Lake Chelan Reclamation District
Backflow Prevention Assembly Test Report

Return no later than: May 31st

Name of Premises: _____ Owner Of Device: _____

Service Address: _____

Location of Assembly: _____ Confined Space Yes [ ] No [ ]

Assembly: _____
Manufacturer Model Size Serial No.

Line Pressure at Time of Test:_____ Lbs. Type of Assembly: _____

	Reduced Pressure Assemblies			PVBA / SVBA	
	Double Check Assemblies		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
Initial Test	Closed tight [ ] _____psid Leaked [ ] Device Passed [ ] Device Failed [ ]	Closed tight [ ] _____psid Leaked [ ]	Opened at_____ _____psid	Failed To Open First Opened _____ [ ] _____psid Fully Opened [ ] Device Passed [ ] Device Failed [ ]	Differential____ _____psid Leaked [ ]
Repairs and Materials Used					
Test After Repair	Closed tight [ ] _____psid Device Passed [ ] Device Failed [ ]	Closed tight [ ] _____psid	Opened at_____ _____psid	First Opened _____ [ ] Fully Opened Device Passed [ ] Device Failed [ ]	Differential____ _____psid

Air Gap Inspection: Required minimum air gap separation provided Yes [ ] No [ ]

Proper Installation: Yes [ ] No [ ] New Installation Yes [ ] No [ ]

WA State Approved Assembly: Yes [ ] No [ ] Hazard Being Protected Against:_____

Does The Device Commensurate With The Degree Of Hazard: Yes [ ] No [ ]

Test Equipment used: Make _____ Model _____ Serial # _____ Last Calibrated _____

The above report is certified to be complete, accurate and legible:

Initial Test Performed By: _____ _____ **As Per WAC 246-290-490**
Printed Name Signature

Cert. No.: _____ Date: _____

Repaired by: Date:

Final Test Performed By: _____ _____ **As Per WAC 246-290-490**
Printed Name Signature

Address City State Zip Code Telephone #

Cert. No.: Date:

Water Service Restored Yes [ ] No [ ]

CCS_____
FM_____
OFFICE_____

Remarks: _____