



# City of Vancouver Backflow Assembly Test Report

144232

Business Name: The Parlour Test Date: 5 5 16  
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: CG901 Size: 1/2 Serial #: 460716  
Type: RPBA ☐ RPDA ☐ DCVA ☐ DCDA ☐ PVBA ☐ SRVBA ☐ AG ☐  
Location of Assembly (Be Specific): Sanitary Closet Premises Isolation ☐  
If on Fixture, Please Specify: ☐ Boiler Feed ☐ Fire Sprinkler ☐ Irrigation ☐ Medical Equipment ☐ Pool  
Or Other Fixture Type (Be Specific): Chem. Feed Line Pressure at Time of Test: 55 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>4.0</u> PSID	<u>2.7</u> PSID	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>5.3</u> PSID Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>
Test After Repair	_____ PSID	_____ PSID	Yes <input type="checkbox"/> No <input checked="" 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  
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: goodtogobackflow.com 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  
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