

# BMWWD - Backflow Prevention Assembly Test Report

Return no later than: **May 31st**

Owner Of Device: \_\_\_\_\_

Service Address: \_\_\_\_\_

Location of Assembly: \_\_\_\_\_

Confined Space Yes [ ] No [ ]

Assembly: \_\_\_\_\_

Manufacturer

Model

Size

Serial No.

Line Pressure at Time of Test: \_\_\_\_\_

Lbs.

Type of Assembly: \_\_\_\_\_

	Reduced Pressure Assemblies				PVBA / SVBA	
	Double Check Assemblies		Relief Valve	Air Inlet	Check Valve	
	1st Check	2nd Check		Failed To Open [ ]	Differential	
Initial Test	Closed tight [ ] _____psid	Closed tight [ ] _____psid	Opened at _____psid	First Opened _____psid	_____psid	
	Leaked [ ]	Leaked [ ]		Fully Opened [ ]	Leaked [ ]	
	<b>Device Passed</b> [ ]			Device Passed [ ]		
	<b>Device Failed</b> [ ]			Device Failed [ ]		
Repairs and Materials Used						
Test After Repair	Closed tight [ ] _____psid	Closed tight [ ] _____psid	Opened at _____psid	First Opened _____	Differential _____psid	
	Device Passed [ ]			Fully Opened [ ]		
	Device Failed [ ]			Device Passed [ ]		
				Device Failed [ ]		

Air Gap Inspection: Required minimum air gap separation provided

Yes [ ] No [ ]

Proper Installation: Yes [ ] No [ ]

New Installation Yes [ ] No [ ]

WA State Approved Assembly: Yes [ ] No [ ]

Hazard Being Protected Against: \_\_\_\_\_

Does The Device Commensurate With The Degree Of Hazard:

Yes [ ] No [ ]

Test Equipment used:

Make \_\_\_\_\_ Model \_\_\_\_\_ Serial # \_\_\_\_\_ Last Calibrated \_\_\_\_\_

***The above report is certified to be complete, accurate and legible:***

Initial Test Performed By: \_\_\_\_\_ **As Per WAC 246-290-490**

Print

Signature

Cert. No.: \_\_\_\_\_

Date: \_\_\_\_\_

Repaired by: \_\_\_\_\_

Date: \_\_\_\_\_

Final Test Performed By: \_\_\_\_\_

**As Per WAC 246-290-490**

Print

Signature

Address \_\_\_\_\_

City

State

Zip Code

Telephone #

Cert. No.: \_\_\_\_\_

Date: \_\_\_\_\_

Water Service Restored

Yes [ ] No [ ]

CCS \_\_\_\_\_

Remarks: \_\_\_\_\_

FM \_\_\_\_\_

OFFICE \_\_\_\_\_

Bear Mountain Water District

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