



**City of Cashmere**  
 101 Woodring Street  
 Cashmere, WA 98815  
 Ph (509) 782-3513 Fax (509) 782-2840

**BACKFLOW PREVENTION  
 ASSEMBLY  
 TEST REPORT**

**ACCOUNT #:** \_\_\_\_\_ **METER #:** \_\_\_\_\_

**NAME OF PREMISE:** \_\_\_\_\_ **Commercial**  **Residential**

**SERVICE ADDRESS:** \_\_\_\_\_ **CITY: CASHMERE ZIP: 98815**

**LOCATION OF ASSEMBLY:** \_\_\_\_\_

**DOWNSTREAM PROCESS:** \_\_\_\_\_ **DCVA**  **RPBA**  **PVBA**  **OTHER** \_\_\_\_\_

**NEW INSTALL**  **EXISTING**  **REPLACEMENT**  **OLD SER. #** \_\_\_\_\_ **PROPER INSTALLATION? YES**  **NO**

**MAKE OF ASSEMBLY:** \_\_\_\_\_ **SERIAL #:** \_\_\_\_\_

**IS THIS ASSEMBLY ON THE LIST OF ASSEMBLIES APPROVED FOR USE IN WASHINGTON STATE?** \_\_\_\_\_

<b>INITIAL TEST</b>  <b>PASSED</b> <input type="checkbox"/> <b>FAILED</b> <input type="checkbox"/>	<u>DCVA / RPBA</u> <u>CHECK VALVE NO.1</u>  <b>LEAKED</b> <input type="checkbox"/> <b>CLOSED TIGHT</b> <input type="checkbox"/>  _____ PSID	<u>DCVA / RPBA</u> <u>CHECK VALVE NO.2</u>  <b>LEAKED</b> <input type="checkbox"/> <b>CLOSED TIGHT</b> <input type="checkbox"/>  _____ PSID	<u>RPBA</u>  OPENED AT _____ PSID #1 CHECK _____ PSID  AIR GAP OK? _____	<u>PVBA/SVBA</u> <u>AIR INLET</u>  OPENED AT _____ PSID OPENED FULLY <input type="checkbox"/>  DID NOT OPEN <input type="checkbox"/>  CHECK VALVE HELD AT _____ PSID
	<b>NEW PARTS AND REPAIRS</b>	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____
<b>TEST AFTER REPAIRS</b>  <b>PASSED</b> <input type="checkbox"/> <b>FAILED</b> <input type="checkbox"/>	<b>CLOSED TIGHT</b> <input type="checkbox"/>  _____ PSID	<b>CLOSED TIGHT</b> <input type="checkbox"/>  _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID	AIR INLET _____ PSID OPENED FULLY <input type="checkbox"/>  CHK VALVE _____ PSID

**SHUT OFF VALVES CLOSED TIGHTLY ? SOV #1** Yes  No  N/A  **SOV #2** Yes  No

**AIR GAP INSPECTION:** Required minimum air gap separation provided? Yes  No  **Detector Meter Reading** \_\_\_\_\_

**REMARKS:** \_\_\_\_\_ **LINE PRESSURE** \_\_\_\_\_ **PSI**

**TESTERS SIGNATURE:** \_\_\_\_\_ **CERT. NO.:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TESTERS NAME PRINTED:** \_\_\_\_\_ **TESTERS PHONE #:** \_\_\_\_\_

**REPAIRED BY:** \_\_\_\_\_ **CERT. NO.:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FINAL TEST BY:** \_\_\_\_\_ **CERT. NO.:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CALIBRATION DATE:** \_\_\_\_\_ **GAUGE #:** \_\_\_\_\_ **MODEL:** \_\_\_\_\_ **SERVICE RESTORED? YES**  **NO**

*I certify that this report is accurate, and I have used WAC 246-290-490 approved test methods and test equipment.*