



City of Vancouver Backflow Assembly Test Report

144248

Business Name: The Parlour Test Date: 5 9 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: Weir Model: OCAM707 Size: 3/4" Serial #: 374422

Type: RPBA RPDA DCVA DCDA PVBA SRVBA AG

Location of Assembly (Be Specific): Sinkers Close 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 <input type="checkbox"/> No <input type="checkbox"/>				
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Reduced Pressure Backflow Assembly				
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Initial Test	Static Pressure Drop (A):	Relief Valve Opened at (B):	Closed Tight	Buffer (C) (A-B=C)
	<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"/>				
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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 Did Not Open <input type="checkbox"/>	_____ PSID Did Not Open <input type="checkbox"/>
Test After Repair	_____ PSID Leaked <input type="checkbox"/>	_____ PSID Leaked <input type="checkbox"/>	Opened at: _____ PSID	Held at: _____ PSID

Joel Niemantsverdriet

General Comments or Reason for Failure: _____

Good To Go Backflow

Test Performed by: _____ Certification #: _____
109 - 5488 198 St Langley B.C. V3A 1G2

Tester Company Name: _____ Email: _____
goodtogo@grahamcon.com

Tester Company Address: _____ Ph: 778-231-0750
Cert #: 10293

"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 White Copy – Waterworks

320 – 507 West Broadway Vancouver, BC V5Z 0B4 Pink Copy – Customer

Telephone: In Vancouver 3-1-1 Outside of Vancouver 604-873-7000 Buff Copy – Tester