



City of Vancouver Backflow Assembly Test Report

144231

Business Name: The Parker Test Date: 5 5 16 2016
MM DD YYYY

Address of Assembly: 1011 Hamilton ST Strata #: _____

Business Owner or Contact Name: _____ Phone Number: _____

Assembly: Existing New Replacement → → Serial # of Removed Assembly: _____

Manufacturer: Watts Model: Coagulator Size: 7/16 Serial #: 375866

Type: RPBA RPDA DCVA DCDA PVBA SRVBA AG

Location of Assembly (Be Specific): By Dishwasher Premises Isolation

If on Fixture, Please Specify: Boiler Feed Fire Sprinkler Irrigation Medical Equipment Pool

Or Other Fixture Type (Be Specific): Dishwasher Line Pressure at Time of Test: 55 PSI

Air Gap Test: Is Minimum Gap Provided and Unobstructed: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Reduced Pressure Backflow Assembly				
Initial Test	Static Pressure Drop (A):	Relief Valve Opened at (B):	Closed Tight	Buffer (C) (A-B-C)
	<u>7.7</u> PSID	<u>2.8</u> PSID	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>4.9</u> PSID Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/>
Test After Repair	PSID	PSID	Yes <input type="checkbox"/> No <input type="checkbox"/>	PSID Pass <input type="checkbox"/> Fail <input type="checkbox"/>

Is Minimum Air Gap Requirement Provided on the RPBA Yes No

Double Check Valve Assembly			SR or P Vacuum Breaker Assembly	
Initial Test	1st Check	2nd Check	Air Inlet Opened at:	Check Valve Held at:
	Closed Tight? <input type="checkbox"/>	Closed Tight? <input type="checkbox"/>		
	PSID	PSID	PSID	PSID
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>
Test After Repair	PSID	PSID	Opened at: <u>10293</u>	Held at: <u>10293</u>
			PSID	PSID
			Closed Tight? <input type="checkbox"/>	Leaked <input type="checkbox"/>

Joel Niemantsverdriet

Good To Go Backflow

109 - 5488 198 St Langley B.C. V3A 1G2

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Ph: 778-231-0739

Cert # 10293

General Comments or Reason for Failure: _____

Test Performed by: _____ Certification #: _____

Tester Company Name: _____ Cert # _____ Phone Number: _____

Tester Company Address: _____

"I certify that I have tested the above assembly and that the test meets the performance requirements as outlined in the City of Vancouver Waterworks Standard 419":

Tester's Signature:

Note to Testers: Incomplete or illegible test reports will be returned and the test invalidated!

Return Completed Backflow Assembly Test Reports (Top White Copy) **Within 30 Days of Test** to:

Waterworks Design Branch
320 - 507 West Broadway Vancouver, BC V5Z 0B4

Telephone: In Vancouver 3-1-1 Outside of Vancouver 604-873-7000

White Copy - Waterworks

Pink Copy - Customer

Buff Copy - Tester