

BACKFLOW PREVENTION ASSEMBLY TEST REPORT



RETURN TO:
 Water Quality Section
 19306 Bonney Lake Blvd.
 PO BOX 7380
 Bonney Lake, WA 98391
 Ph: 253-862-8602
 Fax: 253-447-4330

EDEN ACCOUNT # _____

NAME OF PREMISE _____ Commercial Residential

SERVICE ADDRESS _____ CITY _____ ZIP _____

CUSTOMER NAME _____ PHONE () _____ FAX () _____

LOCATION OF ASSEMBLY _____

HAZARD TYPE _____ DCVA RPBA PVBA OTHER _____

NEW INSTALL EXISTING REPLACEMENT OLD SER. # _____ PROPER INSTALL? YES NO

MAKE OF ASSEMBLY _____ MODEL _____ SERIAL NO. _____ SIZE _____

| INITIAL TEST | <u>DCVA / RPBA</u> <u>CHECK VALVE NO. 1</u> | <u>DCVA / RPBA</u> <u>CHECK VALVE NO. 2</u> | <u>RPBA</u> | <u>PVBA / SVBA</u> AIR INLET |
|--|--|--|--|---|
| PASSED <input type="checkbox"/> FAILED <input type="checkbox"/> | LEAKED <input type="checkbox"/> _____ PSID | LEAKED <input type="checkbox"/> _____ PSID | OPENED AT _____ PSID #1 CHECK _____ PSID AIR GAP OK? _____ | OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/> CONTINUED TO FULLY OPEN? Y N |
| NEW PARTS AND REPAIRS | CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ | CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ | CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ | CHECK VALVE HELD AT _____ PSID LEAKED <input type="checkbox"/> CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/> |
| TEST AFTER REPAIRS PASSED <input type="checkbox"/> FAILED <input type="checkbox"/> | LEAKED <input type="checkbox"/> _____ PSID | LEAKED <input type="checkbox"/> _____ PSID | OPENED AT _____ PSID #1 CHECK _____ PSID | AIR INLET _____ PSID CHK VALVE _____ PSID |

AIR GAP INSPECTION: Supply Pipe Diameter _____ " Separation _____ " PASS FAIL

REMARKS: _____ LINE PRESSURE _____ PSI
 _____ CONFINED SPACE? _____

TESTERS SIGNATURE: _____ CERT. NO. _____ DATE ___/___/___

TESTERS NAME PRINTED: _____ TESTERS PHONE # () _____

REPAIRED BY: _____ DATE ___/___/___

FINAL TEST BY: _____ CERT. NO. _____ DATE ___/___/___

CALIBRATION DATE ___/___/___ GAUGE # _____ MODEL _____

I certify that this report is accurate and I have used WAC 246-290-490 approved test methods and test equipment.