



City of Vancouver Backflow Assembly Test Report

144240

Business Name: The Pailour Test Date: 5 5 16
MM DD YYYYAddress of Assembly: 1011 Hamilton ST Strata #: _____

Business Owner or Contact Name: _____ Phone Number: _____

Assembly: Existing New Replacement → → Serial # of Removed Assembly: _____Manufacturer: Watts Model: OC910T Size: 3/4 Serial #: 342492Type: RPBA RPDA DCVA DCDA PVBA SRVBA AG Location of Assembly (Be Specific): Sanitors Closet Premises Isolation If on Fixture, Please Specify: Boiler Feed Fire Sprinkler Irrigation Medical Equipment PoolOr Other Fixture Type (Be Specific): Glass Washer Line Pressure at Time of Test: 65 PSI

Air Gap Test: Is Minimum Gap Provided and Unobstructed: Yes <input checked="" 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>8.4</u> PSID	<u>2.4</u> PSID	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>6.4</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:
	Closed Tight? <input type="checkbox"/> Leaked <input type="checkbox"/>	Closed Tight? <input type="checkbox"/> Leaked <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: Joe NiemantsverdrietTest 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.com Ph: 778-231-0750

"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: Joe Niemantsverdriet**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 604-873-7000White Copy - Waterworks
Pink Copy - Customer
Buff Copy - Tester