

COAL CREEK UTILITY DISTRICT  
 6801 132<sup>ND</sup> PL SE  
 NEWCASTLE, WA 98059  
 P: (425) 235-9200 F: (425) 228-7429  
 Email:  
[backflow@ccud.org](mailto:backflow@ccud.org)  
 Attn: Carla Snyder

**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> <u>CHECK VALVE NO.1</u>	<u>DCVA / RPBA</u> <u>CHECK VALVE NO.2</u>	<u>RPBA</u>	<u>PVBA/SVBA</u> 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? _____	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>
NEW PARTS AND REPAIRS	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> _____ <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 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 INLET _____ PSID CHK VALVE _____ PSID

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.*