



# CROSS-CONNECTION SPECIALISTS, LLC

## BACKFLOW PREVENTION ASSEMBLY TEST REPORT

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NAME: Puyallup Station A  
SERVICE ADDRESS: 5th St NW - 2nd Ave NW, Puyallup, WA  
LOCATION: NE corner of Bldg  
CROSS CONNECTION CONTROL FOR: Premise Isolation TYPE ASSEMBLY: DCVA  
MANUFACTURER: Wilkins MODEL: 350 XL SIZE: 2" SERIAL NO.: AKA7674  
LINE PRESSURE 60 P.S.I. ASSEMBLY IS:  NEW  EXISTING  REPLACEMENT  OLD SERIAL NO. \_\_\_\_\_

INITIAL TEST	DCVA/RPBA CHECK VALVE NO. 1	DCVA/RPBA CHECK VALVE NO. 2	RPBA		PVBA/SVBA AIR INLET	
	LEAKED <input type="checkbox"/> HOLD TIGHT <input checked="" type="checkbox"/>  PASSED <input checked="" type="checkbox"/> FAILED <input type="checkbox"/>	LEAKED <input type="checkbox"/> HOLD TIGHT <input checked="" type="checkbox"/>  2.6 PSID	LEAKED <input type="checkbox"/> HOLD TIGHT <input checked="" type="checkbox"/>  3.0 PSID	OPENED AT <input type="checkbox"/> PSID  #1 CHECK <input type="checkbox"/> PSID  AIR GAP OK? YES <input type="checkbox"/> NO <input type="checkbox"/>	OPENED AT <input type="checkbox"/> PSID DID NOT OPEN <input type="checkbox"/>  CHECK VALVE HELD AT <input type="checkbox"/> PSID LEAKED <input type="checkbox"/>	
NEW PARTS AND REPAIRS	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	
TEST AFTER REPAIRS	LEAKED <input type="checkbox"/> HOLD TIGHT <input type="checkbox"/> PSID	LEAKED <input type="checkbox"/> HOLD TIGHT <input type="checkbox"/> PSID	OPENED AT <input type="checkbox"/> PSID #1 CHECK <input type="checkbox"/> PSID	OPENED AT <input type="checkbox"/> PSID #1 CHECK <input type="checkbox"/> PSID	AIR INLET <input type="checkbox"/> PSID CHK VALVE <input type="checkbox"/> PSID	

Is this a proper installation? YES  NO \_\_\_\_\_ Approved Assembly? YES  NO \_\_\_\_\_  
Water Service found ON \_\_\_\_\_ OFF  Water Service left ON \_\_\_\_\_ OFF  Confined Space   
Remarks: \_\_\_\_\_

Air Gap Inspection: Supply Pipe Diameter: \_\_\_\_\_" Separation: \_\_\_\_\_" Pass  Fail   
Test Equipment: Make Used  Midwest 845-5 06181666 02/04/21  
 Midwest Model 845-5 Serial No. 03150654 Calibration Date 04/20/21  
 Midwest 845-5 05181144 07/08/20

I CERTIFY THE ABOVE REPORT TO BE TRUE: Nancy Perry  
Initial Test By: Nancy Perry Signature \_\_\_\_\_ Cert. No. B2463 Date 1/13/22  
Repaired By: \_\_\_\_\_ Cert. No. PERRYNJ949Q9 Date \_\_\_\_\_  
Repair Test By: \_\_\_\_\_ Signature \_\_\_\_\_ Cert. No. B2463 Date \_\_\_\_\_

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