



**NORTHWEST FIRE SYSTEMS**  
**SPRINKLER & FIRE ALARM**

**Saving Lives, Protecting Property**

22645 83rd Ave S, Blg D, Kent, WA 98032  
206-772-7502 (phone) • 206-772-7504 (fax)  
License No.: NORTHFS928CR

CERTIFICATION GIVEN

RED  YELLOW  WHITE

**Backflow Prevention Assembly**  
Confidence Test Report

*Please forward this report to the local fire prevention authority in your area.*

Date of Inspection: 06/29/2022 08:00am PDT Water Restored: Yes  No  Authorized Tester: Northwest Fire Systems  
Facility Name: Round 1 Bowling and Amusement Commercial:  Residential:   
Service Address: 3500 South Meridian City: Puyallup Zip: 98373  
Contact Name: Jeremy Nemecek Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Assembly Location: Kitchen, behind ice machine Assembly/Hazard ID #: \_\_\_\_\_  
Hazard Type: Unknown DCVA  RPBA  PVBA  AG  Other: \_\_\_\_\_  
New Install:  Existing:  Replacement:  Old SN: \_\_\_\_\_ Proper Install? Yes  No   
Make of Assembly: Watts Model: LF009M3QT Serial #: 366018 Size: 3/4

<u>INITIAL TEST</u>	<u>DCVA/ RPBA</u> CHECK VALVE #1	<u>DCVA/ RPBA</u> CHECK VALVE #2	<u>RPBA</u> Opened at <u>3.2</u> PSID #1 Check <u>6.4</u> PSID Air Gap OK _____	<u>PVBA/ SVBA</u> AIR INLET Opened at _____ PSID Check Valve _____ PSID Did not Open <input type="checkbox"/>
PASSED <input checked="" type="checkbox"/> FAILED <input type="checkbox"/>	Leaked <input type="checkbox"/> <u>6.4</u> PSID	Leaked <input type="checkbox"/> <u>CT</u> PSID		
<u>NEW PARTS</u>  <u>AND</u>  <u>REPAIRS</u>	Clean Replace Part <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	Clean Replace Part <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	Clean Replace Part <input type="checkbox"/> <input type="checkbox"/> _____ <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"/>
<u>TEST AFTER REPAIRS</u>  PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	CHECK VALVE #1 Leaked <input type="checkbox"/> _____ PSID	CHECK VALVE #2 Leaked <input type="checkbox"/> _____ PSID	Opened at _____ PSID #1 Check _____ PSID Air Gap OK _____	Opened at _____ PSID Check Valve _____ PSID

Air Gap Inspection: \_\_\_\_\_ Meter Reading: \_\_\_\_\_ Separation: \_\_\_\_\_ Pass  Fail

Remarks: \_\_\_\_\_ Line Pressure: 45 PSI  
Confined Space: Yes  No

Testers Signature: [Signature] Cert. No. B7342 Date: 06/29/2022  
Testers Name Printed: Jordan Herrmann Office Phone: 206-772-7502  
Make / Model / Gauge # Midwest 845-5 07210630 Calibration Date: 07/21

Final Test  
Testers Signature: \_\_\_\_\_ Cert. No. \_\_\_\_\_ Date: \_\_\_\_\_  
Testers Name Printed: \_\_\_\_\_  
Make / Model / Gauge # \_\_\_\_\_ Calibration Date: \_\_\_\_\_

I certify that this report is accurate and I have used WAC 264-290-490 approved test methods and test equipment.



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Service Address: 3500 South Meridian City: Puyallup Zip: 98373  
Contact Name: Jeremy Nemecek Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Assembly Location: Kitchen, behind soda machine Assembly/Hazard ID #: \_\_\_\_\_  
Hazard Type: Unknown DCVA  RPBA  PVBA  AG  Other: \_\_\_\_\_  
New Install:  Existing:  Replacement:  Old SN: \_\_\_\_\_ Proper Install? Yes  No   
Make of Assembly: Watts Model: LF009M3QT Serial #: 369981 Size: 3/4

<u>INITIAL TEST</u>	<u>DCVA/ RPBA</u> CHECK VALVE #1	<u>DCVA/ RPBA</u> CHECK VALVE #2	<u>RPBA</u> Opened at <u>3.2</u> PSID #1 Check <u>9.0</u> PSID Air Gap OK _____	<u>PVBA/ SVBA</u> AIR INLET Opened at _____ PSID Check Valve _____ PSID Did not Open <input type="checkbox"/>
PASSED <input checked="" type="checkbox"/> FAILED <input type="checkbox"/>	Leaked <input type="checkbox"/> <u>9.0</u> PSID	Leaked <input type="checkbox"/> <u>CT</u> PSID		
<u>NEW PARTS</u>  <u>AND</u>  <u>REPAIRS</u>	Clean Replace Part <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	Clean Replace Part <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	Clean Replace Part <input type="checkbox"/> <input type="checkbox"/> _____ <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"/>
<u>TEST AFTER REPAIRS</u>  PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	CHECK VALVE #1 Leaked <input type="checkbox"/> _____ PSID	CHECK VALVE #2 Leaked <input type="checkbox"/> _____ PSID	Opened at _____ PSID #1 Check _____ PSID Air Gap OK _____	Opened at _____ PSID Check Valve _____ PSID

Air Gap Inspection: \_\_\_\_\_ Meter Reading: \_\_\_\_\_ Separation: \_\_\_\_\_ Pass  Fail

Remarks: \_\_\_\_\_ Line Pressure: 45 PSI  
Confined Space: Yes  No

Testers Signature: [Signature] Cert. No. B7342 Date: 06/29/2022  
Testers Name Printed: Jordan Herrmann Office Phone: 206-772-7502  
Make / Model / Gauge # Midwest 845-5 07210630 Calibration Date: 07/21

