



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 East of building D in vault (Building D 6" fire)  
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 350ASTDA SERIAL NO. 43100B SIZE 6"

| INITIAL TEST                               | DCVA / RPBA<br>CHECK VALVE NO.1                                            | DCVA / RPBA<br>CHECK VALVE NO.2                                            | RPBA                                                                       | PVBA / SVBA<br>AIR INLET              |
|--------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------|
| PASSED <input checked="" type="checkbox"/> | CLOSED TIGHT <input checked="" type="checkbox"/>                           | CLOSED TIGHT <input checked="" type="checkbox"/>                           | OPENED AT _____ PSID                                                       | OPENED AT _____ PSID                  |
| FAILED <input type="checkbox"/>            | LEAKED <input type="checkbox"/>                                            | LEAKED <input type="checkbox"/>                                            | #1 CHECK _____ PSID                                                        | DID NOT OPEN <input type="checkbox"/> |
|                                            | 3.0 PSID                                                                   | 3.0 PSID                                                                   | AIR GAP OK? _____                                                          |                                       |
| NEW PARTS AND REPAIRS                      | 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                           |
|                                            | <input type="checkbox"/> <input type="checkbox"/> _____                    | <input type="checkbox"/> <input type="checkbox"/> _____                    | <input type="checkbox"/> <input type="checkbox"/> _____                    | HELD AT _____ PSID                    |
|                                            | <input type="checkbox"/> <input type="checkbox"/> _____                    | <input type="checkbox"/> <input type="checkbox"/> _____                    | <input type="checkbox"/> <input type="checkbox"/> _____                    | LEAKED <input type="checkbox"/>       |
|                                            | <input type="checkbox"/> <input type="checkbox"/> _____                    | <input type="checkbox"/> <input type="checkbox"/> _____                    | <input type="checkbox"/> <input type="checkbox"/> _____                    | CLEANED <input type="checkbox"/>      |
|                                            | <input type="checkbox"/> <input type="checkbox"/> _____                    | <input type="checkbox"/> <input type="checkbox"/> _____                    | <input type="checkbox"/> <input type="checkbox"/> _____                    | REPAIRED <input type="checkbox"/>     |
| TEST AFTER REPAIRS                         | CLOSED TIGHT <input type="checkbox"/>                                      | CLOSED TIGHT <input type="checkbox"/>                                      | RV EXERCISED <input type="checkbox"/>                                      | AIR INLET _____ PSID                  |
| PASSED <input type="checkbox"/>            | LEAKED <input type="checkbox"/>                                            | LEAKED <input type="checkbox"/>                                            | OPENED AT _____ PSID                                                       | CHK VALVE _____ PSID                  |
| FAILED <input type="checkbox"/>            | _____ PSID                                                                 | _____ PSID                                                                 | #1 CHECK _____ 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 45 PSI CONFINED SPACE? \_\_\_\_\_  
TESTERS SIGNATURE: [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.