

# CITY OF ELLENSBURG BACKFLOW PREVENTION ASSEMBLY TEST REPORT

**Owner/Business Name:** \_\_\_\_\_ **Irrigation**  **Res**  **Comm**   
**Service Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Contact Name/Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Exact Location of Assembly:** \_\_\_\_\_  
**Type of Assembly:** AG  DCVA  RPBA  PVBA  **Other (Explain):** \_\_\_\_\_  
**New Installation**  **Existing Installation**  **Replacement**  **"Old" Assembly Serial #:** \_\_\_\_\_  
**Protection Type?** Premises Isolation  Fire  Irrigation  **Protected Fixture:** \_\_\_\_\_  
**Assembly Make** \_\_\_\_\_ **Model** \_\_\_\_\_ **Tag No** \_\_\_\_\_ **Serial No** \_\_\_\_\_ **Size** \_\_\_\_\_

	INITIAL TEST RESULTS	TEST AFTER REPAIR/CLEANING
<b>RPBA</b>	Line Pressure _____ psi <b>Pressure Drop Across</b> No. 1 Check Valve (A) _____ psid Relief Valve Opened (B) _____ psid Buffer (C) = (A-B) _____ psid No. 2 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"/> <b>PASSED TEST</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	Line Pressure _____ psi <b>Pressure Drop Across</b> No. 1 Check Valve (A) _____ psid Relief Valve Opened (B) _____ psid Buffer (C) = (A-B) _____ psid No. 2 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"/> <b>PASSED TEST</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>DCVA</b>	Line Pressure _____ psi No. 1 Check Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____ psid No. 2 Check Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____ psid <b>PASSED TEST</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	No. 1 Check Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____ psid No. 2 Check Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____ psid <b>PASSED TEST</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>PVBA</b>	Line Pressure _____ psi Air Inlet Opened _____ psid Failed to Open <input type="checkbox"/> Check Valve _____ psid Leaked <input type="checkbox"/> <b>PASSED TEST</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	Line Pressure _____ psi Air Inlet Opened _____ psid Failed to Open <input type="checkbox"/> Check Valve _____ psid Leaked <input type="checkbox"/> <b>PASSED TEST</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Air Gap</b>	<b>Minimum Separation</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Please record repair, inspection, and cleaning information in the "Remarks" section below</b>

**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 # _____	Calibration Date _____
Testing Company's Name _____		Phone No. _____
Tester's Name (Printed) _____	Date _____	BAT Cert. # _____
Repaired By (If applicable) _____	Date _____	BAT Cert. # _____
Final Test By (If repaired) _____	Date _____	BAT Cert. # _____
Tester's Signature _____		<b>Water Service Restored?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>