

American Society of Sanitary Engineering
PRODUCT (SEAL) LISTING PROGRAM



ASSE STANDARD #1019 - REVISED: 2011
Wall Hydrant with Backflow Protection
and Freeze Resistance

MANUFACTURER: _____

CONTACT PERSON: _____ E-MAIL: _____

ADDRESS: _____

LABORATORY FILE NUMBER: _____

MODEL # TESTED: _____

MODEL SIZE: _____

ADDITIONAL MODELS REPORT APPLIES TO: _____

ADDITIONAL MODEL INFORMATION (i.e. orientation, series, end connections, shut-off valves): _____

DATE MODELS RECEIVED BY LABORATORY: _____ DATE TESTING BEGAN: _____

DATE TESTING WAS COMPLETED: _____

IF MODELS WERE DAMAGED DURING SHIPMENT, DESCRIBE DAMAGES: _____

PROTOTYPE OR PRODUCTION: _____

WERE ALL TESTS PERFORMED AT THE SELECTED LABORATORY? Yes No

If offsite, identify location and tests involved: _____

General information and instructions for the testing engineer:

The results within this report apply only to the models listed above.

There may be items for which the judgment of the test engineer will be involved. Should there be a question of compliance with that provision of the standard, a conference with the manufacturer should be arranged to enable a satisfactory solution of the question.

Should disagreement persist and compliance remain in question by the test agency, the agency shall, if the product is in compliance with all other requirements of the standard, file a complete report on the questionable items together with the test report, for evaluation by the ASSE Seal Board. The Seal Board will then review and rule on the question of compliance with the intent of the standard then involved.

Documentation of material compliance must be furnished by the manufacturer. The manufacturer shall furnish to the testing agency, a bill of material which clearly identifies the material of each part included in the product construction. This identification must include any standards which relate thereto.



SECTION I

1.0

General

1.1

Application

Does this device, as stated by the manufacturer, comply with this section?

Yes No Questionable

If questionable, explain: _____

1.2

Scope

Does the device conform to the product classified as a wall hydrant with backflow protection and freeze resistance?

Yes No Questionable

If questionable, explain: _____

1.2.1

Is this hydrant a Type "A", Type "B", or Type "C" device?

- Type "A"
- Type "B"
- Type "C"

1.2.2

Sizes

Size of male hose threaded outlet: _____ inches (_____ mm)
 Size of inlet connection: _____ inches (_____ mm)

1.2.3

Connections

1.2.3.1

Outlet Type: _____

Complies with ASME B%20.7? Yes No

1.2.3.2

Inlet Type: _____

Complies with plumbing code: _____

1.2.4

Pressure

What is the working pressure range as noted by the manufacturer?

_____ psi to _____ psi (_____ kPa to _____ kPa)

1.2.5

Temperature Range

What is the temperature range as noted by the manufacturer?

_____ °F to _____ °F (_____ °C to _____ °C)

1.2.7

Atmospheric Vent

Is the atmospheric vent of a nonstandard plumbing connection?

Yes No

SECTION II

2.0

Test Specimens

2.1

How many devices of each type, model and size were submitted? _____

If a series of devices is being evaluated, were devices having the smallest inlet and longest length in that series submitted for testing?

Yes No

Did the manufacturer supply the fouling procedure for Section 3.12?

Yes No



2.2 How many devices of each type or model and size were utilized during the laboratory evaluation? _____

2.3 **Drawings**

Were assembly drawings, installation drawings and other technical data which are needed to enable a testing agency to determine compliance with this standard submitted with the device?
 Yes No Questionable

If questionable, explain: _____

Were the drawings reviewed in the laboratory? Yes No

SECTION III

3.0 **Performance Requirements and Compliance Testing**

3.1 **Hydrostatic Pressure Test**

What was the test pressure? _____ psi (_____ kPa)
 What was the water temperature used for this test? _____ °F (_____ °C)
 The test period was for _____ minutes

Was there any indication of damage or external leakage? Yes No

3.2 **Water Flow Capacity**

What was the supply pressure used for the test? _____ psi (_____ kPa)
 At a 25 psi (172.4 kPa) pressure differential across the device, what was the flow rate?
 _____ GPM (_____ L/m)

In compliance? Yes No

3.3 **Deterioration at Maximum Rated Temperature and Pressure**

What was the flow rate used for this test? _____ GPM (_____ L/m)
 What was the water temperature used for this test? _____ °F (_____ °C)
 What was the supply pressure used for this test? _____ psi (_____ kPa)

Duration of test: _____ hours/days for _____ days or _____ continuous hours.

3.4 **Life Cycle Evaluation**

Devices with a cold water inlet only:
 Water temperature used for this test: _____ °F (_____ °C)
 Water pressure used for this test : _____ psi (_____ kPa)

Was a flow restrictor used? Yes No

What was the torque or force required to close the device?

Rotary Torque: _____
 Axial Force: _____

Devices with both a cold water inlet and a hot water inlet:

Water temperature used for this test:
 Hot Water: _____ °F (_____ °C)
 Cold Water: _____ °F (_____ °C)



Water pressure used for this test: _____ psi (_____ kPa)

Was a flow restrictor used? Yes No

What was the torque or force required to close the device?

