# BACKFLOW
## PREVENTER REPORT

1823747

EXISTING ~~REMOVED~~ NEW REPAIRED REPLACED OLD S/N _____

**PROPERTY NAME** E50 Harney CO Early Childhood **PHONE** 6461

**CONTACT NAME** _____ **PHONE** _____

**MAILING ADDRESS** 655 W. Fillmore

**CITY** Burns **STATE** OR **ZIP** 97720

**PREVENTER ADDRESS** Same as Above

**WATER SUPPLIER** City of Burns **SERIAL#** 15 7792

**LOCATION** Mech Room outside

**MAKE** WATTS **MODEL** 009 **SIZE** 1/2"

**TYPE** (RP) RPDA RPDA-II DC DCDA DCDA-II PVB SVB AVB AG

**HAZARD PROTECTED** (PREMISE ISOLATION) IRRIGATION FIRE SYSTEM BOILER OTHER _____

**APPROVED:** ASSEMBLY INSTALLATION ORIENTATION AIRGAP PIPE SIZE _____ in PHYSICAL SEPARATION _____ in

| | REDUCED PRESSURE ASSEMBLY | | PVBA/SVBA | | INITIAL TEST |
|---|---|---|---|---|---|
| **INITIAL TEST RESULTS** | **CHECK #1** PRESS DROP: 6.8 (MIN 5 PSID) **RELIEF VALVE** OPENED AT: 2.5 (MIN 2 PSID) **RELIEF VALVE** (PASSED) FAILED | **DOUBLE CHECK** **CHECK #1** TYPE II TIGHT 6.8 LEAKED (MIN 1 PSID) **CHECK #2** TIGHT 6.6 LEAKED (MIN 1 PSID) | **AIR INLET** OPENED AT: ___ OPEN FULLY DID NOT OPEN | **CHECK VALVE** PRESS DROP: ___ (MIN 1 PSID) FAILED | (PASSED) FAILED **DATE** 7-31-21 **SYSTEM PSI** 70 **DETECTOR METER READING:** ___ |

| | |
|---|---|
| **NOTES REPAIRS PARTS** | |

| | REDUCED PRESSURE ASSEMBLY | | PVBA/SVBA | | TEST AFTER REPAIRS |
|---|---|---|---|---|---|
| **REPAIR RESULTS** | **CHECK #1** PRESS DROP: ___ (MIN 5 PSID) **RELIEF VALVE** OPENED AT: ___ (MIN 2 PSID) **RELIEF VALVE** PASSED FAILED | **DOUBLE CHECK** **CHECK #1** TYPE II TIGHT ___ (MIN 1 PSID) **CHECK #2** TIGHT ___ (MIN 1 PSID) | **AIR INLET** OPENED AT: ___ OPEN FULLY | **CHECK VALVE** PRESS DROP: ___ (MIN 1 PSID) FAILED | **DATE** ___ PASSED |

**GAUGE S/N** 105796 **MAKE/MODEL** TK 99E **CALIBRATION DATE** 4-12-21

In completing and submitting this test report, the tester certifies that the assembly was tested and maintained in accordance with all applicable rules, laws codes and regulations of the state and water system using approved testing equipment and approved testing procedures.

| INITIAL TEST | TEST AFTER REPAIRS | |
|---|---|---|
| Iv Estrada | | 3981 |
| **TESTER SIGNATURE** Iv Estrada | **TESTER SIGNATURE** | **TESTERS CERT#** 573-2596 |
| **TESTER NAME (PRINTED)** 48 S. Birch Burns | **TESTER NAME (PRINTED)** | **PHONE#** N/A |
| **TESTER ADDRESS** N. Wi Solar & Const | **TESTER ADDRESS** | **EMAIL** |
| **COMPANY NAME** Koehler Randall | **COMPANY NAME** | **WATER RESTORED?** YES |
| **REPORT RECEIVED BY (REPRESENTATION OF OWNER)** | **REPORT RECEIVED BY (REPRESENTATION OF OWNER)** | |

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