

BACKFLOW PREVENTION ASSEMBLY TEST REPORT



CITY OF BELLEVUE
 Water Quality
 Box 90012 Bellevue, WA 98009
 (425) 452-7840

EMAILTO: Backflow@Bellevuewa.gov
 FAX (425) 452-7116

NOTE: all new backflow assemblies installed must be tested prior to plumbing final, test reports must be made available to the plumbing inspector at final.

ACCOUNT # _____

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 INSTALLATION? YES NO

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

| INITIAL TEST | DCVA / RPBA CHECK VALVE NO.1 | DCVA / RPBA CHECK VALVE NO.2 | RPBA | PVBA/SVBA 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 | <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">CLEAN</td> <td style="text-align: center;">REPLACE</td> <td style="text-align: center;">PART</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> </table> | 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"/> | _____ | <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">CLEAN</td> <td style="text-align: center;">REPLACE</td> <td style="text-align: center;">PART</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> </table> | 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"/> | _____ | <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">CLEAN</td> <td style="text-align: center;">REPLACE</td> <td style="text-align: center;">PART</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> </table> | 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"/> |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <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

COMPANY NAME: _____ WSDOH APPROVED ASSEMBLY? YES NO

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.