



# BACKFLOW ASSEMBLY TEST FORM.

## RETURN ORIGINAL FORM ONLY .

### City of Snoqualamish, WA

Assembly ID	0	Facility Name		Return Form By:	
Acct Number		Meter #			
<b>Service Address</b>				Schedule Code	
				Assembly Info	(Replacement/Correction)
Equip Location				SN	<input type="checkbox"/>
Location ID				Mfr	<input type="checkbox"/>
Contact Name		Ph		Type	<input type="checkbox"/>
Map Page		#2		Size	<input type="checkbox"/>
				Model	<input type="checkbox"/>
				Install Date	
				Permit Num	
Protection Type		Hazard Type		Haz. Level	

<b>REQUIREMENTS</b>		Yes	No		Yes	No
1. Is the device installed per:	<input type="checkbox"/>	<input type="checkbox"/>	3. Is there PVC Pipe between Meter and Backflow Preventer?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is there a strainer or Pressure Regulator between Meter and Backflow Preventer?	<input type="checkbox"/>	<input type="checkbox"/>	4. Is there a Tee between Meter and Backflow Preventer?	<input type="checkbox"/>	<input type="checkbox"/>	

Line pressure at time of test: \_\_\_\_\_

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves		
<b>Initial Test</b>	<input type="checkbox"/> Held at PSID Apparent _____ Actual _____	<input type="checkbox"/> Held at _____ PSID <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Opened at _____ PSID <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Air Inlet Opened at _____ PSID <input type="checkbox"/> Did not Open <input type="checkbox"/> Check Held at _____ PSID <input type="checkbox"/> Leaked		#1	#2
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked			Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>
<b>REPAIR</b>	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Diaphragm <input type="checkbox"/> Module <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Module <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Check Disc <input type="checkbox"/> Check Spring <input type="checkbox"/> Float <input type="checkbox"/> Diaphragm <input type="checkbox"/> _____	CLEANED REPLACED REPAIR	<input type="checkbox"/>	<input type="checkbox"/>
	Other/Notes: _____					Other	<input type="checkbox"/>

<b>Final Test</b>	<input type="checkbox"/> Held at PSID Apparent _____ Actual _____	_____ PSID <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Opened at _____ PSID	Air Inlet _____ PSID CK Valve _____ PSID	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>

**THE ABOVE REPORT IS CERTIFIED TO BE TRUE:**

Initial Test By	Certificate	Date:	Gauge Num	Time In	Time Out	Company	Phone
Final Test By							
Repair By							