

WATER PURVEYOR Puyallup ACCOUNT # \_\_\_\_\_  
 ASSEMBLY ID/FILE #/UTILITY DEVICE # \_\_\_\_\_ Meter # \_\_\_\_\_  
 NAME OF PREMISE Cascade Christian District Office Commercial  Residential   
 SERVICE ADDRESS 815 21st St SE Puyallup ZIP \_\_\_\_\_  
 CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_  
 LOCATION OF ASSEMBLY Behind Meter  
 DOWNSTREAM PROCESS Premise Isolation DCVA  RPBA  PVBA  OTHER \_\_\_\_\_  
 NEW INSTALL  EXISTING  REPLACEMENT  REMOVED  OLD SER.# \_\_\_\_\_  
 APPROVED ASSEMBLY? YES  NO  PROPER INSTALLATION? YES  NO   
 MAKE OF ASSEMBLY Keeco MODEL 850 SERIAL NO. HG 58631 SIZE 1"

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"/>	PSID <u>2.2</u>	CLOSED TIGHT <input checked="" type="checkbox"/>	LEAKED <input type="checkbox"/>	PSID <u>1.9</u>	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	HELD AT _____ PSID	
NEW PARTS AND REPAIRS	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	LEAKED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	
TEST AFTER REPAIRS	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	RV EXERCISED <input type="checkbox"/>	OPENED AT _____ PSID	#1 CHECK _____ PSID	AIR INLET _____ PSID	CHK VALVE _____ PSID	
PASSED <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>	LEAKED <input type="checkbox"/>	PSID _____	CLOSED TIGHT <input type="checkbox"/>	LEAKED <input type="checkbox"/>	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: \_\_\_\_\_

TESTERS SIGNATURE: JD LINE PRESSURE 45 PSI CONFINED SPACE? No  
 TESTERS NAME PRINTED James Dravis CERT. NO. B3921 DATE 8/24/23  
 TESTERS PHONE # (253)227-8858  
 REPAIRED BY: \_\_\_\_\_ LIC NO. \_\_\_\_\_ DATE \_\_\_\_\_  
 FINAL TEST BY: \_\_\_\_\_ CERT. NO. \_\_\_\_\_ DATE \_\_\_\_\_  
 CALIBRATION DATE 01-23-2023 GAUGE # 04162709 MODEL Midwest845-5 SERVICE RESTORED YES  NO