Invoice

DM Plumbing & Backflow Testing, LLC
PO Box 11082
Tacoma, WA 98411-0082

Date	Invoice #
01/31/2025	52771

Bill To
BRC Family, LLC 1002 39th Ave SW #301 Puyallup, WA 98373 dglenn@thebrcf.com

NET 10

Description	Amount
4002 10th St SE Puyallup, WA	
Test & Certify Backflow Assembly(s)-1 (Passed)	79.00
The backflow assembly test report(s) will be submitted to the appropriate water purveyor.	
Other Payment Options: Call Andrea to pay by at 253-318-3555 To pay online with Visa/MC/Amex/Discover follow link in email or go to: https://swipesimple.com/links/lnk_d1ace77d Venmo is @dmplumbing PayPal is dmbackflow@hotmail.com	

Please remit to above address.	**Total**	$79.00

Phone #	253 227-8858	E-mail	dmbackflow@hotmail.com

Water Purveyor: Puyallup

New X
Existing ☐
Replacement ☐

DM Backflow Testing

P.O. Box 11082 • Tacoma, WA 98411

Backflow Prevention Assembly

Test Report

253-227-8858

NAME: _____ FILE NO: _____

SERVICE ADDRESS: 4002 10th St SE (Street) Puyallup (City) _____ (Zip)

LOCATION: By meter, dedicated to Fire system

CROSS CONNECTION CONTROL FOR: Fire TYPE ASSEMBLY: RPBA

MANUFACTURER: Watts MODEL LF009M2QT SIZE: 2" SERIAL NO: 245408

	INITIAL TEST RESULTS	TEST AFTER REPAIR OR CLEANING
RPBA	Line Pressure 80 Pressure Drop Across No. 1 Check Valve (A) 9.7 psid Relief Valve Opened (B) 2.2 psid Buffer (C) = (A-B) 7.5 psid No. 1 Check: Closed tight X / Leaked ☐ No. 2 Check: Closed tight X / Leaked ☐ Minimum AG Separation: Yes X No ____ Passed Test: Yes X No ____	Pressure Drop Across No. 1 Check Valve (A) ____ psid Relief Valve Opened (B) ____ psid Buffer C = (A-B) ____ psid No. 1 Check: Closed tight ☐ / Leaked ☐ No. 2 Check: Closed tight ☐ / Leaked ☐ Minimum AG Separation: Yes ____ No ____ Passed Test: Yes ____ No ____
DCVA	Line Pressure ____ No. 1 Check: Closed tight ☐ / Leaked ☐ ____ psid No. 2 Check: Closed tight ☐ / Leaked ☐ ____ psid Passed Test: Yes ____ No ____	No. 1 Check: Closed tight ☐ / Leaked ☐ ____ psid No. 2 Check: Closed tight ☐ / Leaked ☐ ____ psid Passed Test: Yes ____ No ____
PVB	Line Pressure ____ Air Inlet: Opened ____ psid / Failed to Open ☐ Check Valve: ____ psid / Leaked ☐ Passed Test: Yes ____ No ____	Air Inlet: Opened ____ psid / Failed to Open ☐ Check Valve: ____ psid / Leaked ☐ Passed Test: Yes ____ No ____
AG	Minimum Separation: Yes X No ____	PLEASE RECORD REPAIR OR CLEANING INFORMATION IN SECTION BELOW

IS THIS A PROPER INSTALLATION? Yes X No ____

Water Service Found: On X Off ____ Water Service Left: On X Off ____

REMARKS: _____

Test Equipment: Make midwest Model 8455 Serial # 06210950 Accuracy Verification Date 10/30/24

Assembly Tested: Satisfactorily X Failed ____

I CERTIFY THE ABOVE REPORT TO BE TRUE:

I certify this report is accurate, and that I have used WUC 246-290-490 approved Test Methods and Test Equipment

James C Roberts (Certified Testers' Typed or Printed Name) (253) 227-8358 (Phone No.)

Initial Test By _____ (Signature) Cert No. BT298 Date 1/31/25

Repaired By: _____ Date _____

Repair Test By: _____ Cert No. _____ Date _____