



# ARIZONA WATER COMPANY

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## BACKFLOW ASSEMBLY TEST REPORT

CUSTOMER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TYPE OF ASSEMBLY: \_\_\_\_\_ MANUFACTURER: \_\_\_\_\_ MODEL: \_\_\_\_\_

SERIAL NUMBER: \_\_\_\_\_ SIZE: \_\_\_\_\_ DATE INSTALLED: \_\_\_\_\_

ASSEMBLY LOCATION: \_\_\_\_\_

NEW INSTALLATION       EXISTING ASSEMBLY       REPLACEMENT      NEW SERIAL # \_\_\_\_\_

**CHECK VALVE #1**      **CHECK VALVE #2**      **DIFFERENTIAL PRESSURE RELIEF VALVE**      **PRESSURE VACUUM BREAKER**

<b><u>INITIAL TEST</u></b>	<b><u>INITIAL TEST</u></b>	<b><u>INITIAL TEST</u></b>	<b><u>INITIAL TEST</u></b>
HELD AT _____ PSID	HELD AT _____ PSID	OPENED AT _____ PSID	AIR INLET OPENED AT _____ PSID
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>	AIR INLET DID NOT OPEN <input type="checkbox"/>
CLOSED TIGHT <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>		CHECK VALVE HELD AT _____ PSID
			CHECK VALVE DID NOT CLOSE <input type="checkbox"/>

<b><u>REPAIRS</u></b>	<b><u>REPAIRS</u></b>	<b><u>REPAIRS</u></b>	<b><u>REPAIRS</u></b>
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>

<b><u>FINAL TEST</u></b>	<b><u>FINAL TEST</u></b>	<b><u>FINAL TEST</u></b>	<b><u>FINAL TEST</u></b>
_____ PSID	_____ PSID	OPENED AT _____ PSID	AIR INLET _____ PSID
CLOSED TIGHT <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>		CHECK VALVE _____ PSID

**TESTING GAUGE INFORMATION:**  
MODEL, TYPE: \_\_\_\_\_ SERIAL #: \_\_\_\_\_ CALIBRATION EXPIRATION DATE: \_\_\_\_\_

INITIAL TEST BY: \_\_\_\_\_ CERTIFIED TESTER NO.: \_\_\_\_\_ DATE: \_\_\_\_\_  
PASS  FAIL

REPAIRED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

FINAL TEST BY: \_\_\_\_\_ CERTIFIED TESTER NO.: \_\_\_\_\_ DATE: \_\_\_\_\_  
PASS  FAIL

COMMENTS: \_\_\_\_\_

I CERTIFY THAT THE ABOVE ASSEMBLY IS OPERATING PROPERLY: \_\_\_\_\_  
SIGNATURE OF TESTER

NAME AND ADDRESS OF TESTING FIRM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THIS REPORT MUST BE COMPLETED AND RETURNED BY: \_\_\_\_\_