For Tester or Water System Use	**Backflow Preventer Inspection and Field Test Report**	For Tester or Water System Use

PWS ID	**Water System Name**		**File #**
Facility Name	Homewood Suites	☑ Non-Residential ☐ Residential	
Service Address	3601 9th ST. SW.	**City** Puyallup	**Zip** 98373
Contact Person	Tony Toste	**Phone** 253-691-7046	**Email**
Hazard Type (If known)	Low - Irrigation	☑ DCVA ☐ RPBA ☐ PVBA ☐ AG ☐ Other	
Preventer Physical Location	In line of meter Southwest Planter		
☑ New ☐ Existing ☐ Replacement: Old Ser. #		**Confined Space**	Yes ☐ No ☑
Assembly Make Wilkins	**Model** 950 XLT2	**Serial #** 5028428	**Size** 1 1/2 "
USC-Approved Yes ☑ No ☐	**Proper Install** Yes ☑ No ☐	**Proper Orientation**	Yes ☑ No ☐

	DCVA	RPBA	PVBA/SVBA
Initial Test Passed ☑ Failed ☐	**Check Valve 1** Leaked ☐ 2.4 psid **Check Valve 2** Leaked ☐ 2.4 psid	**Relief Valve** Opened ___ psid/ Not Open ☐ **Check Valve 2** Closed Tight ☐ Leaked ☐ **Check Valve 1** ___ psid **Approved Air Gap** Yes ☐ No ☐	**Air Inlet Valve** Opened at ___ psid Did Not Open ☐ Opened Fully Yes ☐ No ☐ **Check Valve** ___ psid Leaked ☐
Cleaning, Repairs, & Parts	Cleaned ☐ Repaired ☐ ☐ Disc ☐ O-Ring(s) ☐ Spring ☐ Module ☐ Guide ☐ Rubber Kit ☐ Seat ☐	Cleaned ☐ Repaired ☐ ☐ Disc ☐ O-Ring(s) ☐ Spring ☐ Module ☐ Diaphragm ☐ Rubber Kit/Guide ☐ Seat ☐	Cleaned ☐ Repaired ☐ ☐ Air Inlet Disc ☐ Float ☐ Air Inlet Spring ☐ Diaphragm ☐ Check Disc ☐ Rubber Kit ☐ Check Spring ☐
Final Test Passed ☐ Failed ☐	**Check Valve 1** Leaked ☐ ___ psid **Check Valve 2** Leaked ☐ ___ psid	**Relief Valve** Opened at ___ psid **Check Valve 2** Closed Tight ☐ **Check Valve 1** ___ psid	**Air Inlet Valve** Opened at ___ psid Opened Fully Yes ☐ No ☐ **Check Valve** ___ psid

Air Gap Inspection Pass ☐ Fail ☐	**Supply Pipe Diameter** "	**Air Gap Separation** "
Line Pressure 50 psi	**Detector Meter** Gals ☐ CuFt ☐	**Service Restored** Yes ☑ No ☐
Remarks*		

Test Kit Make & Model Bac-FloUnl. Bac-Flo-5	**Serial #** 08210269	**Ver./Cal Date**** 09/16/2025

By this signature, I certify:
1. 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.
2. The information in this report is true, complete, and accurate.

BAT Signature (initial test)	**Cert. #** B7367	**Date/Time** 7/28/25
BAT Name (print) Joshua Winski	**BAT Phone #** (253) 691-4863	
Repaired By		**Date/Time**
BAT Signature (after repair)	**Cert. #**	**Date/Time**
BAT Name (print)	**BAT Phone #**	
BAT Company Name SS Landscaping Inc.	**Address** 10219 Portland Ave. E Std D, 98445	

*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

MIKE'S BACKFLOW SERVICE

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

21818 Mountain Hwy #88
Spanaway WA 98387
Cell: (253) 345-9658
mikesbackflowservice@gmail.com

NAME: Home Wood Suites By Hilton

SERVICE ADDRESS: 3601 9th St SW Puyallup Wa

LOCATION: SE corner of Building in hot Box

CROSS CONNECTION CONTROL FOR: Premise TYPE ASSEMBLY: RPBA

MANUFACTURER: Wilkins MODEL: 375AST SIZE: 4" SERIAL NO.: 38913

LINE PRESSURE 65 P.S.I. ASSEMBLY IS: ☐ NEW ☒ EXISTING ☐ REPLACEMENT ☐ OLD SERIAL NO. _____

	DCVA/RPBA CHECK VALVE NO. 1	DCVA/RPBA CHECK VALVE NO. 2	RPBA	PVBA/SVBA AIR INLET
INITIAL TEST	LEAKED ☐	LEAKED ☐	OPENED AT 3.0 PSID	OPENED AT PSID
	HOLD TIGHT ☒	HOLD TIGHT ☒		DID NOT OPEN ☐
PASSED ☒			#1 CHECK 8.0 PSID	
FAILED ☐	8.0 PSID	PSID	AIR GAP OK? YES ☒ NO ☐	CHECK VALVE HELD AT PSID
				LEAKED ☐
NEW PARTS AND REPAIRS	Cleaned ☐	Cleaned ☐	Cleaned ☐	Cleaned ☐
	Replaced ☐	Replaced ☐	Replaced ☐	Replaced ☐
TEST AFTER REPAIRS	LEAKED ☐	LEAKED ☐	OPENED AT PSID	AIR INLET PSID
	HOLD TIGHT ☐	HOLD TIGHT ☐	#1 CHECK PSID	CHK VALVE PSID
PASSED ☐	PSID	PSID		
FAILED ☐				

Is this a proper installation? YES X NO _____ Approved Assembly? YES X NO _____

Water Service found ON X OFF _____ Water Service left ON X OFF _____ Confined Space ☐

Remarks: _____

Air Gap Inspection: Supply Pipe Diameter: _____" Separation: _____" Pass ☐ Fail ☐

Test Equipment: Make Used ☒ Midwest Model 845-5 Serial No. 06181666 Calibration Date 08-13-2024

I CERTIFY THE ABOVE REPORT TO BE TRUE: Tysin Williams

Initial Test By: _____ (Signature) Cert. No. B7784 Date 7-28-25

Repaired By: _____ Cert. No. _____ Date _____

Repair Test By: _____ (Signature) Cert. No. _____ Date _____

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