

LCRD - Backflow Prevention Assembly Test Report

Return no later than: **May 31st**

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		Failed To Open	[]		
Initial Test	Closed tight [] _____psid	Closed tight [] _____psid	Opened at _____psid	First Opened _____psid	[]	Differential _____psid	
	Leaked []	Leaked []		Fully Opened []		Leaked []	
	Device Passed []			Device Passed []			
	Device Failed []			Device Failed []			
Repairs and Materials Used							
Test After Repair	Closed tight [] _____psid	Closed tight [] _____psid	Opened at _____psid	First Opened _____	[]	Differential _____psid	
	Device Passed []			Fully Opened []			
	Device Failed []			Device Passed []			
				Device Failed []			

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**

Print

Signature

Cert. No.: _____

Date: _____

Repaired by: _____

Date: _____

Final Test Performed By: _____

As Per WAC 246-290-490

Print

Signature

Address _____ City _____ State _____ Zip Code _____ Telephone # _____

Cert. No.: _____

Date: _____

Water Service Restored

Yes [] No []

CCS _____

FM _____

Remarks: _____

OFFICE _____

Lake Chelan Reclamation District

PO Box J, Manson, WA 98831

(509) 687-3548

Staff@lcrd.org