

BACKFLOW PREVENTION ASSEMBLY TEST REPORT



RETURN TO: Water Quality Section
 19306 Bonney Lake BLVD
 PO BOX 7380
 Bonney Lake WA 98390
 Ph 253 862 8602 x 320
 Fax 253 447 4330

DATE _____ RETURN DATE _____ EDEN ACCT # _____

Name of Premises _____

Service Address _____

Location of assembly _____

Reason for assembly _____

Assembly _____

Size _____ Manufacturer _____ Model _____ Type of Assembly _____ Serial # _____

Line Pressure at Time of Test: PSI Assembly is: NEW EXISTING REPLACEMENT

1 ST TEST	Double Check Assemblies		DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
	1 st Check	2 nd Check		
	1 LEAKED <input type="checkbox"/> RP _____ PSID	1 LEAKED <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID REDUCED PRESSURE	AIR INLET OPENED AT _____ PSID
	2 CLOSED TIGHT <input type="checkbox"/>	2 CLOSED TIGHT <input type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
R E P A I R S	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CHECK VALVE HELD AT _____ PSID
	REPLACED DISC <input type="checkbox"/>	REPLACED DISC <input type="checkbox"/>	REPLACED DISC <input type="checkbox"/>	LEAKED _____ PSID <input type="checkbox"/>
	SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	UPPER <input type="checkbox"/>	CLEANED <input type="checkbox"/>
	GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	LOWER <input type="checkbox"/>	REPLACED AIR INLET <input type="checkbox"/>
	PIN RETAINER <input type="checkbox"/>	PIN RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>	DISC <input type="checkbox"/>
	HINGE PIN <input type="checkbox"/>	HINGE PIN <input type="checkbox"/>	DIAPHRAGM LARGE <input type="checkbox"/>	CHECK DISC AIR INLET <input type="checkbox"/>
	SEAT DIAPHRAGM <input type="checkbox"/>	SEAT DIAPHRAGM <input type="checkbox"/>	UPPER <input type="checkbox"/>	SPRING <input type="checkbox"/>
	OTHER, DESCRIBE <input type="checkbox"/>	OTHER, DESCRIBE <input type="checkbox"/>	LOWER <input type="checkbox"/>	CHECK SPRING <input type="checkbox"/>
			SMALL <input type="checkbox"/>	OTHER DECRIBE <input type="checkbox"/>
			SEAT <input type="checkbox"/>	
		UPPER <input type="checkbox"/>		
		LOWER <input type="checkbox"/>		
		SPACER <input type="checkbox"/>		
		LOWER <input type="checkbox"/>		
		OTHER, DESCRIBE <input type="checkbox"/>		
FINAL TEST	RP _____ PSID CLOSED TIGHT <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>	OPENED AT _____ PSID REDUCED PRESSURE <input type="checkbox"/>	AIR _____ PSID CHECK VALVE _____ PSID

AIR GAP INSPECTION Required Minmum Air Gap Separation Provided YES NO
 Is this proper installation? YES NO

REMARKS _____

I CERTIFY THE ABOVE REPORT TO BE TRUE

Print Name _____ Test Kit _____ Model _____ Cert Date _____

Test Performed By _____ Cert # _____ Date _____

Company _____ Phone # _____