



Backflow Preventer Inspection and Field Test Report

Red Hawk Fire Protection
801 Valley Ave NW - Suite D
Puyallup, WA 98371
253-840-9900
www.redhawkfp.com

PWS ID	Water System Name	File #
Facility Name 919 Levee Industrial Park		<input checked="" type="checkbox"/> Non-Residential <input type="checkbox"/> Residential
Service Address 919 N. Levee Rd		City Puyallup Zip 98371
Contact Person Heather Jones	Phone 503-972-5550	Email heather.jones@nrmk.com
Hazard Type (if known) Fire main In-premises Protector <input checked="" type="checkbox"/> DCVA <input type="checkbox"/> RPBA <input type="checkbox"/> PVBA <input type="checkbox"/> AG <input type="checkbox"/> Other		
Preventer Physical Location In vault near PIV		
<input type="checkbox"/> New <input type="checkbox"/> Existing <input checked="" type="checkbox"/> Replacement: Old Ser. # 00492		Confined Space Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Assembly Make Conbraco	Model 10DCDA	Serial # 92697 Size 10 "
USC-Approved Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Proper Install Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Proper Orientation 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>2.8</u> psid	Relief Valve Opened ___ psid/ Not Open <input type="checkbox"/>	Air Inlet Valve Opened at ___ psid Did Not Open <input type="checkbox"/> Opened Fully Yes <input type="checkbox"/> No <input type="checkbox"/>
	Check Valve 2 Leaked <input type="checkbox"/> <u>1.4</u> psid	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"/>	Check Valve ___ psid Leaked <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)	Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/> <input type="checkbox"/> Disc <input type="checkbox"/> O-Ring(s)	Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/> <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	DCVA	RPBA	PVBA/SVBA
Passed <input type="checkbox"/> Failed <input type="checkbox"/>	Check Valve 1 Leaked <input type="checkbox"/> ___ psid	Relief Valve Opened at ___ psid	Air Inlet Valve Opened at ___ psid Opened Fully Yes <input type="checkbox"/> No <input type="checkbox"/>
	Check Valve 2 Leaked <input type="checkbox"/> ___ psid	Check Valve 2 Closed Tight <input type="checkbox"/> Check Valve 1 ___ psid	Check Valve ___ psid

Air Gap Inspection Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Supply Pipe Diameter 10 "	Air Gap Separation "
Line Pressure 60 psi	Detector Meter Yes <input type="checkbox"/> Gals <input checked="" type="checkbox"/> CuFt <input type="checkbox"/>	Service Restored Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Remarks* Replaced broken backflow assembly and detector assembly with new direct replacement

Test Kit Make & Model Mid-West Model 845	Serial # 07230150	Ver./Cal Date** 1/26-1/27
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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) <i>Judah Hall</i>	Cert. # B7411	Date/Time 3/10/2026
BAT Name (print) Judah Hall	BAT Phone # 253-358-0264	
Repaired By	Date/Time	
BAT Signature (after repair)	Cert. # HALL*JC781K3	Date/Time
BAT Name (print) Judah Hall	BAT Phone # 253-358-0264	
BAT Company Name Red Hawk Fire Protection	Address 801 Valley Avenue NW Puyallup, WA 98371	

*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.