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| For Tester or Water System Use | Port of Walla Walla Backflow Preventer Inspection & Field Test Report | For Tester or Water System Use |
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|---|--|--|
| PWS ID | <input type="checkbox"/> Burbank Water System <input type="checkbox"/> Wallula Dodd Water System | File # |
| Facility Name: | | <input type="checkbox"/> Non-Residential <input type="checkbox"/> Residential |
| Service Address: | | City: Zip: |
| Contact Person: | | Phone: Email: |
| Hazard Type (if known) | | <input type="checkbox"/> DCVA <input type="checkbox"/> RPBA <input type="checkbox"/> PVBA <input type="checkbox"/> AG <input type="checkbox"/> Other |
| Preventer Physical Location: | | |
| <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Replacement: Old Ser. # | | Confined Space Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Assembly Make: | | Model: Serial #: Size " |
| USC-Approved Yes <input type="checkbox"/> No <input type="checkbox"/> | Proper Install Yes <input type="checkbox"/> No <input type="checkbox"/> | Proper Orientation Yes <input type="checkbox"/> No <input type="checkbox"/> |

| Initial Test | DCVA | RPBA | PVBA/SVBA |
|--|--|--|--|
| Passed <input type="checkbox"/> Failed <input type="checkbox"/> | Check Valve 1 Leaked <input type="checkbox"/> ___ psid | Relief Valve Opened ___ psid/ Not Open <input type="checkbox"/> | Air Inlet Valve Opened at ___ psid Did Not Open <input type="checkbox"/> Opened Fully Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Check Valve 2 Leaked <input type="checkbox"/> ___ psid | Check Valve 2 Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> Check Valve 1 ___ psid Approved Air Gap Yes <input type="checkbox"/> No <input type="checkbox"/> | Check Valve ___ psid Leaked <input type="checkbox"/> |

| Cleaning, Repairs, & Parts | Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/> | | Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/> | | Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/> | |
|----------------------------|--|-------------------------------------|--|---|--|-------------------------------------|
| | <input type="checkbox"/> Disc | <input type="checkbox"/> O-Ring(s) | <input type="checkbox"/> Disc | <input type="checkbox"/> O-Ring(s) | <input type="checkbox"/> Air Inlet Disc | <input type="checkbox"/> Float |
| | <input type="checkbox"/> Spring | <input type="checkbox"/> Module | <input type="checkbox"/> Spring | <input type="checkbox"/> Module | <input type="checkbox"/> Air Inlet Spring | <input type="checkbox"/> Diaphragm |
| | <input type="checkbox"/> Guide | <input type="checkbox"/> Rubber Kit | <input type="checkbox"/> Diaphragm | <input type="checkbox"/> Rubber Kit/Guide | <input type="checkbox"/> Check Disc | <input type="checkbox"/> Rubber Kit |
| | <input type="checkbox"/> Seat | | <input type="checkbox"/> Seat | <input type="checkbox"/> Check Spring | <input type="checkbox"/> | |

| Final Test | DCVA | RPBA | PVBA/SVBA |
|--|--|---|---|
| Passed <input type="checkbox"/> Failed <input type="checkbox"/> | Check Valve 1 Leaked <input type="checkbox"/> ___ psid | Relief Valve Opened at ___ psid | Air Inlet Valve Opened at ___ psid Opened Fully Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Check Valve 2 Leaked <input type="checkbox"/> ___ psid | Check Valve 2 Closed Tight <input type="checkbox"/> Check Valve 1 ___ psid | Check Valve ___ psid |

| | | |
|--|--|---|
| Air Gap Inspection Pass <input type="checkbox"/> Fail <input type="checkbox"/> | Supply Pipe Diameter " | Air Gap Separation " |
| Line Pressure ___ psi | Detector Meter Gals <input type="checkbox"/> CuFt <input type="checkbox"/> | Service Restored Yes <input type="checkbox"/> No <input type="checkbox"/> |

Remarks*

| | | |
|------------------------|-----------|-----------------|
| Test Kit Make & Model: | Serial #: | Ver./Cal Date** |
|------------------------|-----------|-----------------|

By this signature, I certify:

- I personally inspected and field-tested the backflow assembly using field test procedures meeting WAC 246-290-490 and test equipment meeting WAC 246-292-034; or I personally inspected the air gap or AVB.
- The information in this report is true, complete, and accurate.

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|------------------------------|-------------|-----------|
| BAT Signature (initial test) | Cert. # | Date/Time |
| BAT Name (print) | BAT Phone # | |
| Repaired By | | Date/Time |
| BAT Signature (after repair) | Cert. # | Date/Time |
| BAT Name (print) | BAT Phone # | |
| BAT Company Name | Address | |

*Note unapproved backflow preventer, missing/defective components, repairs made, or conditions that may adversely affect assembly.
 **The date of the most recent field test kit verification of accuracy or calibration whichever is most recent.