



# BACKFLOW ASSEMBLY TEST FORM

<b>CUSTOMER NAME</b> <small>(AS SHOWN ON CUSTOMER'S LETTER)</small> <u>UALR Downtown History &amp; Culture</u>		<b>ACCOUNT NUMBER</b> <small>(AS SHOWN ON CUSTOMER'S LETTER)</small>		<b>WATER METER NUMBER</b> <u>114345</u>	
<b>SERVICE ADDRESS</b> <small>(AS SHOWN ON CUSTOMER'S LETTER)</small> <u>333 President Clinton Ave, Little Rock AR 72201</u>		<b>TYPE OF INSTALLATION</b> <input checked="" type="checkbox"/> CONTAINMENT <input type="checkbox"/> ISOLATION		<b>DATE OF TEST / TIME TESTED</b> <u>10/18/24 9:40a</u>	
<b>HEIGHT OF ASSEMBLY</b> <u>ABOVE SURFACE 36 IN.</u>	<b>MANUFACTURER</b> <u>Eurn</u>	<b>MODEL</b> <u>475x12</u>	<b>SIZE</b> <u>1/2"</u>	<b>ASSEMBLY NO.</b> <u>CCB0795</u>	
<b>SUPPLY PRESSURE AT ASSEMBLY</b> <u>74</u> PSI	<b>DISCHARGE PRESSURE AT ASSEMBLY</b> <u>66</u> PSI	<b>SIZE OF SERVICE LINE</b> <u>1/2</u> IN.	<b>AIR GAP (RP DISCHARGE)</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<b>"Y" STRAINER INSTALLED</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<b>BLOW-OFF</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>TYPE OF ASSEMBLY</b> RPZA <input checked="" type="checkbox"/> DCVA <input type="checkbox"/> FIRE CHECK <input type="checkbox"/> PVB <input type="checkbox"/> AVB <input type="checkbox"/> AIR GAP <input type="checkbox"/>			<b>TYPE OF FREEZE PROTECTION</b> <input type="checkbox"/> OUTDOOR ENCLOSURE <input checked="" type="checkbox"/> INSIDE BUILDING <input type="checkbox"/> NONE		
<b>REDUCED PRESSURE ZONE ASSEMBLY (RPZA)</b> PASSED			<b>DOUBLE CHECK VALVE ASSEMBLY (DCVA)</b> PASSED		
1 <sup>ST</sup> CHECK VA <u>10.1</u> psi* (5 or more) <input checked="" type="checkbox"/> <small>(HOLDING IN DIRECTION OF FLOW)</small>			1 <sup>ST</sup> CHECK VA _____ psi* (1 or more) <input type="checkbox"/> <small>(HOLDING IN DIRECTION OF FLOW)</small>		
RELIEF VALVE <u>3.2</u> psi* (2 or more) <input checked="" type="checkbox"/> <small>(OPENED AT)</small>			2 <sup>ND</sup> CHECK VA (HOLDING BACK PRESSURE) <input type="checkbox"/>		
DIFFERENCE <u>6.9</u> psi* (3 or more) <input checked="" type="checkbox"/> <small>(1<sup>ST</sup> CHECK VALVE)</small>			NO. 2 SHUTOFF VALVE (LEAK TIGHT) <input type="checkbox"/>		
2 <sup>ND</sup> CHECK VA (HOLDING BACK PRESSURE) <input checked="" type="checkbox"/>			2 <sup>ND</sup> CHECK VA _____ psi* (1 or more) <input type="checkbox"/> <small>(HOLDING IN DIRECTION OF FLOW)</small>		
NO. 2 SHUTOFF VALVE (LEAK TIGHT) <input checked="" type="checkbox"/>			DESCRIBE TYPE OF BUSINESS <u>Office Building</u>		
2 <sup>ND</sup> CHECK VA <u>3.1</u> psi* (1 or more) <input checked="" type="checkbox"/> <small>(HOLDING IN DIRECTION OF FLOW)</small>			LOCATION OF ASSEMBLY ON PROPERTY <u>Closest in meeting room</u> BY METER <input type="checkbox"/>		
(* POUNDS PER SQUARE INCH) FAILURE REQUIRES REPAIR AND RE-TESTING A Separate Test Form is Required for Both Main and Detector Assemblies			TYPE OF APPLICATION: DOMESTIC <input type="checkbox"/> LAWN IRRIGATION <input type="checkbox"/> FIRE SYSTEM <input type="checkbox"/>		
<b>DID ASSEMBLY PASS OR FAIL</b> PASSED <input checked="" type="checkbox"/> FAILED <input type="checkbox"/>					
<b>NAME OF INSTALLATION COMPANY (FOR NEW ASSY.)</b> <u>Comfort Systems USA</u>		<b>TELEPHONE</b> <u>501-835-2859</u>		<b>NEW INSTALLATION</b> <input checked="" type="checkbox"/>	<b>DATE INSTALLED</b> <u>10/18/24</u>
<b>REMARKS:</b> _____					

I HEREBY CERTIFY THAT THE ABOVE TEST IS TRUE, ACCURATE AND REFLECTS THE PROPER OPERATION OF THE ASSEMBLY:

<b>ATT #</b> <u>2384</u>	<b>COMPANY</b> <u>Comfort Systems USA</u>	<b>ASSEMBLY TESTING TECHNICIAN (SIGNED)</b> 	<b>TESTERS TELEPHONE</b> <u>501-366-0276</u>
<b>CUSTOMER'S REPRESENTATIVE (PRINTED)</b>		<b>CUSTOMER'S TELEPHONE</b>	<b>TEST GAUGE SERIAL # CALIBRATION DATE</b> <u>03162738</u> <u>11/19/25</u>

Distribution of Backflow Assembly Test Forms: Original to Central Arkansas Water - Page 2 to Tester - Page 3 to Owner

Completed test forms shall be returned to:

Central Arkansas Water  
 Cross-Connection Control Program  
 PO Box 1789  
 Little Rock, AR 72201 501-210-4960

Central Arkansas Water 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**