



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 Tisdalger ST Strata #:
Business Owner or Contact Name: Mee Phone Number:
Assembly: Existing ☒ New ☐ Replacement ☐ → Serial # of Removed Assembly:
Manufacturer: Watts Model: 009MIQT 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: 24 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>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 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				
Initial Test	1st Check	2nd Check	SR or P Vacuum Breaker Assembly	
	Closed Tight? <input type="checkbox"/> ____ PSID Leaked <input type="checkbox"/>	Closed Tight? <input type="checkbox"/> ____ PSID Leaked <input type="checkbox"/>	Air Inlet Opened at: ____ PSID Did Not Open <input type="checkbox"/>	Check Valve Held at: ____ PSID Did Not Open <input type="checkbox"/>
Test After Repair	____ PSID	____ PSID Closed Tight? <input type="checkbox"/>	Opened at: ____ PSID	Held at: ____ PSID

General Comments or Reason for Failure: Joel Niemantsverdriet
Good To Go Backflow
Test Performed by: _____ Certification #: _____
109 - 5488 198 St Langley B.C. V3A 1G2
Tester Company Name: good to go backflow Phone Number: _____
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: [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