



Soos Creek Water & Sewer District
 14616 SE 192nd Street Renton, Washington 98058
 O: (253) 630-9900 ext. 153
 C: (425) 531-2985
 F: (253) 630-5289
 Email: jmillan@sooscreek.com
 Attn: John Millan

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

ACCOUNT #: _____

NAME OF PREMISE: _____ Commercial Residential

SERVICE ADDRESS: _____ CITY: _____ ZIP: _____

CONTACT PERSON: _____ PHONE #: _____ FAX #: _____

LOCATION OF ASSEMBLY: _____

DOWNSTREAM PROCESS: _____ DCVA DCDA RPBA RPDA PVBA/SVBA

NEW: EXISTING: REPLACEMENT: OLD SER. #: _____ PROPER INSTALLATION: YES NO

MAKE OF ASSEMBLY: _____ MODEL #: _____ SERIAL #: _____ SIZE: _____

INITIAL TEST	<u>DCVA / RPBA CHECK VALVE # 1</u>	<u>DCVA / RPBA CHECK VALVE # 2</u>	<u>RPBA</u>	<u>PVBA/SVBA AIR INLET</u>
PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	HELD TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/> _____ PSID	HELD TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID AIR GAP OK? _____	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>
NEW PARTS AND REPAIRS	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART _____ <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"/>
TEST AFTER REPAIRS PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	HELD TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/> _____ PSID	HELD TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID # 1 CHECK _____ PSID	AIR INLET _____ PSID CHK VALVE _____ PSID

AIR GAP INSPECTION: (Required minimum air gap separation provided?) YES NO CONFINED SPACE: YES NO

REMARKS: _____

LINE PRESSURE: _____ PSI

TESTERS SIGNATURE: _____ CERT #: _____ DATE: _____

TESTERS NAME PRINTED: _____ TESTERS PHONE #: _____

REPAIRED BY: _____ DATE: _____

FINAL TEST BY: _____ CERT #: _____ 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.