Final Test  
Testers Signature: \_\_\_\_\_ Cert. No. \_\_\_\_\_ Date: \_\_\_\_\_  
Testers Name Printed: \_\_\_\_\_  
Make / Model / Gauge # \_\_\_\_\_ Calibration Date: \_\_\_\_\_

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Date of Inspection: 06/29/2022 08:00am PDT Water Restored: Yes  No  Authorized Tester: Northwest Fire Systems  
Facility Name: Round 1 Bowling and Amusement Commercial:  Residential:   
Service Address: 3500 South Meridian City: Puyallup Zip: 98373  
Contact Name: Jeremy Nemecek Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Assembly Location: Vault, By PIV back of building Assembly/Hazard ID #: \_\_\_\_\_  
Hazard Type: Fire DCVA  RPBA  PVBA  AG  Other: \_\_\_\_\_  
New Install:  Existing:  Replacement:  Old SN: \_\_\_\_\_ Proper Install? Yes  No   
Make of Assembly: Febco Model: 806 YD Serial #: P8802 Size: 8

<u>INITIAL TEST</u>	<u>DCVA/ RPBA</u> CHECK VALVE #1	<u>DCVA/ RPBA</u> CHECK VALVE #2	<u>RPBA</u> Opened at ____ PSID #1 Check ____ PSID Air Gap OK ____	<u>PVBA/ SVBA</u> AIR INLET Opened at ____ PSID Check Valve ____ PSID Did not Open <input type="checkbox"/>
PASSED <input type="checkbox"/> FAILED <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/> <u>2.4</u> PSID	Leaked <input type="checkbox"/> <u>0.0</u> PSID		
<u>NEW PARTS</u>  <u>AND</u>  <u>REPAIRS</u>	Clean Replace Part <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	Clean Replace Part <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	Clean Replace Part <input type="checkbox"/> <input type="checkbox"/> _____ <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"/>
<u>TEST AFTER REPAIRS</u>  PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	CHECK VALVE #1 Leaked <input type="checkbox"/> ____ PSID	CHECK VALVE #2 Leaked <input type="checkbox"/> ____ PSID	Opened at ____ PSID #1 Check ____ PSID Air Gap OK ____	Opened at ____ PSID Check Valve ____ PSID

Air Gap Inspection: \_\_\_\_\_ Meter Reading: \_\_\_\_\_ Separation: \_\_\_\_\_ Pass  Fail

Remarks: Check valve #2 leaks Line Pressure: 55 PSI

Confined Space: Yes  No

Testers Signature:  Cert. No. B7342 Date: 06/29/2022  
Testers Name Printed: Jordan Herrmann Office Phone: 206-772-7502  
Make / Model / Gauge # Midwest 845-5 07210630 Calibration Date: 07/21

Final Test  
Testers Signature: \_\_\_\_\_ Cert. No. \_\_\_\_\_ Date: \_\_\_\_\_  
Testers Name Printed: \_\_\_\_\_  
Make / Model / Gauge # \_\_\_\_\_ Calibration Date: \_\_\_\_\_

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Facility Name: Round 1 Bowling and Amusement Commercial:  Residential:   
Service Address: 3500 South Meridian City: Puyallup Zip: 98373  
Contact Name: Jeremy Nemecek Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Assembly Location: Vault, By PIV back of building Assembly/Hazard ID #: \_\_\_\_\_  
Hazard Type: Fire DCVA  RPBA  PVBA  AG  Other: \_\_\_\_\_  
New Install:  Existing:  Replacement:  Old SN: \_\_\_\_\_ Proper Install? Yes  No   
Make of Assembly: Febco Model: 805Y Serial #: AC9292 Size: 3/4

<u>INITIAL TEST</u>	<u>DCVA/ RPBA</u> CHECK VALVE #1	<u>DCVA/ RPBA</u> CHECK VALVE #2	<u>RPBA</u> Opened at ____ PSID #1 Check ____ PSID Air Gap OK ____	<u>PVBA/ SVBA</u> AIR INLET Opened at ____ PSID Check Valve ____ PSID Did not Open <input type="checkbox"/>
PASSED <input checked="" type="checkbox"/> FAILED <input type="checkbox"/>	Leaked <input type="checkbox"/> <u>2.4</u> PSID	Leaked <input type="checkbox"/> <u>2.4</u> PSID		
<u>NEW PARTS</u>  <u>AND</u>  <u>REPAIRS</u>	Clean Replace Part <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	Clean Replace Part <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	Clean Replace Part <input type="checkbox"/> <input type="checkbox"/> _____ <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"/>
<u>TEST AFTER REPAIRS</u>  PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	CHECK VALVE #1 Leaked <input type="checkbox"/> ____ PSID	CHECK VALVE #2 Leaked <input type="checkbox"/> ____ PSID	Opened at ____ PSID #1 Check ____ PSID Air Gap OK ____	Opened at ____ PSID Check Valve ____ PSID

Air Gap Inspection: \_\_\_\_\_ Meter Reading: \_\_\_\_\_ Separation: \_\_\_\_\_ Pass  Fail

Remarks: \_\_\_\_\_ Line Pressure: 55 PSI  
Confined Space: Yes  No

Testers Signature: [Signature] Cert. No. B7342 Date: 06/29/2022  
Testers Name Printed: Jordan Herrmann Office Phone: 206-772-7502  
Make / Model / Gauge # Midwest 845-5 07210630 Calibration Date: 07/21  
Final Test  
Testers Signature: \_\_\_\_\_ Cert. No. \_\_\_\_\_ Date: \_\_\_\_\_  
Testers Name Printed: \_\_\_\_\_  
Make / Model / Gauge # \_\_\_\_\_ Calibration Date: \_\_\_\_\_

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