Rotary Torque: _____

Axial Force: _____

Device was cycled for: _____ cycles at a rate of _____ cycles per minute.

Was there any leakage from the stem or atmospheric port(s) during the cycling test? Yes No

3.5 Resistance to Bending

Load applied: _____ lbs (_____ kg)

Supply pressure used for this test: _____ psi (_____ kPa)

Water temperature used for this test: _____ °F (_____ °C)

Was there any indication of external leakage or fracturing in the sill flange or body? Yes No

3.6 Self Draining Capabilities

Type of device on test:

Type "A"

Type "B"

Type "C"

Water pressure used for this test: _____ psi (_____ kPa)

Water temperature used for this test: _____ °F (_____ °C)

Temperature inside cold chamber while running test: _____ °F (_____ °C)

Time required to lower device to 0.0 °F (-17.8 °C): _____ minutes

Once the temperature of the device inside the cold chamber was lowered to a maximum of 0.0 °F (-17.8 °C), was the device able to flow water? Yes No

3.7 Low Head Back Pressure

The test period for each column reading was for _____ minutes

At each water column height, was there any leakage from the inlet of the device? Yes No

3.8 Outlet Pressure Release for Type A and Type B Devices

The system was pressurized to: _____ psi (_____ kPa)

A quick acting valve dropped the pressure in the inlet to _____ psi (_____ kPa) when the inlet pressure dropped to 0.0 psi (0.0 kPa).

The outlet pressure release mechanism dropped the outlet pressure to: _____ psi (_____ kPa)

3.9 Backflow Prevention for Type "C" Devices

The system was pressurized to: _____ psi (_____ kPa)



A quick acting valve dropped the pressure at the inlet to: _____ psi (_____ kPa)
 The test period was for _____ hours

Was there any leakage into the inlet of the device? Yes No

3.10 Leakage from Vent Ports

Pressure at the inlet with the device in the closed position: _____ psi (_____ kPa)

When opened to full flow, what was the flowing pressure? _____ psi (_____ kPa)

Was there any leakage from the vent ports at full flow? Yes No

3.11 Cross Flow Test (Mixing Hydrant Only)

Was the mixed water outlet port blocked closed? Yes No

Cold water inlet was pressurized to _____ psi (_____ kPa)
 for _____ minutes.

Leakage at the hot port(s): _____ GPM (_____ mL/min)

Hot water inlet was pressurized to _____ psi (_____ kPa)
 for _____ minutes.

Leakage at the cold port(s) _____ GPM (_____ mL/min)

3.12 Backsiphonage

All check valves and checking members in the normal water flow path of the device were fouled with a _____ inch (_____ mm) diameter wire.

A slowly applied vacuum was raised to _____ inches Hg (_____ kPa)
 and held for _____ minutes.

A rapidly applied vacuum was raised to _____ inches Hg (_____ kPa)
 and then relieved to _____ inches Hg (_____ kPa)

The rise of water in the sight glass was: _____ inches (_____ mm)

SECTION IV

4.0 Detailed Requirements

4.1 Materials

Does the device comply with the material requirements of this standard?
 Yes No Questionable

If questionable, explain: _____

Were any check valves or relief venting of a metal to metal seating? Yes No



4.2 Markings

4.2.1 List the following information as shown on the device:

- (a) Manufacturer's name or trademark: _____
- (b) Model designation: _____
- (c) Type "A": _____
Type "B": _____
Type "C": _____

Were the markings visible on the installed position? Yes No

4.2.2 How were the markings applied? _____

4.3 Installation Instructions

4.3.1 Were installation instructions submitted with the device? Yes No



TESTING AGENCY: _____

ADDRESS: _____

PHONE: _____ FAX: _____

TEST ENGINEERS: _____

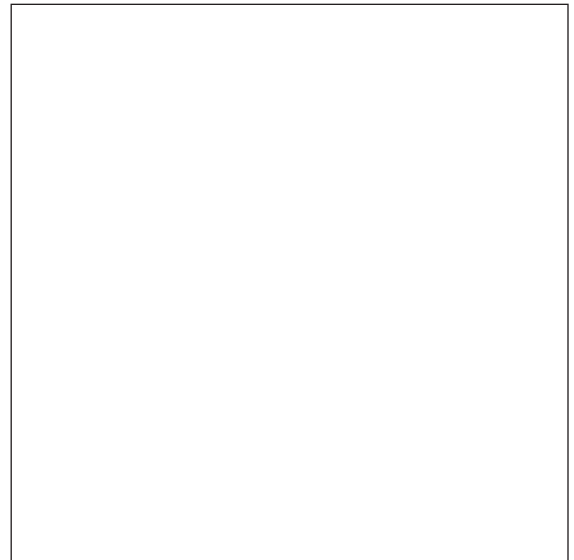
We certify that the evaluations are based on our best judgement and that the test data recorded is an accurate record of the performance of the device on test.

SIGNATURE OF THE OFFICIAL OF THE AGENCY: _____

TITLE OF THE OFFICIAL: _____ DATE: _____

SIGNATURE AND SEAL OF THE REGISTERED PROFESSIONAL ENGINEER SUPERVISING THE LABORATORY EVALUATION:

SIGNATURE: _____



PE SEAL

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COMMENTS: