

For Tester or Water System Use

Backflow Preventer Inspection and Field Test Report

BAROUMES BACKFLOWS LLC

PWS ID	Water System Name	File #
Facility Name		<input checked="" type="checkbox"/> Non-Residential <input type="checkbox"/> Residential
Service Address <u>201 5th Ave NE</u>		City <u>Puyallup</u> Zip <u>98372</u>
Contact Person	Phone	Email
Hazard Type (if known) <u>Irrigation</u>		<input checked="" type="checkbox"/> DCVA <input type="checkbox"/> RPBA <input type="checkbox"/> PVBA <input type="checkbox"/> AG <input type="checkbox"/> Other
Preventer Physical Location <u>By meter</u>		Confined Space Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Replacement: Old Ser. #	Model <u>LF00780</u>	Serial # <u>299185</u> Size <u>3/4"</u>
Assembly Make <u>Watts</u>	Proper Install Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Proper Orientation Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
USC-Approved Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

Initial Test	DCVA	RPBA	PVBA/SVBA
	Passed <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	Check Valve 1 Leaked <input type="checkbox"/> <u>2.2</u> psid Check Valve 2 Leaked <input type="checkbox"/> <u>1.8</u> psid	Relief Valve Opened ___ psid/ Not Open <input type="checkbox"/> Check Valve 2 Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> Check Valve 1 ___ psid Approved Air Gap Yes <input type="checkbox"/> No <input type="checkbox"/>

Cleaning, Repairs, & Parts	DCVA	RPBA	PVBA/SVBA
	Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/> <input type="checkbox"/> Disc <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Spring <input type="checkbox"/> Module <input type="checkbox"/> Guide <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Seat <input type="checkbox"/>	Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/> <input type="checkbox"/> Disc <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Spring <input type="checkbox"/> Module <input type="checkbox"/> Diaphragm <input type="checkbox"/> Rubber Kit/Guide <input type="checkbox"/> Seal <input type="checkbox"/>	Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/> <input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Float <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Check Disc <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Check Spring <input type="checkbox"/>

Final Test	DCVA	RPBA	PVBA/SVBA
	Passed <input type="checkbox"/> Failed <input type="checkbox"/>	Check Valve 1 Leaked <input type="checkbox"/> ___ psid Check Valve 2 Leaked <input type="checkbox"/> ___ psid	Relief Valve Opened at ___ psid Check Valve 2 Closed Tight <input type="checkbox"/> Check Valve 1 ___ psid

Air Gap Inspection Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Supply Pipe Diameter ___"	Air Gap Separation ___"
Line Pressure <u>55</u> psi	Detector Meter <input type="checkbox"/> Gais <input type="checkbox"/> CuFI <input type="checkbox"/>	Service Restored Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Remarks*

Test Kit Make & Model <u>MIDWEST/845</u>	Serial # <u>02172549</u>	Ver./Cal Date** <u>3/28/25</u>
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By this signature, I certify:

- I personally inspected and field-tested the backflow assembly using field test procedures meeting WAC 246-290-490 and test equipment meeting WAC 246-292-034; or I personally inspected the air gap or AVB.
- The information in this report is true, complete, and accurate.

BAT Signature (initial test)	Cert. # <u>B7375</u>	Date/Time <u>12/11/25</u>
BAT Name (print) <u>Brendin Baroumes</u>	BAT Phone # <u>253-720-0537</u>	
Repaired By		Date/Time
BAT Signature (after repair)	Cert. #	Date/Time
BAT Name (print)	BAT Phone #	

*Note unapproved backflow preventer, missing/defective components, repairs made, or conditions that may adversely affect assembly.
 **The date of the most recent field test kit verification of accuracy or calibration whichever is most recent.

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Facility Name		<input checked="" type="checkbox"/> Non-Residential <input type="checkbox"/> Residential
Service Address	City	Zip
Contact Person	Phone	Email
Hazard Type (if known)	<input checked="" type="checkbox"/> DCVA <input type="checkbox"/> RPBA <input type="checkbox"/> PVBA <input type="checkbox"/> AG <input type="checkbox"/> Other	
Preventer Physical Location	Confined Space	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Replacement: Old Ser. #	Serial #	Size
Assembly Make	Model	Serial #
USC-Approved	Proper Install	Proper Orientation

	DCVA	RPBA	PVBA/SVBA
Initial Test	Check Valve 1 Leaked <input type="checkbox"/> 2.4 psid	Relief Valve Opened ___ psid/ Not Open <input type="checkbox"/>	Air Inlet Valve Opened at ___ psid Did Not Open <input type="checkbox"/>
Passed <input checked="" type="checkbox"/>	Check Valve 2 Leaked <input type="checkbox"/> 2.0 psid	Check Valve 2 Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened Fully Yes <input type="checkbox"/> No <input type="checkbox"/>
Failed <input type="checkbox"/>		Check Valve 1 ___ psid	Check Valve ___ psid Leaked <input type="checkbox"/>
		Approved Air Gap Yes <input type="checkbox"/> No <input type="checkbox"/>	

Cleaning, Repairs, & Parts	DCVA		RPBA		PVBA/SVBA	
	Cleaned <input type="checkbox"/>	Repaired <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Repaired <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Repaired <input type="checkbox"/>
	<input type="checkbox"/> Disc	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Disc	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Air Inlet Disc	<input type="checkbox"/> Float
	<input type="checkbox"/> Spring	<input type="checkbox"/> Module	<input type="checkbox"/> Spring	<input type="checkbox"/> Module	<input type="checkbox"/> Air Inlet Spring	<input type="checkbox"/> Diaphragm
	<input type="checkbox"/> Guide	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Rubber Kit/Guide	<input type="checkbox"/> Check Disc	<input type="checkbox"/> Rubber Kit
	<input type="checkbox"/> Seat	<input type="checkbox"/>	<input type="checkbox"/> Seat	<input type="checkbox"/>	<input type="checkbox"/> Check Spring	<input type="checkbox"/>


Final Test	Check Valve 1 Leaked <input type="checkbox"/> ___ psid	Relief Valve Opened at ___ psid	Air Inlet Valve Opened at ___ psid
Passed <input type="checkbox"/>	Check Valve 2 Leaked <input type="checkbox"/> ___ psid	Check Valve 2 Closed Tight <input type="checkbox"/>	Opened Fully Yes <input type="checkbox"/> No <input type="checkbox"/>
Failed <input type="checkbox"/>		Check Valve 1 ___ psid	Check Valve ___ psid

Air Gap Inspection	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Supply Pipe Diameter	"	Air Gap Separation	"
Line Pressure	55 psi	Detector Meter	Gals <input type="checkbox"/> CuFt <input type="checkbox"/>	Service Restored	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Remarks*

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BAT Name (print)	Brendin Baroumes	BAT Phone #	253-720-0537	Date/Time	
Repaired By		Cert. #		Date/Time	
BAT Signature (after repair)		BAT Phone #		Date/Time	
BAT Name (print)					

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