



# BACKFLOW ASSEMBLY TEST REPORT

Send Completed Report To:

**Valley Water District**  
**14515 Pioneer Way East**  
**Puyallup, WA. 98372**

Phone: (253)841-9698  
 Fax: (253)770-8959  
 service@valleywaterdistrict.com

District Use Only
Date: _____
Approved _____
Declined _____

**\*\*\* A COPY OF CURRENT BAT CERTIFICATION & CALIBRATION REPORT MUST ACCOMPANY EVERY TEST REPORT \*\*\***

SERIAL NUMBER	MANUFACTURER	MODEL	SIZE	<input type="checkbox"/> New Installation	<input type="checkbox"/> Existing
PROPERTY OWNER				<input type="checkbox"/> Replacement	
SERVICE ADDRESS				Old Serial# _____	
CONTACT NAME			CONTACT PHONE		
LOCATION OF ASSEMBLY					<input type="checkbox"/> POINT OF USE
DOWNSTREAM PROCESS					<input type="checkbox"/> PREMISE ISOLATION

INITIAL TEST RESULTS		TEST AFTER REPAIR OR CLEANING	
<b>RPBA</b>	LINE PRESSURE AT TIME OF TEST _____ PSIG PRESSURE DROP ACROSS # 1 CHECK _____ PSID RELIEF VALVE OPENED AT _____ PSID NO. 1 CHECK: <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED NO. 2 CHECK: <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED APPROVED AIR GAP <input type="checkbox"/> YES <input type="checkbox"/> NO	PRESSURE DROP ACROSS # 1 CHECK _____ PSID RELIEF VALVE OPENED AT _____ PSID NO. 1 CHECK: <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED NO. 2 CHECK: <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
<b>DCVA</b> <input type="checkbox"/> <b>DDCVA</b> <input type="checkbox"/>	LINE PRESSURE AT TIME OF TEST _____ PSIG NO. 1 CHECK: _____ PSID <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED NO. 2 CHECK: _____ PSID <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED	NO. 1 CHECK: _____ PSID <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED NO. 2 CHECK: _____ PSID <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
<b>PVBA</b> <input type="checkbox"/> <b>SVBA</b> <input type="checkbox"/>	LINE PRESSURE AT TIME OF TEST _____ PSIG AIR INLET OPENED AT: _____ PSID <input type="checkbox"/> FAILED TO OPEN CHECK VALVE HELD TIGHT AT _____ PSID <input type="checkbox"/> LEAKED	AIR INLET OPENED AT: _____ PSID <input type="checkbox"/> FAILED TO OPEN CHECK VALVE HELD TIGHT AT _____ PSID <input type="checkbox"/> LEAKED	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
<b>AG</b>	APPROVED AIR GAP SEPARATION PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO	**AIR GAP MUST BE 2 X DIAMETER OF SUPPLY PIPE- MINIMUM 1" SEPARATION	
IS THIS DEVICE INSTALLED PROPERLY? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS THIS AN APPROVED ASSEMBLY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WATER SERVICE RESTORED? <input type="checkbox"/> YES <input type="checkbox"/> NO			

REMARKS:

INITIAL TEST PERFORMED BY (PRINT NAME):	CERTIFICATION NUMBER:	TEST DATE:	
REPAIRED BY (PRINT NAME):	DATE REPAIRED:		
FINAL TEST PERFORMED BY (PRINT NAME):	CERTIFICATION NUMBER:	TEST DATE:	
TEST KIT MAKE:	TEST KIT MODEL:	TEST KIT SERIAL NUMBER:	CALIBRATION DATE:
TESTERS SIGNATURE:	TESTER COMPANY NAME:	TESTERS PHONE NUMBER: ( )	

**I CERTIFY THAT I USED WAC 246-290-490 TEST METHODS AND DIFFERENTIAL TEST EQUIPMENT**