

# Backflow Prevention Assembly Test/Air Gap Inspection Report

ACCOUNT # \_\_\_\_\_

**COMMERCIAL**

RESIDENTIAL

NAME OF PREMISES Through Terra LLC

SERVICE ADDRESS 2412 Inter Ave CITY Puyallup ZIP 98372

CONTACT PERSON Rich Hamilton PHONE (253) 405-7095 FAX ( ) \_\_\_\_\_

LOCATION OF ASSEMBLY Northside of parking lot along Fence. Est. 50 yards from gate entrance.

DOWNSTREAM PROCESS Irrigation DCVA  RPBA  PVBA  OTHER \_\_\_\_\_

NEW INSTALL  EXISTING  REPLACEMENT  OLD SER. # \_\_\_\_\_ PROPER INSTALLATION?  **Y**  **N**

MAKE OF ASSEMBLY Watts MODEL LF0071QT SERIAL NO. 234424 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"/> FAILED <input type="checkbox"/>	LEAKED <input type="checkbox"/> PSID: 1.8	LEAKED <input type="checkbox"/> PSID: 1.8	OPENED AT _____ PSID #1 CHECK _____ PSID AIR GAP OK? _____	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>
NEW PARTS AND REPAIRS	CLEAN <input type="checkbox"/> REPLACED PART <input type="checkbox"/>	CLEAN <input type="checkbox"/> REPLACED PART <input type="checkbox"/>	CLEAN <input type="checkbox"/> REPLACED PART <input type="checkbox"/>	CHECK VALVE HELD AT: _____ PSID LEAKED <input type="checkbox"/> CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/>
TEST AFTER REPAIRS  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: Required minimum air gap separation provided? Yes  No  Detector Meter Reading: \_\_\_\_\_

REMARKS: \_\_\_\_\_ LINE PRESSURE PSI: 50 lbs

SERVICE RESTORED? YES  NO  CONFINED SPACE? YES  NO

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

TESTERS SIGNATURE:  CERT. NO. B7502 DATE 12 / 20 / 2025

TESTERS NAME PRINTED: Jeremy Wise TESTERS PHONE # (253) 262.8847

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

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

CALIB/VERIF DATE 04/15/25 GAUGE # 9142053 MODEL Mid-West 845-5

SPECIALTY PLUMBER CERTIFICATION NUMBER: \_\_\_\_\_

CONTRACTOR LICENSE NUMBER: \_\_\_\_\_