



A+ Backflow Inc
(425) 830-3749

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

WATER PURVEYOR Alderwood ACCOUNT # _____
 ASSEMBLY ID/FILE #/UTILITY DEVICE # _____ Meter # _____
 NAME OF PREMISE Tosti-Lane, Dave Commercial Residential
 SERVICE ADDRESS 3794 232nd PL SW Briar _____ ZIP 98036
 CONTACT PERSON Dave Tosti-Lane PHONE (425) 306-2773
 LOCATION OF ASSEMBLY On Street @ Meter

DOWNSTREAM PROCESS Irrigation DCVA RPBA PVBA OTHER _____

NEW INSTALL EXISTING REPLACEMENT REMOVED OLD SER.# _____

APPROVED ASSEMBLY? YES NO PROPER INSTALLATION? YES NO

MAKE OF ASSEMBLY Febco MODEL 850 SERIAL NO. HF92665 SIZE 1"


INITIAL TEST	DCVA / RPBA CHECK VALVE NO.1	DCVA / RPBA CHECK VALVE NO.2	RPBA	PVBA / SVBA AIR INLET
PASSED <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/> LEAKED <input type="checkbox"/> <u>1.8</u> PSID	CLOSED TIGHT <input checked="" type="checkbox"/> LEAKED <input type="checkbox"/> <u>2.0</u> PSID	OPENED AT _____ PSID #1 CHECK _____ PSID AIR GAP OK? _____	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>
NEW PARTS AND REPAIRS	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART _____	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART _____	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART _____	CHECK VALVE HELD AT _____ PSID LEAKED <input type="checkbox"/> CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/>
TEST AFTER REPAIRS	CLOSED TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/> _____ PSID	RV EXERCISED <input type="checkbox"/> OPENED AT _____ PSID #1 CHECK _____ PSID	AIR INLET _____ PSID CHK VALVE _____ PSID

AIR GAP INSPECTION: SUPPLY PIPE DIAMETER _____ SEPARATION _____ PASS FAIL

DETECTOR METER READING _____

LEFT SERVICE AS FOUND Isolation valve: Open Closed SOV#1: Open Closed SOV#2: Open Closed

REMARKS: _____

TESTERS SIGNATURE:  LINE PRESSURE 90 PSI CONFINED SPACE? No
 CERT. NO. B6074 DATE 4/10/2024

TESTERS NAME PRINTED Dave Kuca TESTERS PHONE # (425)830-3749

REPAIRED BY: _____ LIC NO. _____ DATE _____

FINAL TEST BY: _____ CERT. NO. _____ DATE _____

CALIBRATION DATE 01-10-2024 GAUGE # 05181290 MODEL Midwest 845 SERVICE RESTORED YES NO

I certify that this report is accurate, and I have used WAC 246-290-490 approved test methods and test equipment.