

BACKFLOW ASSEMBLY TEST REPORT

Return Legible and Satisfactory Reports to:

CITY OF BOTHELL 21233 20TH AVE SE BOTHELL WA 98021 FAX (425) 402-4577

Contact Building Services at 425-486-8152

□ NEW INSTALL
□ EXISTING INSTALL
□ REPLACEMENT
OLD ASSY. SERIAL NUMBER

Email: backflow@ci.bothell.wa.us										NLY
ASSEMBLY MANUFACTURER MODEL			SERIAL NUMBER			SIZE	REQUIRED FOR ALL NEW, REPLACEMENTS & REMOVALS INSPECTED BY BUILDING OFFICIAL INSPECTED BY WATER PURVEYOR			
OWNER/CONTR	ROLLER NAME					RATIVE AUTH		URVETOR		
OWNER/CONTROLLER MAILING ADDRESS FILE NUMBER										
CONTACT NAME CONTACT PH						IE METER NUMBER				
FACILITY NAME										
SERVICE ADDRESS AREA SERVED										
						□ Domestic Water Service □ Irrigation Service □ Fire Service □ Other □				
LOCATION OF	ASSEMBLY	DOWNSTREAM PROCE	ESS							
Effective 1/1/2013 The City of Bothell will only accept backflow assembly test reports from DOH- certified BATS that have passed the hands-on exam based on USC <i>Tenth Edition</i> field test procedures and are using the <i>Tenth Edition</i> procedures in the field.										
INITIAL TEST RESULTS						TEST AFTER REPAIRS OR CLEANING				
<u>RPBA</u>	LINE PRESSURE AT TIME OF TEST PSIG									
	PRESSURE DROP ACROSS #1 CHECK VALVE PSID					PRESSURE DROP ACROSS #1 CHECK VALVE PSID				
	RELIEF VALVE OPENED AT PSID					RELIEF VALVE OPENED PSID				
	BUFFER 5.0 ≥						. 🗖	CLOSED	TICUT	☐ LEAKED
	NO. 2 CHECK:				KED	NO. 1 CHECK NO. 2 CHECK		CLOSED		□ LEAKED
	PASSED TEST	□ YES	□ NO			PASSED TES		YES	□ NO	
	APPROVED AG	? □ YES	□ NO							
DCVA		AT TIME OF TES			PSIG		_			
	NO. 1 CHECK:	□ CLOSE			PSID	NO. 1 CHECK		CLOSED	TIGHT	PSID
	NO 2 CHECK	☐ LEAKE				NO 2 CHECK		LEAKED	TICLIT	
	NO. 2 CHECK:	D. 2 CHECK: CLOSED TIGHT LEAKED			PSID	NO. 2 CHECK	_	CLOSED		PSID
	PASSED TEST	☐ YES	ם NO			PASSED TES	т 🗆	LEAKED YES	□ NO	
<u>PVB</u>		AT TIME OF TES			PSIG					-
	AIR INLET:	OPENED AT	•		PSID	AIR INLET:	OPI	ENED AT		PSID
		☐ FAILED TO OPEN						FAILED T	TO OPEN	
	CHECK VALVE:	CHECK VALVE: HELD TIGHT AT PSID				CHECK VALV		LD TIGHT		PSID
	PASSED TEST	☐ LEAKE	D NO			PASSED TEST		LEAKED YES	□ NO	
۸С		GAP SEPARATIO		, 🗆	YES				R OR CLI	EANING
<u>AG</u>	(Physical Separation = 2					ON BELOW				
PROPER INSTALLATION? YES WATER SERVICE RESTORED?						YES RECOR	RD DETECTO	R METER REA	ADING - WHEN	I APPLICABLE
REMARKS:										
INITIAL TEST BY (PRINTED NAME):						CERT NO.			DATE	
									2.112	
REPAIRED BY (PRINTED NAME):									DATE	
FINAL TEST BY (PRINTED NAME):						CERT NO.			DATE	
TEST KIT MAKE MODEL						SN#	SN# CAL. DATE			ΓE
TESTER'S SIGNATURE:										
									()	
(I CERTIFY THAT I USED WAC 246-290-490 APPROVED TEST METHODS AND DIFFERENTIAL PRESSURE TEST EQUIPMENT)						TESTER'S COMPANY NAME		TE	STER'S PHONE	