

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

LAKWOOD WATER DISTRICT
BACKFLOW PREVENTION ASSEMBLY
TEST REPORT



NEW	<input type="checkbox"/>
EXISTING	<input type="checkbox"/>
REPLACEMENT	<input type="checkbox"/>

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 <input type="checkbox"/> Leaked <input type="checkbox"/> No. 2 Check: Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> 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 <input type="checkbox"/> Leaked <input type="checkbox"/> No. 2 Check: Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> Minimum AG Separation: Yes _____ No _____ Passed Test: Yes _____ No _____
DCVA	Line Pressure No. 1 Check: Closed Tight <input type="checkbox"/> _____ psid Leaked <input type="checkbox"/> No. 2 Check: Closed Tight <input type="checkbox"/> _____ psid Leaked <input type="checkbox"/> Passed Test: Yes _____ No _____	No. 1 Check: Closed Tight <input type="checkbox"/> _____ psid Leaked <input type="checkbox"/> No. 2 Check: Closed Tight <input type="checkbox"/> _____ psid Leaked <input type="checkbox"/> Passed Test: Yes _____ No _____
PVB	Line Pressure Air Inlet Opened _____ psid Failed to Open <input type="checkbox"/> Check Valve: _____ psid Leaked <input type="checkbox"/> Passed Test: Yes _____ No _____	Air Inlet Opened _____ psid Failed to Open <input type="checkbox"/> Check Valve: _____ psid Leaked <input type="checkbox"/> 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: _____ Signature _____ Cert No. _____ Date _____

Repair Test By: _____ Signature _____ Cert No. _____ Date _____