RETURN TO:
LAKEWOOD WATER DISTRICT
11900 Gravelly Lk. Dr. S.W.,
Lakewood, WA 98499-0729
Tel: 253-588-4423

NEW ☐
EXISTING ☐
REPLACEMENT ☐

LAKEWOOD WATER DISTRICT

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

NAME: _____

SERVICE ADDRESS: _____

LOCATION: _____

CROSS CONNECTION CONTROL FOR: _____ TYPE ASSEMBLY: _____

MANUFACTURER: _____ MODEL: _____ SIZE: _____ SERIAL NO. _____

	INITIAL TEST RESULTS	TEST AFTER REPAIR OR CLEANING
RPBA	Line Pressure _____ Pressure Drop Across No. 1 Check Valve (A) _____ psid Relief Valve Opened (B) _____ psid Buffer (C) = (A-B) _____ psid No. 1 Check: Closed Tight ..... ☐ Leaked ..... ☐ No. 2 Check: Closed Tight ..... ☐ Leaked ..... ☐ Minimum AG Separation: Yes _____ No _____ Passed Test: Yes _____ No _____	Pressure Drop Across No. 1 Check Valve (A) _____ psid Relief Valve Opened (B) _____ psid Buffer (C) = (A-B) _____ psid No. 1 Check: Closed Tight ..... ☐ Leaked ..... ☐ No. 2 Check: Closed Tight ..... ☐ Leaked ..... ☐ Minimum AG Separation: Yes _____ No _____ Passed Test: Yes _____ No _____
DCVA	Line Pressure No. 1 Check: Closed Tight ..... ☐ _____ psid Leaked ..... ☐ No. 2 Check: Closed Tight ..... ☐ _____ psid Leaked ..... ☐ Passed Test: Yes _____ No _____	No. 1 Check: Closed Tight ..... ☐ _____ psid Leaked ..... ☐ No. 2 Check: Closed Tight ..... ☐ _____ psid Leaked ..... ☐ Passed Test: Yes _____ No _____
PVB	Line Pressure Air Inlet Opened _____ psid Failed to Open ..... ☐ Check Valve: _____ psid Leaked ..... ☐ Passed Test: Yes _____ No _____	Air Inlet Opened _____ psid Failed to Open ..... ☐ Check Valve: _____ psid Leaked ..... ☐ Passed Test: Yes _____ No _____
AG	Minimum Separation: Yes _____ No _____	PLEASE RECORD REPAIR OR CLEANING INFORMATION IN SECTION BELOW

IS THIS A PROPER INSTALLATION? Yes _____ No _____

Water Service Found: On _____ Off _____ Water Service Left: On _____ Off _____

REMARKS: _____

Test Equipment: Make Model Serial # Accuracy Verification Date

Assembly Tested: Passed _____ Failed _____

I CERTIFY THE ABOVE REPORT TO BE TRUE:

_____ _____

Certified Testers' Typed or Printed Name Phone No.

Initial Test By: _____ Cert No. _____ Date _____

Signature

Repair Test By: _____ Cert No. _____ Date _____

Signature