

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
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: Satisfactorily _____ Failed _____

I CERTIFY THE ABOVE REPORT TO BE TRUE:

Certified Testers' Typed or Printed Name Phone No.

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

Repaired By: _____ Date _____

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