

CITY OF ELLENSBURG BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Owner/Business Name:	<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>		Irrigation <input type="checkbox"/>	Res <input type="checkbox"/>	Comm <input type="checkbox"/>
Service Address:	<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>		Phone: <hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>		
City:	<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>		State: <hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>	Zip: <hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>	
Contact Name/Title:	<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>		Phone: <hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>		
Exact Location of Assembly:					
Type of Assembly:	AG <input type="checkbox"/>	DCVA <input type="checkbox"/>	RPBA <input type="checkbox"/>	PVBA <input type="checkbox"/>	Other (Explain): <hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>
New Installation	<input type="checkbox"/>	Existing Installation	<input type="checkbox"/>	Replacement <input type="checkbox"/>	"Old" Assembly Serial #: <hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>
Protection Type?	Premises Isolation <input type="checkbox"/>	Fire <input type="checkbox"/>	Irrigation <input type="checkbox"/>	Protected Fixture: <hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>	
Assembly Make	Model <hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>	Tag No <hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>	Serial No <hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>	Size <hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>	

	INITIAL TEST RESULTS			TEST AFTER REPAIR/CLEANING		
RPBA	Line Pressure	<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>		Line Pressure	<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>	
	Pressure Drop Across					
	No. 1 Check Valve (A)	<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>		No. 1 Check Valve (A)	<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>	
	Relief Valve Opened (B)	<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>		Relief Valve Opened (B)	<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>	
	Buffer (C) = (A-B)	<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>		Buffer (C) = (A-B)	<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>	
	No. 2 Check	Closed Tight <input type="checkbox"/>	Leaked <input type="checkbox"/>	No. 2 Check	Closed Tight <input type="checkbox"/>	Leaked <input type="checkbox"/>
	No. 1 Check	Closed Tight <input type="checkbox"/>	Leaked <input type="checkbox"/>	No. 1 Check	Closed Tight <input type="checkbox"/>	Leaked <input type="checkbox"/>
Minimum Airgap Present	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Minimum Airgap Present	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
PASSED TEST	Yes <input type="checkbox"/>	No <input type="checkbox"/>	PASSED TEST	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
DCVA	Line Pressure	<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>		Line Pressure	<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>	
	No. 1 Check	Closed Tight <input type="checkbox"/>	Leaked <input type="checkbox"/>	No. 1 Check	Closed Tight <input type="checkbox"/>	Leaked <input type="checkbox"/>
	No. 2 Check	Closed Tight <input type="checkbox"/>	Leaked <input type="checkbox"/>	No. 2 Check	Closed Tight <input type="checkbox"/>	Leaked <input type="checkbox"/>
		<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>	<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>		<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>	<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>
		<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>	<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>		<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>	<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>
	PASSED TEST	Yes <input type="checkbox"/>	No <input type="checkbox"/>	PASSED TEST	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	PVBA	Line Pressure	<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>		Line Pressure	<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>
Air Inlet		Opened <hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>	psid	Air Inlet	Opened <hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>	psid
		<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>	<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>		<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>	<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>
Check Valve		Failed to Open <input type="checkbox"/>	<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>	Check Valve	Failed to Open <input type="checkbox"/>	<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>
		<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>	<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>		<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>	<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>
		<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>	<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>		<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>	<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>
PASSED TEST		Yes <input type="checkbox"/>	No <input type="checkbox"/>	PASSED TEST	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Air Gap	Minimum Separation Yes <input type="checkbox"/> No <input type="checkbox"/>		Please record repair, inspection, and cleaning information in the "Remarks" section below			

On Washington State List & Properly Installed? Yes No Sight Tube Used? Yes No

Remarks (Describe repairs and/or parts used)

Test Equipment Make/Model	Serial # <hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>	Calibration Date <hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>
Testing Company's Name	<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>	Phone No. <hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>
Tester's Name (Printed)	<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>	BAT Cert. # <hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>
Repaired By (If applicable)	<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>	BAT Cert. # <hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>
Final Test By (If repaired)	<hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>	BAT Cert. # <hr style="border: 0; border-top: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"/>
Water Service Restored?		
Tester's Signature	Yes <input type="checkbox"/> No <input type="checkbox"/>	