

Backflow Preventer Inspection and Field Test Report

Marion Water Co
 PO Box 2043 Buckley WA 98321
 info@marionwaterco.org
 (360) 200-8146

PWS ID 51750D		Water System Name MARION WATER CO		File #	
Facility Name				<input type="checkbox"/> Non-Residential <input type="checkbox"/> Residential	
Service Address			City		Zip
Contact Person		Phone		Email	
Hazard Type (if known)			<input type="checkbox"/> DCVA <input type="checkbox"/> RPBA <input type="checkbox"/> PVBA <input type="checkbox"/> AG <input type="checkbox"/> Other		
Preventer Physical Location					
<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Replacement: Old Ser. #				Confined Space Yes <input type="checkbox"/> No <input type="checkbox"/>	
Assembly Make		Model		Serial #	
Size ”					
USC-Approved Yes <input type="checkbox"/> No <input type="checkbox"/>		Proper Install Yes <input type="checkbox"/> No <input type="checkbox"/>		Proper Orientation Yes <input type="checkbox"/> No <input type="checkbox"/>	
Initial Test	DCVA		RPBA		PVBA/SVBA
	Check Valve 1		Relief Valve		Air Inlet Valve
	Passed <input type="checkbox"/> Leaked <input type="checkbox"/> ___ psid		Opened ___ psid/ Not Open <input type="checkbox"/>		Opened at ___ psid
	Failed <input type="checkbox"/> Check Valve 2		Check Valve 2		Did Not Open <input type="checkbox"/>
Leaked <input type="checkbox"/> ___ psid		Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>		Opened Fully Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Check Valve 1 ___ psid		Check Valve ___ psid	
		Approved Air Gap Yes <input type="checkbox"/> No <input type="checkbox"/>		Leaked <input type="checkbox"/>	
Cleaning, Repairs, & Parts	Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/>		Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/>		Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/>
	<input type="checkbox"/> Disc	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Disc	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Float
	<input type="checkbox"/> Spring	<input type="checkbox"/> Module	<input type="checkbox"/> Spring	<input type="checkbox"/> Module	<input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Diaphragm
	<input type="checkbox"/> Guide	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Rubber Kit/Guide	<input type="checkbox"/> Check Disc <input type="checkbox"/> Rubber Kit
	<input type="checkbox"/> Seat	<input type="checkbox"/>	<input type="checkbox"/> Seat	<input type="checkbox"/>	<input type="checkbox"/> Check Spring <input type="checkbox"/>
Final Test	Check Valve 1		Relief Valve		Air Inlet Valve
	Passed <input type="checkbox"/> Leaked <input type="checkbox"/> ___ psid		Opened at ___ psid		Opened at ___ psid
	Failed <input type="checkbox"/> Check Valve 2		Check Valve 2 Closed Tight <input type="checkbox"/>		Opened Fully Yes <input type="checkbox"/> No <input type="checkbox"/>
	Leaked <input type="checkbox"/> ___ psid		Check Valve 1 ___ psid		Check Valve ___ psid
Air Gap Inspection Pass <input type="checkbox"/> Fail <input type="checkbox"/>		Supply Pipe Diameter ”		Air Gap Separation ”	
Line Pressure psi		Detector Meter Gals <input type="checkbox"/> CuFt <input type="checkbox"/>		Service Restored Yes <input type="checkbox"/> No <input type="checkbox"/>	
Remarks*					
Test Kit Make & Model			Serial #		Ver./Cal Date**
By this signature, I certify:	1. I personally inspected and field-tested the backflow assembly using field test procedures meeting WAC 246-290-490 and test equipment meeting WAC 246-292-034; or I personally inspected the air gap or AVB. 2. The information in this report is true, complete, and accurate.				
BAT Signature (initial test)			Cert. #		Date/Time
BAT Name (print)			BAT Phone #		
Repaired By			Cert. #		Date/Time
BAT Signature (after repair)			Cert. #		Date/Time
BAT Name (print)			BAT Phone #		
BAT Company Name			Address		

*Note unapproved backflow preventer, missing/defective components, repairs made, or conditions that may adversely affect assembly.

**The date of the most recent field test kit verification of accuracy or calibration whichever is most recent.