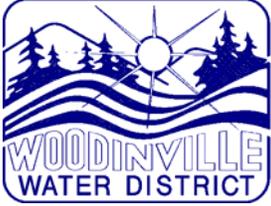


WOODINVILLE WATER DISTRICT



Water Quality Office

17238 N.E. Woodinville-Duvall Road. , PO Box 1390
Woodinville, WA 98072-1390
(425) 487-4125 Fax: (425) 487-4189

Email to: backflowtesting@woodinvillewater.com

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

NAME OF PREMISE _____ Commercial Residential

SERVICE ADDRESS _____ CITY _____ ZIP _____

CONTACT PERSON _____ PHONE () _____ FAX () _____

LOCATION OF ASSEMBLY _____

DOWNSTREAM PROCESS _____ DCVA RPBA PVBA OTHER _____

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

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

	<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
INITIAL TEST	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID AIR GAP OK? _____	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>
PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>				
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	CLOSED TIGHT <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID	AIR INLET _____ PSID CHK VALVE _____ PSID
PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>				

AIR GAP INSPECTION: Required minimum air gap separation provided? Yes No **Detector Meter Reading** _____

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** _____ **SERVICE RESTORED? YES NO**

I certify that this report is accurate, and I have used WAC 246-290-490 approved Test Methods and Test Equipment.