



COAL CREEK UTILITY DISTRICT  
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 Attn: John Lucas

**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  RPBA  PVBA  OTHER \_\_\_\_\_

NEW INSTALL  EXISTING  REPLACEMENT  OLD SER. # \_\_\_\_\_ PROPER INSTALLATION? YES  NO

MAKE OF ASSEMBLY \_\_\_\_\_ MODEL \_\_\_\_\_ SERIAL NO. \_\_\_\_\_ SIZE \_\_\_\_\_

| INITIAL TEST   | <u>DCVA / RPBA</u><br><u>CHECK VALVE NO.1</u>   | <u>DCVA / RPBA</u><br><u>CHECK VALVE NO.2</u>   | <u>RPBA</u>   | <u>PVBA/SVBA</u><br>AIR INLET   |
|--|---|---|---|---|
|  | PASSED <input type="checkbox"/><br>FAILED <input type="checkbox"/>  | LEAKED <input type="checkbox"/><br>_____ PSID   | LEAKED <input type="checkbox"/><br>_____ PSID   | OPENED AT _____ PSID<br>#1 CHECK _____ PSID<br>AIR GAP OK? _____  |
| NEW PARTS AND REPAIRS  | CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART _____<br><input type="checkbox"/> <input type="checkbox"/> _____<br><input type="checkbox"/> <input type="checkbox"/> _____<br><input type="checkbox"/> <input type="checkbox"/> _____ | CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART _____<br><input type="checkbox"/> <input type="checkbox"/> _____<br><input type="checkbox"/> <input type="checkbox"/> _____<br><input type="checkbox"/> <input type="checkbox"/> _____ | CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART _____<br><input type="checkbox"/> <input type="checkbox"/> _____<br><input type="checkbox"/> <input type="checkbox"/> _____<br><input type="checkbox"/> <input type="checkbox"/> _____ | CHECK VALVE HELD AT _____ PSID<br>LEAKED <input type="checkbox"/><br>_____<br>CLEANED <input type="checkbox"/><br>REPAIRED <input type="checkbox"/> |
| TEST AFTER REPAIRS   | LEAKED <input type="checkbox"/><br>_____ PSID   | LEAKED <input type="checkbox"/><br>_____ PSID   | OPENED AT _____ PSID<br>#1 CHECK _____ PSID   | AIR INLET _____ PSID<br>CHK VALVE _____ PSID  |
| PASSED <input type="checkbox"/><br>FAILED <input type="checkbox"/> |   |   |   |   |

AIR GAP INSPECTION: Required minimum air gap separation provided? Yes  No  Detector Meter Reading \_\_\_\_\_

REMARKS: \_\_\_\_\_ LINE PRESSURE \_\_\_\_\_ PSI

\_\_\_\_\_ WSDOH APPROVED DEVICE? YES  NO  CONFINED SPACE? \_\_\_\_\_

TESTERS SIGNATURE: \_\_\_\_\_ CERT. NO. \_\_\_\_\_ DATE \_\_\_\_\_

TESTERS NAME PRINTED: \_\_\_\_\_ TESTERS PHONE # ( ) \_\_\_\_\_

REPAIRED BY: \_\_\_\_\_ DATE \_\_\_\_\_

FINAL TEST BY: \_\_\_\_\_ CERT. NO. \_\_\_\_\_ 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.*