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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	DCVA/RPBA CHECK VALVE NO.1	DCVA/RPBA CHECK VALVE NO.2	RPBA	PVBA/SVBA AIR INLET
	PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	LEAKED <input type="checkbox"/> _____ PSID	LEAKED <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID AIR GAP OK? _____
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	LEAKED <input type="checkbox"/> _____ PSID	LEAKED <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID	AIR INLET _____ PSID CHK VALVE _____ PSID
PASSED <input type="checkbox"/> 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.