



Backflows Northwest, Inc.
(425) 277-2888

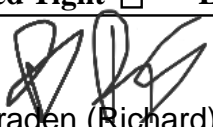
BACKFLOW PREVENTION ASSEMBLY TEST REPORT

WATER PURVEYOR Puyallup, City of ACCOUNT # _____
 ASSEMBLY ID/FILE #/UTILITY DEVICE # _____ Meter # _____
 NAME OF PREMISE 2902 Pioneer Way E Commercial Residential
 SERVICE ADDRESS 2902 Pioneer Way E Puyallup ZIP 98372
 CONTACT PERSON _____ PHONE (253) 279-1892
 LOCATION OF ASSEMBLY South of building F in metal cover against building (Building F 2" domestic)
 DOWNSTREAM PROCESS _____ DCVA RPBA PVBA OTHER DC
 NEW INSTALL EXISTING REPLACEMENT REMOVED OLD SER.# _____
 APPROVED ASSEMBLY? YES NO PROPER INSTALLATION? YES NO
 MAKE OF ASSEMBLY Wilkins MODEL 350XL SERIAL NO. B485026 SIZE 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"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	LEAKED <input type="checkbox"/>	<u>1.8</u> PSID	CLOSED TIGHT <input checked="" type="checkbox"/>	LEAKED <input type="checkbox"/>	<u>2.0</u> PSID	OPENED AT _____ PSID	#1 CHECK _____ PSID	AIR GAP OK? _____	OPENED AT _____ PSID	DID NOT OPEN <input type="checkbox"/>
FAILED <input type="checkbox"/>	CLEAN <input type="checkbox"/>	REPLACE <input type="checkbox"/>	PART _____	CLEAN <input type="checkbox"/>	REPLACE <input type="checkbox"/>	PART _____	CLEAN <input type="checkbox"/>	REPLACE <input type="checkbox"/>	PART _____	CHECK VALVE		
NEW PARTS AND REPAIRS	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	HELD AT _____ PSID	LEAKED <input type="checkbox"/>	
TEST AFTER REPAIRS	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	CLEANED <input type="checkbox"/>	REPAIRED <input type="checkbox"/>	
PASSED <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	
FAILED <input type="checkbox"/>												

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 45 PSI CONFINED SPACE? _____
 TESTERS SIGNATURE:  CERT. NO. B8319 DATE 08-14-25
 TESTERS NAME PRINTED Braden (Richard) Stone TESTERS PHONE # 425-277-2888
 REPAIRED BY: _____ LIC NO. _____ DATE _____
 FINAL TEST BY: _____ CERT. NO. _____ DATE _____
 CALIBRATION DATE 03-31-2025 GAUGE # 10201207 MODEL 845-5 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.