BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Please return report to:
City of Hoquiam Water Department
609 8th Street, Hoquiam, WA 98550-3522
Attn: LeRoy Foster

ASSEMBLY :
PASSED ☐
FAILED ☐

NAME OF PREMISE :_____ Commercial ☐ Residential ☐

SERVICE ADDRESS: _____ **CITY:** Hoquiam **ZIP:** 98550

CONTACT PERSON:_____ **PHONE:**_____ **FAX:** _____

LOCATION OF ASSEMBLY:_____

DOWNSTREAM PROCESS: _____ **DCVA** ☐ **RPBA** ☐ **PVBA** ☐ **OTHER:** _____

NEW INSTALLATION ☐ **EXISTING** ☐ **REPLACEMENT** ☐ **OLD ASSEMBLY SERIAL NUMBER:** _____

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

	INITIAL TEST RESULTS	TEST AFTER REPAIR OR CLEANING
RPBA	Relief Valve Opened_____psid No. 2 Check Valve: Closed Tight…….☐ Leaked……...…☐ No. 1 Check Valve Closed Tight……..☐ Leaked……...☐ STATIC Pressure Drop Across Check Valve #1_____psid Minimum A/G present Yes_____ No_____ Passed Test Yes_____ No_____	Relief Valve Opened_____psid No. 2 Check Valve: Closed Tight…….☐ Leaked……...☐ No. 1 Check Valve Closed Tight……..☐ Leaked……...☐ STATIC Pressure Drop Across Check Valve #1_____psid Minimum A/G present Yes_____ No_____ Passed Test Yes_____ No_____
DCVA	No. 1 Check Valve: Differential_____psid Leaked…….☐ No.2 Check Valve: Differential_____psid Leaked…….☐ Passed Test: Yes_____ No_____	No. 1 Check Valve: Differential_____psid Leaked…….☐ No.2 Check Valve: Differential_____psid Leaked…….☐ Passed Test: Yes_____ No_____
PVBA/ SVBA	Air Inlet Opened at _____ Did not open ☐ Check Valve Held at _____ Leaked ☐ Passed Test: Yes____ No ____	Air Inlet Opened at _____ Did not open ☐ Check Valve Held at _____ Leaked ☐ Passed Test: Yes____ No ____
AG	Pipe Diameter: (in inches) _____ Pass_____ Air Gap: (in Inches) _____ Fail _____	

IS THIS A PROPER INSTALLATION? Yes ☐ No ☐ **Detector Meter Reading** _____

REMARKS: _____

_____ **LINE PRESSURE** _____

I CERTIFY THIS REPORT IS ACCURATE , AND THAT I HAVE USED WAC 246-290-490 APPROVED TEST METHODS:
TEST EQUIPMENT: MAKE_____ **MODEL**_____ **SERIAL #**_____ **ACCURACY TEST DATE**_____

Certified:_____

Certified Testers Signature **Certified Testers Name Printed or Typed**

Initial Test By: _____ **Cert. #** _____ **Date** _____
Certified Testers Signature

Repaired By: _____ **Plumber Cert #** _____ **Date** _____
Repair Person's Printed Name

Repair Tested By: _____ **Cert. #** _____ **Date**_____