



City of Vancouver Backflow Assembly Test Report

144274

Business Name: Dark Table Test Date: 2 22 16
MM DD YYYY

Address of Assembly: 2611 W 4th AVE / 1955 Tragler ST Strata #: _____

Business Owner or Contact Name: Mee Phone Number: _____

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

Manufacturer: Watts Model: 009M101 Size: 1' Serial #: A38695

Type: RPBA RPDA DCVA DCDA PVBA SRVBA AG

Location of Assembly (Be Specific): By Back Entrance Premises Isolation

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

Or Other Fixture Type (Be Specific): Filtration Sys Line Pressure at Time of Test: 74 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

Initial Test	Static Pressure Drop (A):	Relief Valve Opened at (B):	Closed Tight	Buffer (C) (A-B=C)
	<u>5.7</u> PSID	<u>2.0</u> PSID	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>3.7</u> PSID Pass <input 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			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
Test After Repair	PSID	PSID	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>

Joel Niemantsverdriet

Good To Go Backflow

Certification #:

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

Test Performed by: _____

Tester Company Name: _____ goodtogo@backflow.com Ph: 778-231-0750

Tester Company Address: _____ 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
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