

SUFFOLK COUNTY WATER AUTHORITY

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**REPORT ON TEST AND MAINTENANCE
OF BACKFLOW PREVENTION DEVICE (215B)**

A separate form must be completed for each device

For the Year _____

PLEASE NOTE: INCOMPLETE FORMS WILL NOT BE PROCESSED AND RETURNED TO THE CUSTOMER

SCWA Contract Account # _____

Facility Name _____ Address _____ Street City Zip			Location of RPZ/DCV _____ _____		
Device Information	Manufacturer	RPZ _____ DCV _____	Model	Size (in inches)	Serial Number
	Check Valve No 1	Check Valve # 2	Differential Pressure Relief Valve	Line Pressure ____psi	
Test before repair	Leaked _____ Closed Tight _____ Pressure drop across 1 st check valve ____psid	Leaked _____ Closed Tight _____	Opened at ____psid	Date Tested (m/d/y) ____/____/____	
Describe repairs & materials used				Repaired by Name _____ Lic # _____ Date Repaired ____/____/____	
Final Test	Closed tight _____ Pressure drop across 1 st check valve _____	Closed tight _____	Opened at ____psid	Date (m,d,y) ____/____/____	
Water Meter # (if applicable—inside meter)			Type of Service: (check one) Domestic _____ Fire _____ Irrigation _____ Other _____		
Remarks: Describe deficiencies, bypasses, outlets before device, connections between device and point of entry, missing/inadequate airgaps etc. _____					
Certification: This device meets _____ does NOT meet _____ the requirements of an acceptable containment device at the time of testing I hereby certify the foregoing data to be correct					
Master Plumber's Name (PRINT)		Licensing Jurisdiction		License #	
Master Plumber's Consumer Affairs Backflow # _____		Master Plumber's Signature _____			
Backflow Tester's Consumer Affairs Registration # _____		Backflow Tester's Signature _____			
Customer's Signature _____		(Certification that test was performed) Phone # _____			

**INSTRUCTIONS FOR COMPLETING SCWA FORM 215B
REPORT ON TEST AND MAINTENANCE OF BACKFLOW PREVENTION DEVICE**

Suffolk County law 37-2011 dictates NYS Certified Testers be a licensed master plumber or employed by a licensed master plumber who is also a certified backflow tester. In addition, both parties must be registered with Suffolk County Consumer Affairs to perform backflow testing.

This form must be signed by all parties (master plumber, certified tester, owner/agent) as well as all Licensing/Registration Numbers Completed or it will be returned unprocessed.

Complete SCWA Contract Account #, Facility Name, address and specific location of device (i.e. first floor, meter room, Hot Box, etc)

Complete device information inclusive of manufacturer, type, model, size and serial number

Complete Section "Test Before Repair" and indicate

- Whether check valve # 1 leaked or closed tight. For RPZ device, the pressure drop across the 1st check valve must be at least 5.0 psid
- Whether check valve # 2 leaked or closed tight
- Opening of RPZ differential pressure relief valve—must be at least 2.0 psid or device must be failed and/or repaired
- Complete water system pressure in psi and indicate test date

Describe any repairs and material used and the name and license number of the repairer and indicate repair date.

Complete "final test" section **only** if repairs were made.

Indicate water meter # (if inside meter) and type of service

Complete Remarks Section if applicable

Complete the certification portion

Complete Master Plumber's Name, Licensing Jurisdiction, Master Plumber License #

Complete Master Plumber's Consumer Affairs Backflow #

Master Plumber's signature

Backflow Tester's Consumer Affairs Registration # and signature

Have owner or owner's agent sign to certify test was performed