forms:

- **Original to Hot Springs Utilities Backflow Prevention Coordinator**
- Page 2 to Tester
- Page 3 to Owner

Completed test forms shall be returned to: Hot Springs Utilities
 Cross-Connection Control Program
 Attn: Backflow Prevention Coordinator
 780 Adams Street
 Hot Springs, Arkansas 71901

Hot Springs Utilities 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.