

**Sound Home Maintenance L.L.C.**  
**License # SOUNDHM928BW**  
**BACKFLOW PREVENTION ASSEMBLY**  
**TEST REPORT**

FILE # \_\_\_\_\_ SCHEDULE CODE \_\_\_\_\_ AUTHORIZED TESTER: Sound Home Maintenance L.L.C.  
 NAME Puyallup STATION Parking Commercial  Residential   
 SERVICE ADDRESS 202 5th ST NW CITY Puyallup ZIP 98371  
 ASSEMBLY LOCATION South side of Bldg, AFT of Meter  
 HAZARD TYPE Irrigation DCVA  RPBA  PVBA  AG  OTHER \_\_\_\_\_  
 NEW INSTALL  EXISTING  REPLACEMENT  OLD SER. # \_\_\_\_\_ PROPER INSTALLATION? YES  
 MAKE OF ASSEMBLY Wilkins MODEL 950XLT2 SERIAL NO. 4920809 SIZE 1 1/2"

INITIAL TEST	DCVA / RPBA CHECK VALVE NO.1			DCVA / RPBA CHECK VALVE NO.2			RPBA			PVBA/SVBA AIR INLET	
	PASSED <input checked="" type="checkbox"/> FAILED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	<u>1.8</u>	PSID	LEAKED <input type="checkbox"/>	<u>2.2</u>	PSID	OPENED AT _____ PSID	#1 CHECK _____ PSID	AIR GAP OK? _____	OPENED AT _____ PSID
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 HELD AT _____ PSID	LEAKED <input type="checkbox"/>
TEST AFTER 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 _____	CLEANED <input type="checkbox"/>	REPAIRED <input type="checkbox"/>
PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	_____	PSID	LEAKED <input type="checkbox"/>	_____	PSID	OPENED AT _____ PSID	#1 CHECK _____ PSID		AIR INLET _____ PSID	CHK VALVE _____ PSID

AIR GAP INSPECTION: Supply Pipe Diameter \_\_\_\_\_" Separation \_\_\_\_\_" Pass  Fail

REMARKS: \_\_\_\_\_ LINE PRESSURE 61 PSI

CONFINED SPACE? No

TESTER SIGNATURE: Norm Conner CERT. NO. B3021 DATE 02/14/2022

TESTER NAME PRINTED: Norm Conner TESTER PHONE # (253) 223-1554 FAX# (253)-589-0684

REPAIRED BY: \_\_\_\_\_ DATE \_\_\_\_\_

FINAL TEST BY: \_\_\_\_\_ CERT. NO. B3021 DATE \_\_\_\_\_

CALIBRATION DATE: 08/24/2021 MAKE/MODEL: Midwest / 845 GAUGE # 08192300

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