



Backflows Northwest, Inc.  
(425) 277-2888

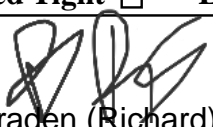
# BACKFLOW PREVENTION ASSEMBLY TEST REPORT

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 vault (Building F 6" fire 3/4" meter bypass DCVA)  
 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 950XLD SERIAL NO. Ac79101 SIZE 3/4"

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>2.8</u> PSID	CLOSED TIGHT <input checked="" type="checkbox"/>	LEAKED <input type="checkbox"/>	<u>3.0</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.