



City of Vancouver Backflow Assembly Test Report

144230

Business Name: The Parlour Test Date: 5 5 16
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: 009QT Size: 1/2 Serial #: 459588

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): Refrigeration Line Pressure at Time of Test: 7.5 PSI

Air Gap Test: Is Minimum Gap Provided and Unobstructed: Yes No

Reduced Pressure Backflow Assembly

Initial Test	Static Pressure Drop (A):	Relief Valve Opened at (B):	Closed Tight	Buffer (C) (A-B=C)
	<u>7.0</u> PSID	<u>2.3</u> PSID	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>4.7</u> PSID Pass <input checked="" type="checkbox"/> Fail <input 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

	1st Check	2nd Check
Initial Test	Closed Tight? <input type="checkbox"/> _____ PSID Leaked <input type="checkbox"/>	Closed Tight? <input type="checkbox"/> _____ PSID Leaked <input type="checkbox"/>
Test After Repair	_____ PSID	Closed Tight? <input type="checkbox"/> _____ PSID

SR or P Vacuum Breaker Assembly

Air Inlet Opened at:	Check Valve Held at:
_____ PSID Did Not Open <input type="checkbox"/>	_____ PSID Did Not Open <input type="checkbox"/>
Opened at: _____ PSID	Held at: _____ PSID

General Comments or Reason for Failure: _____

Test Performed by: _____

Tester Company Name: _____

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

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