



# BACKFLOW ASSEMBLY TEST REPORT

Return Legible and Satisfactory Reports to:  
 BIRCH BAY WATER AND SEWER DISTRICT  
 7096 POINT WHITEHORN RD. BLAINE WA 98230 (360) 371-7100

<input type="checkbox"/>	NEW INSTALL
<input type="checkbox"/>	EXISTING INSTALL
<input type="checkbox"/>	REPLACEMENT OLD ASSY. SERIAL NUMBER

ASSEMBLY MANUFACTURER	MODEL	SERIAL NUMBER	SIZE	REQUIRED FOR ALL NEW, REPLACEMENTS & REMOVALS <input type="checkbox"/> INSPECTED BY BUILDING OFFICIAL <input type="checkbox"/> INSPECTED BY WATER PURVEYOR ADMINISTRATIVE AUTHORITY
OWNER/CONTROLLER NAME				
OWNER/CONTROLLER MAILING ADDRESS				FILE NUMBER
CONTACT NAME		CONTACT PHONE		METER NUMBER
FACILITY NAME				
SERVICE ADDRESS				
LOCATION OF ASSEMBLY				
DOWNSTREAM PROCESS			AREA SERVED <input type="checkbox"/> Domestic Water Service <input type="checkbox"/> Irrigation Service <input type="checkbox"/> Fire Service <input type="checkbox"/> Other	

INITIAL TEST RESULTS			TEST AFTER REPAIRS OR CLEANING		
<b>RPBA</b>	LINE PRESSURE AT TIME OF TEST	_____ PSIG	PRESSURE DROP ACROSS #1 CHECK VALVE _____ PSID		
	PRESSURE DROP ACROSS #1 CHECK VALVE	_____ PSID	RELIEF VALVE OPENED _____ PSID		
	RELIEF VALVE OPENED AT	_____ PSID	NO. 1 CHECK: <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED		
	NO. 1 CHECK:	<input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED	NO. 2 CHECK: <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED		
	NO. 2 CHECK:	<input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED	PASSED TEST <input type="checkbox"/> YES <input type="checkbox"/> NO		
	PASSED TEST	<input type="checkbox"/> YES <input type="checkbox"/> NO	APPROVED AG? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	APPROVED AG?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>DCVA</b>	LINE PRESSURE AT TIME OF TEST	_____ PSIG	NO. 1 CHECK: <input type="checkbox"/> CLOSED TIGHT    _____ PSID		
	NO. 1 CHECK:	<input type="checkbox"/> CLOSED TIGHT    _____ PSID	<input type="checkbox"/> LEAKED		
	NO. 2 CHECK:	<input type="checkbox"/> CLOSED TIGHT    _____ PSID	NO. 2 CHECK: <input type="checkbox"/> CLOSED TIGHT    _____ PSID		
		<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED		
	PASSED TEST	<input type="checkbox"/> YES <input type="checkbox"/> NO	PASSED TEST <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>PVB</b>	LINE PRESSURE AT TIME OF TEST	_____ PSIG	AIR INLET:    OPENED AT _____ PSID		
	AIR INLET:	OPENED AT _____ PSID	<input type="checkbox"/> FAILED TO OPEN		
		<input type="checkbox"/> FAILED TO OPEN	CHECK VALVE:    HELD TIGHT AT _____ PSID		
	CHECK VALVE:	HELD TIGHT AT _____ PSID	<input type="checkbox"/> LEAKED		
		<input type="checkbox"/> LEAKED	PASSED TEST <input type="checkbox"/> YES <input type="checkbox"/> NO		
	PASSED TEST	<input type="checkbox"/> YES <input type="checkbox"/> NO			

<b>AG</b>	APPROVED AIR GAP SEPARATION PROVIDED?	<input type="checkbox"/> YES	<b>PLEASE RECORD REPAIR OR CLEANING          INFORMATION IN REMARKS SECTION BELOW</b>	
	(Physical Separation = 2 X Diameter of Supply Pipe to Overflow Rim)	<input type="checkbox"/> NO		
PROPER INSTALLATION?	<input type="checkbox"/> YES	WATER SERVICE RESTORED?	<input type="checkbox"/> YES	RECORD DETECTOR METER READING - WHEN APPLICABLE
	<input type="checkbox"/> NO		<input type="checkbox"/> NO	

**REMARKS:**

INITIAL TEST BY (PRINTED NAME):	CERT NO.	DATE	
REPAIRED BY (PRINTED NAME):		DATE	
FINAL TEST BY (PRINTED NAME):	CERT NO.	DATE	
TEST KIT MAKE	MODEL	SN#	CAL. DATE
TESTER'S SIGNATURE:			( )
(I CERTIFY THAT I USED WAC 246-290-490 APPROVED TEST METHODS AND DIFFERENTIAL PRESSURE TEST EQUIPMENT)		TESTER'S COMPANY NAME	TESTER'S PHONE

FAILED, INCOMPLETE AND ILLEGIBLE TEST REPORTS WILL NOT BE ACCEPTED