



City of Vancouver  
Backflow Assembly Test Report

144248

Business Name: The Parlow 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: 009M70T Size: 3/4" Serial #: 374422

Type: RPBA ☒ RPDA ☐ DCVA ☐ DCDA ☐ PVBA ☐ SRVBA ☐ AG ☐

Location of Assembly (Be Specific): Sewers Closed Premises Isolation ☐

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

Or Other Fixture Type (Be Specific): Glass Washer Line Pressure at Time of Test: 40 PSI

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

Reduced Pressure Backflow Assembly				
	Static Pressure Drop (A):	Relief Valve Opened at (B):	Closed Tight	Buffer (C) (A-B=C)
Initial Test	<u>8.1</u> PSID	<u>2.6</u> PSID	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>5.5</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 <input checked="" type="checkbox"/> No <input type="checkbox"/>				

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	_____ PSID Closed Tight? <input type="checkbox"/>

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: Joel Niemantsverdriet

Test Performed by: Good To Go Backflow Certification #: \_\_\_\_\_

Tester Company Name: 109 - 5488 198 St Langley B.C. V3A 1G2 Phone Number: \_\_\_\_\_

Tester Company Address: goodtogo-backflow@griffiths.com Ph: 778-231-0750  
Cert #: 10283

"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