

ENVIROMECH

430 SW 153RD ST
 Burien, WA 98166
 P: (206)782-1960
 F: (206) 762-1936

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

ACCOUNT # _____
 NAME OF PREMISE KIRKLAND PARK PLACE COMMERCIAL RESIDENTIAL
 SERVICE ADDRESS 401 PARK PLACE CITY KIRKLAND ZIP 98033
 CONTACT PERSON STEVE HADNES PHONE 206-255-1334 fax _____
 LOCATION OF ASSEMBLY PROJECTOR ROOM
 DOWNSTREAM PROCESS COOLING TOWER DCVA RPBA PVBA OTHER _____
 NEW INSTALL EXISTING REPLACEMENT OLD SERV. # _____ PROPER INSTAL? YES NO
 ASSEMBLY BRAND WATTS MODEL LF009M2QT SERIAL # 057050 SIZE 1"

| INITIAL TEST | DCVA / RPBA CHECK VALVE #1 | DCVA / RPBA CHECK VALVE #2 | RPBA | PVBA / SVBA AIR INLET |
|--|---|---|---|---|
| PASSED <input checked="" type="checkbox"/> FAILED <input type="checkbox"/> | CLOSED TIGHT <input checked="" type="checkbox"/> LEAKED <input type="checkbox"/> <u>0.9</u> PSID | CLOSED TIGHT <input checked="" type="checkbox"/> LEAKED <input type="checkbox"/> _____ PSID | OPENED AT <u>3.0</u> PSID #1 CHECK <u>0.9</u> PSID AIR GAP OK? <u>YES</u> | OPENED AT <u>3.0</u> PSID DID NOT OPEN? <input type="checkbox"/> |
| NEW PARTS AND REPAIRS | CLEAN REPLACE <input type="checkbox"/> PART <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | CLEAN REPLACE <input type="checkbox"/> PART <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | CLEAN REPLACE <input type="checkbox"/> PART <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | CHECK VALVE OPENED AT _____ PSID LEAKED <input type="checkbox"/> CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/> |
| TEST AFTER REPAIRS PASSED <input type="checkbox"/> FAILED <input type="checkbox"/> | LEAKED <input type="checkbox"/> _____ PSID | LEAKED <input type="checkbox"/> _____ PSID | OPENED AT _____ PSID #1 CHECK _____ PSID | AIR INLET _____ PSID CHK VALVE _____ PSID |

AIR GAP INSPECTION: Required minimum air gap separation provided? YES NO DETECTOR METER READING _____

REMARKS: _____ LINE PRESSURE 95 PSI

TESTERS SIGNATURE: [Signature] CONFINED SPACE _____ CERT. NO. B5042 DATE 5/10/16

PREPARED BY _____ DATE _____

FINAL TEST BY: _____ CERT. NO. _____ DATE _____

CALIBRATION DATE: 3/27/15 MODEL 845-5 GAUGE # 10070546 SERVICE RESTORED? YES

I CERTIFY THAT THIS REPORT IS ACCURATE, AND I HAVE USED WAC246-190 APPROVED TEST METHODS AND TEST EQUIPMENT