



# BACKFLOW PREVENTION ASSEMBLY TEST REPORT

## Spokane County Water District No. 3

Assembly ID	Facility Name		
Acct Number	Meter #	Test Report Due:	
Service Address		Schedule Code	
		Assembly Info	(Replacement/Correction)
Equip Location		SN	<input type="checkbox"/>
Location ID	Containment	Mfr	<input type="checkbox"/>
Contact Name	Ph	Type	<input type="checkbox"/>
Map Page	#2	Size	<input type="checkbox"/>
		Model	<input type="checkbox"/>
		Install Date	
		Permit Num	
<input type="checkbox"/> Confinement	<input type="checkbox"/> Freeze Protect	Hazard Type	Haz. Level

Line pressure at time of test: \_\_\_\_\_

### REPORT OF TEST RESULTS

Approved BFP

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves	
<b>Initial Test</b>	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Opened at _____ PSID	<input type="checkbox"/> Air Inlet Opened at _____ PSID	Closed Tight <input type="checkbox"/>	#1 <input type="checkbox"/>
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Did Not Open	Opened Fully Y <input type="checkbox"/> N <input type="checkbox"/>		
<b>Pass</b>	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked		<input type="checkbox"/> Check Held at _____ PSID		
<b>Fail</b>	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked		<input type="checkbox"/> Leaked		
<b>REPAIR</b>	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> REPAIR <input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____	<input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____	<input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____	<input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Check Disc <input type="checkbox"/> Check Spring <input type="checkbox"/> Float <input type="checkbox"/> Diaphragm <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____		
Other/Notes: _____						
<b>Final Test</b>	_____ PSID	_____ PSID	<input type="checkbox"/> Opened at _____ PSID	Opened Fully Y <input type="checkbox"/> N <input type="checkbox"/> Air Inlet _____ PSID	Closed Tight <input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	_____ PSID	CK Valve _____ PSID		

Initial Test By	Certificate	Test Date:	Gauge Num	Time In	Timeout	Company	Phone
Final Test By							
Repair By							

The Above Report Is Certified To Be True:  
SCWD#3, 1225 N Yardley St, Spokane Valley, WA, 99212 – 509-536-0121