



City of Bothell

BACKFLOW ASSEMBLY TEST REPORT

Return Legible and Satisfactory Reports to:

CITY OF BOTHELL 9608 NE 185th Street

BOTHELL WA 98011 FAX (425) 402-4577

In-Premise Program Contact: Bryan Hampson (425)486-8152 ext.4438

Premise Program Contact: Henk Schols (425)488-0118 ext 4103

- NEW INSTALL
- EXISTING INSTALL
- REPLACEMENT
- _____ OLD ASSY, SERIAL NUMBER

CITY USE ONLY

- REQUIRED FOR ALL NEW, REPLACEMENT & REMOVALS
- INSPECTED BY BUILDING OFFICIAL
 - INSPECTED BY WATER PURVEYOR

ASSEMBLY MANUFACTURER	MODEL	SERIAL NUMBER	SIZE
OWNER/CONTROLLER NAME			ADMINISTRATIVE AUTHORITY
OWNER/CONTROLLER MAILING ADDRESS			FILE NUMBER
CONTACT NAME		CONTACT PHONE ()	METER NUMBER
FACILITY NAME			
SERVICE ADDRESS			
LOCATION OF ASSEMBLY			
DOWNSTREAM PROCESS		AREA SERVED	
		<input type="checkbox"/> Domestic Water Service <input type="checkbox"/> Irrigation Service <input type="checkbox"/> Fire Service <input type="checkbox"/> Other _____	

	INITIAL TEST RESULTS	TEST AFTER REPAIRS OR CLEANING
RPBA	LINE PRESSURE AT TIME OF TEST _____ PSIG PRESSURE DROP ACROSS #1 CHECK VALVE _____ PSID RELIEF VALVE OPENED AT _____ PSID NO. 1 CHECK: <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED NO. 2 CHECK: <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED PASSED TEST <input type="checkbox"/> YES <input type="checkbox"/> NO APPROVED AG? <input type="checkbox"/> YES <input type="checkbox"/> NO	PRESSURE DROP ACROSS #1 CHECK VALVE _____ PSID RELIEF VALVE OPENED AT _____ PSID NO. 1 CHECK: <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED NO. 2 CHECK: <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED PASSED TEST <input type="checkbox"/> YES <input type="checkbox"/> NO
DCVA	LINE PRESSURE AT TIME OF TEST _____ PSIG NO. 1 CHECK: <input type="checkbox"/> CLOSED TIGHT _____ PSID <input type="checkbox"/> LEAKED _____ PSID NO. 2 CHECK: <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED PASSED TEST <input type="checkbox"/> YES <input type="checkbox"/> NO	NO. 1 CHECK: <input type="checkbox"/> CLOSED TIGHT _____ PSID <input type="checkbox"/> LEAKED _____ PSID NO. 2 CHECK: <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED PASSED TEST <input type="checkbox"/> YES <input type="checkbox"/> NO
PVB	LINE PRESSURE AT TIME OF TEST _____ PSIG AIR INLET: OPENED AT _____ PSID <input type="checkbox"/> FAILED TO OPEN CHECK VALVE: HELD TIGHT AT _____ PSID <input type="checkbox"/> LEAKED PASSED TEST <input type="checkbox"/> YES <input type="checkbox"/> NO	AIR INLET: OPENED AT _____ PSID <input type="checkbox"/> FAILED TO OPEN CHECK VALVE: HELD TIGHT AT _____ PSID <input type="checkbox"/> LEAKED PASSED TEST <input type="checkbox"/> YES <input type="checkbox"/> NO
AG	APPROVED AIR GAP SEPARATION PROVIDED? <input type="checkbox"/> YES (Physical Separation = 2 X Diameter of Supply Pipe to Overflow Rim) <input type="checkbox"/> NO	PLEASE RECORD REPAIR OR CLEANING INFORMATION IN REMARKS SECTION BELOW

PROPER INSTALLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	WATER SERVICE RESTORED? <input type="checkbox"/> YES <input type="checkbox"/> NO	RECORD DETECTOR METER READING - WHEN APPLICABLE
---	--	---

REMARKS:

INITIAL TEST BY (PRINTED NAME):	CERT NO.	DATE
REPAIRED BY (PRINTED NAME):		DATE
FINAL TEST BY (PRINTED NAME):	CERT NO.	DATE
TEST KIT MAKE	MODEL	SN#
TESTER'S SIGNATURE:		()
(I CERTIFY THAT I USED WAC 246-290-490 APPVD TEST METHODS AND DIFFERENTIAL PRESSURE TEST EQUIP.)		TESTER'S COMPANY NAME
		TESTER'S PHONE

FAILED, INCOMPLETE AND ILLEGIBLE TEST REPORTS WILL NOT BE ACCEPTED - PLEASE CHECK YOUR TESTERS REPORTS