

# Beaverfork Public Water Authority

2 Valley Ridge Road,  
Conway AR 72032

Phone: 501-329-4200



## BACKFLOW ASSEMBLY TEST FORM

CUSTOMER NAME		ACCOUNT NUMBER		WATER METER NUMBER	
SERVICE ADDRESS		TYPE OF INSTALLATION <input type="checkbox"/> CONTAINMENT <input type="checkbox"/> ISOLATION		DATE OF TEST	TIME TESTED
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) <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 SIZE _____ IN.
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 <sup>ST</sup> CHECK VA _____ psi* (5 or more) (HOLDING IN DIRECTION OF FLOW) <input type="checkbox"/> PASSED RELIEF VALVE _____ psi* (2 or more) (OPENED AT) <input type="checkbox"/> DIFFERENCE _____ psi* (3 or more) (1 <sup>ST</sup> CHECK VALVE) <input type="checkbox"/> 2 <sup>ND</sup> CHECK VA (HOLDING BACK PRESSURE) <input type="checkbox"/> NO. 2 SHUTOFF VALVE (LEAK TIGHT) <input type="checkbox"/> 2 <sup>ND</sup> CHECK VA _____ psi* (1 or more) (HOLDING IN DIRECTION OF FLOW) <input type="checkbox"/> (* POUNDS PER SQUARE INCH) <b>FAILURE REQUIRES REPAIR AND RE-TESTING</b> A Separate Test Form is Required for Both Main and Detector Assemblies			DOUBLE CHECK VALVE ASSEMBLY (DCVA) 1 <sup>ST</sup> CHECK VA _____ psi* (1 or more) (HOLDING IN DIRECTION OF FLOW) <input type="checkbox"/> PASSED 2 <sup>ND</sup> CHECK VA (HOLDING BACK PRESSURE) <input type="checkbox"/> NO. 2 SHUTOFF VALVE (LEAK TIGHT) <input type="checkbox"/> 2 <sup>ND</sup> CHECK VA _____ psi* (1 or more) (HOLDING IN DIRECTION OF FLOW) <input type="checkbox"/>		
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 ASSY.)		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	
CUSTOMER'S REPRESENTATIVE (PRINTED)		CUSTOMER'S TELEPHONE	TEST GAUGE SERIAL #	CALIBRATION DATE

Distribution of Backflow Assembly Test Forms: Original – **Beaverfork Water Division** • Copy 2 – **Tester** • Copy 3 – **Owner**  
Completed original test forms may be delivered, mailed, or faxed to:

Beaverfork Public Water Authority  
2 Valley Ridge Road  
Conway, AR 72032  
EMAIL: [water@beaverfork.org](mailto:water@beaverfork.org)

**ILLEGIBLE OR INCOMPLETE FORMS WILL NOT BE ACCEPTED**

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).