

Woodland Gardens Construction, INC.
 7317 124th Street E • Puyallup, WA 98373
 253-405-0888

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

NAME OF PREMISE CASCADE CHRISTIAN SCHOOL Commercial Residential
 SERVICE ADDRESS 811 21st St SE CITY PUYALLUP ZIP 98372
 CONTACT PERSON _____ PHONE () _____ FAX () _____
 LOCATION OF ASSEMBLY NE OF GYM
 PREMISE ISOLATION (or) IN-PREMISE ISOLATION _____
 DOWNSTREAM PROCESS DOMESTIC DCVA RPBA PVBA OTHER _____
 NEW INSTALL EXISTING REPLACEMENT OLD SER. # _____ PROPER INSTALLATION? YES NO
 MAKE OF ASSEMBLY WILKINS MODEL 375AST SERIAL NO. 16487 < SIZE 3.0"

INITIAL TEST	DCVA / RPBA CHECK VALVE NO. 1			DCVA / RPBA CHECK VALVE NO. 2			RPBA			PVBA / VVBA AIR INLET			
	PASSED <input type="checkbox"/> FAILED <input checked="" type="checkbox"/>	LEAKED <input checked="" type="checkbox"/>	_____ PSID		LEAKED <input type="checkbox"/>	_____ PSID		OPENED AT _____ PSID	#1 CHECK _____ PSID		AIR GAP OK? <u>YUS</u>	OPENED AT _____ PSID	DID NOT OPEN <input type="checkbox"/>
NEW PARTS AND REPAIRS	CLEAN	REPLACE	PART	CLEAN	REPLACE	PART	CLEAN	REPLACE	PART	CHECK VALVE			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	HELD AT _____ PSID			
	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	LEAKED <input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	CLEANED <input type="checkbox"/>			
TEST AFTER REPAIRS	LEAKED <input type="checkbox"/>	_____ PSID		LEAKED <input type="checkbox"/>	_____ PSID		OPENED AT <u>2.7</u> PSID	#1 CHECK <u>6.9</u> PSID		AIR INLET _____ PSID	CHK VALVE _____ PSID		
PASSED <input checked="" type="checkbox"/> FAILED <input type="checkbox"/>	<u>6.9</u>	PSID		<u>7.545</u>	PSID								

AIR GAP INSPECTION: Required minimum air gap expansion provided? Yes No Detector Meter Reading _____
 REMARKS: FLUSHED ASSEMBLY CONFINED SPACE? NO LINE PRESSURE 46 PSI
 TESTERS SIGNATURE: [Signature] CERT. NO. B3354 DATE 12.19.2016
 TESTERS NAME PRINTED: JASON ANDERSON TESTERS PHONE # (253) 405-0888
 REPAIRED BY: _____ DATE _____
 FINAL TEST BY: _____ CERT. NO. _____ DATE _____
 CALIBRATION DATE 11/18/16 GAUGE # 101608816 MODEL 845 SERVICE RESTORED? YES NO

I certify that this report is accurate, and I have used WAC 246-250-070 approved test methods and test equipment.