

SUN COUNTRY MAINTENANCE ASSOCIATION

ACCT #\_\_\_\_\_

PO Box 244, Cle Elum, WA 98922

(877) 422-5111

**NEW ACCOUNT FORM**

DATE: \_\_\_\_\_

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

PROPERTY ADDRESS: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

PHONE #: \_\_\_\_\_

PREMISES USE: \_\_\_\_\_

ARE YOU A MOBILE HOME OR RV PARK? YES\_\_\_ NO\_\_\_

DO YOU HAVE A FIRE PROTECTION SYSTEM? YES\_\_\_ NO\_\_\_

IF YES, USING CHEMICAL OR FOOD-GRADE CHEMICAL ADDITIONS? YES\_\_\_ NO\_\_\_

DO YOU HAVE A BUILT-IN IRRIGATION SYSTEM? YES\_\_\_ NO\_\_\_

IF YES, USING CHEMICAL ADDITIONS? YES\_\_\_ NO\_\_\_

DO YOU HAVE A PLUMBED IN POOL, SAUNA, SPA OR HOT TUB YES\_\_\_ NO\_\_\_

DO YOU HAVE A BOILER? YES\_\_\_ NO\_\_\_

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BACKFLOW ASSEMBLY TESTER INFORMATION

TESTER NAME: \_\_\_\_\_

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

\_\_\_\_\_

PHONE #: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

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

\_\_\_\_\_

COMPANY PHONE #: \_\_\_\_\_

CERTIFICATE NO. \_\_\_\_\_ ISSUE DATE: \_\_\_\_\_

Include a copy of your State issued current Validation Card of certificate of competency

MAKE/MODEL OF TEST EQUIPMENT: \_\_\_\_\_

Include a copy of your backflow assembly tester differential pressure test kit certification of accuracy of calibration.

Backflow assembly testers shall use the Association's backflow assembly test report (certificate of competency) forms when testing within the Association's water service area.

\_\_\_\_\_  
Signature of Backflow Assembly Tester

\_\_\_\_\_  
Date

**SUN COUNTRY MAINTENANCE ASSOCIATION  
DOUBLE CHECK VALUE ASSEMBLY TEST REPORT  
(CERTIFICATE OF COMPETENCY) (LOW RISK)**

NAME: \_\_\_\_\_ ACCOUNT NO.: \_\_\_\_\_  
SERVICE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

ASSEMBLY TYPE: \_\_\_\_\_ MANUFACTURER: \_\_\_\_\_  
MODEL: \_\_\_\_\_ SIZE: \_\_\_\_\_  
SERIAL NO.: \_\_\_\_\_ INSTALLATION DATE: \_\_\_\_\_

<u>Remarks</u>	
No. 1 Check: Closed tight <input type="checkbox"/> _____ psid	_____
Leaked <input type="checkbox"/>	_____
No. 2 Check: Closed tight <input type="checkbox"/> _____ psid	_____
Leaked <input type="checkbox"/>	_____
Passed Test Yes _____ No _____	PSI At Assembly _____

On the current list of backflow prevention assemblies approved for use in Washington State.  
Yes\_\_\_ No\_\_\_

\_\_\_ Premises isolation at or near the service connection on customer's property; or  
\_\_\_ Located between service connection and the first point of any hazard; or  
\_\_\_ Unknown.

Does the backflow prevention use chemical additions? Yes\_\_\_ No\_\_\_

Adequate freeze protection, drainage and located not to become submerged due to weather related conditions such as flooding. Yes\_\_\_ No\_\_\_

Installed in the orientation for which it is approved. Yes\_\_\_ No\_\_\_

Facilitates proper operation, maintenance, inspection and/or in-line testing using standard installation procedures acceptable to the Washington State Department of Health found in the USC Manual or PNWS-AWWA Manual. Yes\_\_\_ No\_\_\_

In compliance with all applicable safety regulations. Yes\_\_\_ No\_\_\_

Bypass piping installed around approved backflow preventer. Yes\_\_\_ No\_\_\_  
If Yes, is equipped with approved backflow preventer that offers at least the same level of protection as the approved backflow preventer that is being bypassed.  
Yes\_\_\_ No\_\_\_

I certify that the above test results accurately reflect the performance and/or condition of the assembly using procedures acceptable to the Washington State Department of Health in the most recently published edition of the USC Manual at the time of test.

Signature of Tester: \_\_\_\_\_ Cert No. \_\_\_\_\_

Print Name: \_\_\_\_\_ Inspection Date: \_\_\_\_\_