



# BACKFLOW PREVENTION ASSEMBLY TEST REPORT

**CITY OF LACEY** Public Works  
 420 College St. SE Lacey, WA 98503  
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<b>PWS ID</b>		<b>Water System Name</b>			<b>File #</b>	
<b>Facility Name</b>				<input type="checkbox"/> Non-Residential <input type="checkbox"/> Residential		
<b>Service Address</b>			<b>City</b>		<b>Zip</b>	
<b>Contact Person</b>			<b>Phone</b>		<b>Email</b>	
<b>Hazard Type (if known)</b>				<input type="checkbox"/> DCVA <input type="checkbox"/> RPBA <input type="checkbox"/> PVBA <input type="checkbox"/> AG <input type="checkbox"/> Other		
<b>Preventer Physical Location</b>						
<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Replacement: Old Ser. #				<b>Confined Space</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Assembly Make</b>		<b>Model</b>		<b>Serial #</b>		
<b>Size</b> "						
<b>USC-Approved</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Proper Install</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Proper Orientation</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Initial Test</b>	<b>DCVA</b>		<b>RPBA</b>		<b>PVBA/SVBA</b>	
	<b>Check Valve 1</b>		<b>Relief Valve</b>		<b>Air Inlet Valve</b>	
	Passed <input type="checkbox"/> Leaked <input type="checkbox"/> ___ psid		Opened ___ psid/ Not Open <input type="checkbox"/>		Opened at ___ psid	
	Failed <input type="checkbox"/> <b>Check Valve 2</b> Leaked <input type="checkbox"/> ___ psid		<b>Check Valve 2</b> Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>		Did Not Open <input type="checkbox"/> Opened Fully Yes <input type="checkbox"/> No <input type="checkbox"/>	
		<b>Check Valve 1</b> ___ psid		<b>Check Valve</b> ___ psid		
		<b>Approved Air Gap</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		Leaked <input type="checkbox"/>		
<b>Cleaning, Repairs, &amp; Parts</b>	<b>Cleaned</b> <input type="checkbox"/> <b>Repaired</b> <input type="checkbox"/>		<b>Cleaned</b> <input type="checkbox"/> <b>Repaired</b> <input type="checkbox"/>		<b>Cleaned</b> <input type="checkbox"/> <b>Repaired</b> <input type="checkbox"/>	
	<input type="checkbox"/> Disc	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Disc	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Air Inlet Disc	<input type="checkbox"/> Float
	<input type="checkbox"/> Spring	<input type="checkbox"/> Module	<input type="checkbox"/> Spring	<input type="checkbox"/> Module	<input type="checkbox"/> Air Inlet Spring	<input type="checkbox"/> Diaphragm
	<input type="checkbox"/> Guide	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Rubber Kit/Guide	<input type="checkbox"/> Check Disc	<input type="checkbox"/> Rubber Kit
<input type="checkbox"/> Seat	<input type="checkbox"/>	<input type="checkbox"/> Seat	<input type="checkbox"/>	<input type="checkbox"/> Check Spring	<input type="checkbox"/>	
<b>Final Test</b>	<b>Check Valve 1</b>		<b>Relief Valve</b>		<b>Air Inlet Valve</b>	
	Passed <input type="checkbox"/> Leaked <input type="checkbox"/> ___ psid		Opened at ___ psid		Opened at ___ psid	
	Failed <input type="checkbox"/> <b>Check Valve 2</b> Leaked <input type="checkbox"/> ___ psid		<b>Check Valve 2</b> Closed Tight <input type="checkbox"/>		Opened Fully   Yes <input type="checkbox"/> No <input type="checkbox"/>	
			<b>Check Valve 1</b> ___ psid		<b>Check Valve</b> ___ psid	
<b>Air Gap Inspection</b> Pass <input type="checkbox"/> Fail <input type="checkbox"/>			<b>Supply Pipe Diameter</b> "		<b>Air Gap Separation</b> "	
<b>Line Pressure</b> psi		<b>Detector Meter</b>		Gals <input type="checkbox"/> CuFt <input type="checkbox"/> <b>Service Restored</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Remarks*</b>						
<b>Test Kit Make &amp; Model</b>				<b>Serial #</b>		
<b>Ver./Cal Date**</b>						
<b>By this signature, I certify:</b>	1. I personally inspected and field-tested the backflow assembly using field test procedures meeting WAC 246-290-490 and test equipment meeting WAC 246-292-034; or I personally inspected the air gap or AVB.					
	2. The information in this report is true, complete, and accurate.					
<b>BAT Signature (initial test)</b>			<b>Cert. #</b>		<b>Date/Time</b>	
<b>BAT Name (print)</b>			<b>BAT Phone #</b>			
<b>Repaired By</b>				<b>Date/Time</b>		
<b>BAT Signature (after repair)</b>			<b>Cert. #</b>		<b>Date/Time</b>	
<b>BAT Name (print)</b>			<b>BAT Phone #</b>			
<b>BAT Company Name</b>			<b>Address</b>			

\*Note unapproved backflow preventer, missing/defective components, repairs made, or conditions that may adversely affect assembly.

\*\*The date of the most recent field test kit verification of accuracy or calibration whichever is most recent.