



Backflows Northwest, Inc.
(425) 277-2888

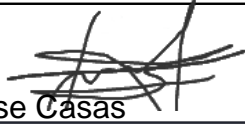
BACKFLOW PREVENTION ASSEMBLY TEST REPORT

WATER PURVEYOR Puyallup, City of ACCOUNT # _____
 ASSEMBLY ID/FILE #/UTILITY DEVICE # _____ Meter # _____
 NAME OF PREMISE ~~2902 Pioneer Way E~~ 3002 E. Pioneer Commercial Residential
 SERVICE ADDRESS ~~2902 Pioneer Way E~~ Clubhouse Domestic Puyallup ZIP 98372
 CONTACT PERSON _____ Building A PHONE (253) 279-1892
 LOCATION OF ASSEMBLY in hot box on the Southeast corner of building A
 DOWNSTREAM PROCESS Premise isolation DCVA RPBA PVBA OTHER RPZ
 NEW INSTALL EXISTING REPLACEMENT REMOVED OLD SER.# _____
 APPROVED ASSEMBLY? YES NO PROPER INSTALLATION? YES NO
 MAKE OF ASSEMBLY Wilkins MODEL 975XL2 SERIAL NO. 5112381 SIZE 2"

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 _____	CLOSED TIGHT <input checked="" type="checkbox"/>	LEAKED <input type="checkbox"/>	PSID _____	OPENED AT <u>4.0</u> PSID	#1 CHECK <u>6.4</u> PSID	AIR GAP OK? <input checked="" type="checkbox"/>	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			
NEW PARTS AND REPAIRS	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	HELD AT _____ PSID	LEAKED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	REPAIRED <input type="checkbox"/>
TEST AFTER REPAIRS	CLOSED TIGHT <input type="checkbox"/>	LEAKED <input type="checkbox"/>	PSID _____	CLOSED TIGHT <input type="checkbox"/>	LEAKED <input type="checkbox"/>	PSID _____	RV EXERCISED <input type="checkbox"/>	OPENED AT _____ PSID	#1 CHECK _____ PSID	AIR INLET _____ PSID	CHK VALVE _____ PSID		
PASSED <input type="checkbox"/>													
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:

Bypass Psi: Closed Tight Leaked LINE PRESSURE 40 PSI CONFINED SPACE? _____
 TESTERS SIGNATURE:  CERT. NO. B8168 DATE 01-06-26
 TESTERS NAME PRINTED Jose Casas TESTERS PHONE # 425-277-2888
 REPAIRED BY: _____ LIC NO. _____ DATE _____
 FINAL TEST BY: _____ CERT. NO. _____ DATE _____
 CALIBRATION DATE 04-01-2025 GAUGE # 02AC24040135 MODEL MK5 SERVICE RESTORED YES NO

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