



# BACKFLOW ASSEMBLY TEST FORM.

## RETURN ORIGINAL FORM ONLY .

City of Snoqualamish, WA

<b>Service Address</b>	<b>Acct Number</b>	
<b>Facility Name</b>	<b>Schedule Code</b>	
<b>Meter #1 / #2</b>	<b>Permit Num</b>	
<b>Meter Location</b>	<b>Location ID</b>	
	<b>Assembly Info</b> (Replacement/Correction)	
	<b>SN</b> <input type="checkbox"/>	
<b>Phone #1 / #2</b>	<b>Mfr</b> <input type="checkbox"/>	
<b>Contact Name</b>	<b>Type</b> <input type="checkbox"/>	
<b>Mailing Address</b>	<b>Size</b> <input type="checkbox"/>	
<b>Mailing City/State</b>	<b>Model</b> <input type="checkbox"/>	
<b>Comments:</b>	<b>Notes:</b>	

- Pass**     
  **Fail**     
  **Outside Tester**     
  **See Comments**

<b>DCV</b>				
<b>RPP</b>			<b>Device Install Date</b>	
<b>Check Valve #1</b>	<b>Check Valve #2</b>	<b>Relief Valve</b>	<b>Device Inspected By</b>	
<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	Opened at	<b>Last Tested Date</b>	
PSID	PSID	PSID	<b>Last Tested By</b>	
<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Opened Under 2.0 PSID <input type="checkbox"/> Did Not Open		

### INSPECTION RESULTS

- ASSEMBLY UNTESTABLE**
  - Unapproved Assembly
  - Shut-Off Valves  #1  #2
  - No Access
- ASSEMBLY INSTALLED INCORRECTLY**
  - Distance from Meter \_\_\_\_\_
  - Clearance \_\_\_\_\_
  - Height \_\_\_\_\_
  - Configuration
- ASSEMBLY FAILURE**
  - Shut-Off Valves Not Holding  #1  #2 \_\_\_\_\_
  - Check Valves Not Holding  #1  #2 \_\_\_\_\_
  - Pressure Relief Valve  Fouled  Not Opening  Opening Under 2.0 PSID
  - Inadequate Buffer
- NO BACKFLOW PROTECTION / MISSING**
- UNPROTECTED CROSS-CONNECTION**

**COMMENTS** \_\_\_\_\_

### REQUIRED CORRECTION

- |   |   |
|---|---|
| <input type="checkbox"/> Install Approved RPP Device per Diagram<br><input type="checkbox"/> Have above Referenced Assembly Repaired<br><input type="checkbox"/> Have Assembly Tested<br><input type="checkbox"/> Install Assembly Directly Behind Meter<br><input type="checkbox"/> Call: Regarding: _____ | <input type="checkbox"/> Install Approved DCV Device per Diagram<br><input type="checkbox"/> Replace with Approved Shut-Off Valves<br><input type="checkbox"/> Remove/Protect Cross-Connection By-Pass<br><input type="checkbox"/> Expose Piping for Inspection<br><input type="checkbox"/> _____ |
|---|---|

Compliance is requested in accordance with Title 17 of the California Administrative Code and the SJWC Cross Connection Control Program.

By \_\_\_\_\_

Certif # \_\_\_\_\_

Date \_\_\_\_\_