



Backflows Northwest, Inc.
(425) 277-2888

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

WATER PURVEYOR Puyallup, City of ACCOUNT # _____
ASSEMBLY ID/FILE #/UTILITY DEVICE # _____ Meter # _____
NAME OF PREMISE TacoTime Commercial ☐ Residential ☐
SERVICE ADDRESS 1115 E Main Puyallup ZIP 98372
CONTACT PERSON _____ PHONE _____
LOCATION OF ASSEMBLY hotbox outside
DOWNSTREAM PROCESS Main DCVA ☐ RPBA ☒ PVBA ☐ OTHER RPZ
NEW INSTALL ☒ EXISTING ☐ REPLACEMENT ☐ REMOVED ☐ OLD SER.# _____
APPROVED ASSEMBLY? YES ☒ NO ☐ PROPER INSTALLATION? YES ☒ NO ☐
MAKE OF ASSEMBLY Wilkins MODEL 975XL2 SERIAL NO. 5030081 SIZE 1-1/2"

INITIAL TEST	DCVA / RPBA CHECK VALVE NO.1	DCVA / RPBA CHECK VALVE NO.2	RPBA	PVBA / SVBA AIR INLET
PASSED <input checked="" type="checkbox"/> FAILED <input type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/> LEAKED <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input checked="" type="checkbox"/> LEAKED <input type="checkbox"/> _____ PSID	OPENED AT <u>3.7</u> PSID #1 CHECK <u>8.7</u> PSID AIR GAP OK? <input checked="" type="checkbox"/>	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>
NEW PARTS AND REPAIRS	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	CHECK VALVE HELD AT _____ PSID LEAKED <input type="checkbox"/> CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/>
TEST AFTER REPAIRS PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/> _____ PSID	RV EXERCISED <input type="checkbox"/> OPENED AT _____ PSID #1 CHECK _____ PSID	AIR INLET _____ PSID CHK VALVE _____ PSID

AIR GAP INSPECTION: SUPPLY PIPE DIAMETER _____ SEPARATION _____ PASS ☐ FAIL ☐
DETECTOR METER READING _____
LEFT SERVICE AS FOUND Isolation valve: Open ☒ Closed ☐ SOV#1: Open ☒ Closed ☐ SOV#2: Open ☒ Closed ☐

REMARKS:

Bypass Psi: Closed Tight ☐ Leaked ☐ LINE PRESSURE 50 PSI CONFINED SPACE? _____
TESTERS SIGNATURE: Anthony Brown CERT. NO. B8237 DATE 04-03-25
TESTERS NAME PRINTED Anthony Brown TESTERS PHONE # 425-277-2888
REPAIRED BY: _____ LIC NO. _____ DATE _____
FINAL TEST BY: _____ CERT. NO. _____ DATE _____
CALIBRATION DATE 12-31-2024 GAUGE # 02AC23050096 MODEL Mk5 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.