

RETURN TO:  
 LAKEWOOD WATER DISTRICT  
 11900 Gravelly Lk. Dr. S.W., P.O. Box 99729  
 Lakewood, WA 98499-0729  
 Tel: 253-588-4423, Fax 588-7150



# LAKEWOOD WATER DISTRICT

## BACKFLOW PREVENTION ASSEMBLY TEST REPORT

NEW   
 EXISTING   
 REPLACEMENT

NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_  
Street City Zip

LOCATION: \_\_\_\_\_

CROSS CONNECTION CONTROL FOR: \_\_\_\_\_ TYPE ASSEMBLY: \_\_\_\_\_

MANUFACTURER: \_\_\_\_\_ MODEL: \_\_\_\_\_ SIZE: \_\_\_\_\_ SERIAL NO: \_\_\_\_\_

	INITIAL TEST RESULTS	TEST AFTER REPAIR OR CLEANING
<b>RPBA</b>	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 ___
<b>DCVA</b>	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 ___
<b>PVB</b>	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 ___
<b>AG</b>	Minimum Separation: Yes ___ No ___	<b>PLEASE RECORD REPAIR OR CLEANING            INFORMATION IN SECTION BELOW</b>

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: Satisfactorily \_\_\_ Failed \_\_\_\_\_

**I CERTIFY THE ABOVE REPORT TO BE TRUE:**

\_\_\_\_\_  
Certified Testers' Typed or Printed Name Phone No.

Initial Test By: \_\_\_\_\_  
Signature Cert No. \_\_\_\_\_ Date \_\_\_\_\_

Repaired By: \_\_\_\_\_  
Date \_\_\_\_\_

Repair Test By: \_\_\_\_\_  
Signature Cert No. \_\_\_\_\_ Date \_\_\_\_\_