

SUFFOLK COUNTY WATER AUTHORITY

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 Oakdale NY 11769
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**REPORT ON TEST AND MAINTENANCE
 OF BACKFLOW PREVENTION DEVICE (215B)**

____ Annual Test For the Year _____

A separate form must be completed for each device

SCWA CA # _____

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

Facility Name _____			Location of RPZ/DCV _____		
Address _____ Street City Zip			_____		
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 #	Meter Reading	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 air gaps 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					
Backflow Tester Name (Print)	NYS Cert #	Exp Date	Consumer Affairs #	Signature	
Master Plumber's Name (Print)	NYS Cert #	Exp Date	Consumer Affairs #	Signature	
Licensing Jurisdiction	License #				
Customer's name (Print)	Signature (Certification that test was performed)			Phone #	

NOTE: Send one completed copy to the designated health department representative and one copy to SCWA within 30 days of test. Notify owner and SCWA immediately if device fails test and repairs cannot immediately be made.

**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.

INITIAL TEST ONLY: NYS DOH 1013 will be accepted. Parts A & Part B must be completed by the installer and design engineer or architect.

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 #, NYS Certification # and signature

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