

CITY OF KENNEWICK
BACKFLOW PREVENTION ASSEMBLY TEST REPORT



CONTACT NAME / COMPANY: _____

ADDRESS / PHONE #: _____

ASSEMBLY LOCATION: _____

BACKFLOW HAZARD: _____ TYPE OF ASSEMBLY: _____

MANUFACTURER: _____ MODEL: _____ SIZE: _____ SERIAL No: _____

REPLACEMENT - OLD SERIAL NO. _____ INSTALLATION: NEW EXISTING

ORIENTATION AT TIME OF TEST: HORIZONTAL VERTICAL UP VERTICAL DOWN

Table with 4 columns: Assembly Type, Initial Test Results, Test After Repairs or Cleaning, and Orientation. Rows include RPBA/ RPDA/ RPDA II, AG, DCVA/ DCDA/ DCDA II, and SVBA/ PVBA. Each cell contains fields for pressure, check valve status, and relief valve opening.

PASSED TEST Yes No PROPERLY INSTALLED Yes No

REMARKS / REPAIRS MADE: _____

INITIAL TEST BY: _____ WA CERT. No. B DATE: _____

TEST EQUIPMENT MANUFACTURER: _____ MODEL: _____ SERIAL No. _____ CAL. DATE _____

TEST AFTER REPAIR BY: _____ WA CERT. No. B DATE: _____

TEST EQUIPMENT MANUFACTURER: _____ MODEL: _____ SERIAL No. _____ CAL. DATE _____

PRINTED NAME: _____ TELEPHONE No. _____

SIGNATURE: _____ e-mail to: luke.freeman@ci.kennewick.wa.us