



CITY OF MERCER ISLAND

9611 SE 36th Street, Mercer Island, WA 98040-3732

Phone (206) 275-7782 ❖ Fax (206) 275-7787 ❖ www.mercergov.org/backflow

Backflow Prevention Form

NAME OF FACILITY: _____

SERVICE ADDRESS: _____

LOCATION: _____

ASSEMBLY TYPE: _____ CROSS-CONNECTION CONTROLLED: _____

MANUFACTURER: _____ MODEL: _____ SIZE: _____ SERIAL NO: _____

LINE PRESSURE: _____ PSID. WA STATE APPROVED ASSEMBLY: YES NO

	INITIAL TEST RESULTS	TEST AFTER REPAIR OR CLEANING
RPBA	Relief Valve Opened _____ psid No. 2 Check Valve: Closed Tight <input type="checkbox"/> Leaked..... <input type="checkbox"/> No. 1 Check Valve: Closed Tight <input type="checkbox"/> Leaked..... <input type="checkbox"/> Static Pressure Drop Across Check Valve #1 _____ psid Minimum A/G present Yes _____ No _____ Passed Test: Yes _____ No _____	Relief Valve Opened _____ psid No. 2 Check Valve: Closed Tight <input type="checkbox"/> Leaked..... <input type="checkbox"/> No. 1 Check Valve: Closed Tight <input type="checkbox"/> Leaked..... <input type="checkbox"/> Static Pressure Drop Across Check Valve #1 _____ psid Minimum A/G present Yes _____ No _____ Passed Test: Yes _____ No _____
DCVA	No. 1 Check Valve: Differential _____ psid Leaked <input type="checkbox"/> No. 2 Check Valve: Differential _____ psid Leaked <input type="checkbox"/> Passed Test: Yes _____ No _____	No. 1 Check Valve: Differential _____ psid Leaked <input type="checkbox"/> No. 2 Check Valve: Differential _____ psid Leaked <input type="checkbox"/> Passed Test: Yes _____ No _____
PVBA/ SVBA	Air Inlet: Opened _____ psid Failed to Open <input type="checkbox"/> Air Inlet valve fully opened: Yes <input type="checkbox"/> No <input type="checkbox"/> Check Valve: _____ psid Leaked <input type="checkbox"/> Passed Test: Yes _____ No _____	Air Inlet: Opened _____ psid Failed to Open <input type="checkbox"/> Air Inlet valve fully opened: Yes <input type="checkbox"/> No <input type="checkbox"/> Check Valve: _____ psid Leaked <input type="checkbox"/> Passed Test: Yes _____ No _____
AG	Pipe diameter _____ inches Separation _____ inches Approved Air Gap: Yes _____ No _____	PLEASE RECORD REPAIR INSPECTION CLEANING INFORMATION IN SECTION BELOW

IS THIS A PROPER INSTALLATION? Yes No

FIRE SERVICE BY-PASS METER _____
METER READING _____

REMARKS: _____

Test Equipment: Make: _____ Model: _____ Serial # _____ Accuracy Date: _____

I CERTIFY THIS REPORT IS ACCURATE, AND THAT I HAVE USED WAC 246-290-490 APPROVED TEST METHODS:

Certified: _____
Certified Tester's Typed or Printed Name

Initial Test By: _____ Cert. No. _____ Date _____
Certified Tester's Signature

Repaired By: _____ Plumber Cert. No. _____ Date _____
Repair Person's Printed Name

Repair Test By: _____ Cert. No. _____ Date _____
Certified Tester's Signature