RESET FORM

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** ☐

	INITIAL TEST RESULTS	TEST AFTER REPAIRS OR CLEANING
RPBA **RPDA** **RPDA II**	Apparent Diff. ____ Line Pressure _____ PSI No. 1 Check Valve Differential _____ PSID Relief Valve Opening _____ PSID No. 1 Check Valve: PASSED: ☐ FAILED: ☐ No. 2 Check Valve: HOLDS TIGHT ☐ FAILED: ☐	App. Diff. _____ Line Pressure _____ PSI No. 1 Check Valve Differential _____ PSID Relief Valve Opening _____ PSID No. 1 Check Valve: PASSED: ☐ FAILED: ☐ No. 2 Check Valve: HOLDS TIGHT ☐ FAILED: ☐
AG	Minimum Separation ☐ Yes ☐ No	Distance as measured: _____ inches
DCVA **DCDA** **DCDA II**	Line Pressure: _____ PSI No. 1 Check Valve: PASSED: ☐ FAILED: ☐ _____ No. 2 Check Valve: PASSED: ☐ FAILED: ☐ _____	Line Pressure: _____ PSI No. 1 Check Valve: PASSED: ☐ FAILED: ☐ _____ No. 2 Check Valve: PASSED: ☐ FAILED: ☐ _____
SVBA **PVBA**	Line Pressure: _____ PSI Air Inlet Opened at _____ PSID Failed to open ☐ Check Valve: PASSED: ☐ FAILED: ☐ _____	Line Pressure: _____ PSI Air Inlet Opened at _____ PSID Failed to open ☐ Check Valve: PASSED: ☐ FAILED: ☐ _____

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:** **ed.melville@ci.kennewick.wa.us**

WAC 246-292-036 I CERTIFY THE ABOVE REPORT TO BE TRUE