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

❑ NEW INSTALL
❑ EXISTING INSTALL
❑ REPLACEMENT
OLD ASSY. SERIAL NUMBER

ASSEMBLY MANUFACTURER	MODEL	SERIAL NUMBER	SIZE

REQUIRED FOR ALL NEW, REPLACEMENTS & REMOVALS
❑ INSPECTED BY BUILDING OFFICIAL
❑ INSPECTED BY WATER PURVEYOR

OWNER/CONTROLLER NAME	ADMINISTRATIVE AUTHORITY
OWNER/CONTROLLER MAILING ADDRESS	FILE NUMBER
CONTACT NAME / CONTACT PHONE	METER NUMBER
FACILITY NAME	
SERVICE ADDRESS	
LOCATION OF ASSEMBLY	
DOWNSTREAM PROCESS	AREA SERVED: ❑ Domestic Water Service ❑ Irrigation Service ❑ Fire Service ❑ Other_____

	INITIAL TEST RESULTS	TEST AFTER REPAIRS OR CLEANING
RPBA	LINE PRESSURE AT TIME OF TEST _____ PSIG PRESSURE DROP ACROSS #1 CHECK VALVE _____ PSID RELIEF VALVE OPENED AT _____ PSID NO. 1 CHECK: ❑ CLOSED TIGHT ❑ LEAKED NO. 2 CHECK: ❑ CLOSED TIGHT ❑ LEAKED **PASSED TEST** ❑ **YES** ❑ **NO** **APPROVED AG?** ❑ **YES** ❑ **NO**	PRESSURE DROP ACROSS #1 CHECK VALVE _____ PSID RELIEF VALVE OPENED _____ PSID NO. 1 CHECK: ❑ CLOSED TIGHT ❑ LEAKED NO. 2 CHECK: ❑ CLOSED TIGHT ❑ LEAKED **PASSED TEST** ❑ **YES** ❑ **NO**
DCVA	LINE PRESSURE AT TIME OF TEST _____ PSIG NO. 1 CHECK: ❑ CLOSED TIGHT ❑ LEAKED _____ PSID NO. 2 CHECK: ❑ CLOSED TIGHT ❑ LEAKED _____ PSID **PASSED TEST** ❑ **YES** ❑ **NO**	NO. 1 CHECK: ❑ CLOSED TIGHT ❑ LEAKED _____ PSID NO. 2 CHECK: ❑ CLOSED TIGHT ❑ LEAKED _____ PSID **PASSED TEST** ❑ **YES** ❑ **NO**
PVB	LINE PRESSURE AT TIME OF TEST _____ PSIG AIR INLET: OPENED AT _____ PSID ❑ FAILED TO OPEN CHECK VALVE: HELD TIGHT AT _____ PSID ❑ LEAKED **PASSED TEST** ❑ **YES** ❑ **NO**	AIR INLET: OPENED AT _____ PSID ❑ FAILED TO OPEN CHECK VALVE: HELD TIGHT AT _____ PSID ❑ LEAKED **PASSED TEST** ❑ **YES** ❑ **NO**
AG	APPROVED AIR GAP SEPARATION PROVIDED? ❑ **YES** ❑ **NO** (Physical Separation = 2 X Diameter of Supply Pipe to Overflow Rim)	**PLEASE RECORD REPAIR OR CLEANING INFORMATION IN REMARKS SECTION BELOW**

PROPER INSTALLATION?	WATER SERVICE RESTORED?	RECORD DETECTOR METER READING - WHEN APPLICABLE
❑ YES ❑ NO	❑ YES ❑ 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