

1810653

**BACKFLOW PREVENTER REPORT** EXISTING REMOVED NEW REPAIRED REPLACED OLD S/N \_\_\_\_\_

PROPERTY NAME ESD Harney Ed District PHONE \_\_\_\_\_

CONTACT NAME Holly PHONE \_\_\_\_\_

MAILING ADDRESS 25 Fairview Height Region XVA

CITY BURNS STATE OR ZIP 97720

PREVENTER ADDRESS Same as above

WATER SUPPLIER City of Burns SERIAL# 217379

LOCATION Next to City Meter

MAKE WATTS MODEL 007MI SIZE 1"

TYPE RP RPDA RPDA-II DC DCDA DCDA-II PVB SVB AVB AG

HAZARD PROTECTED IRRIGATION PREMISE ISOLATION FIRE SYSTEM BOILER OTHER \_\_\_\_\_

APPROVED: ASSEMBLY INSTALLATION ORIENTATION AIRGAP PIPE SIZE \_\_\_\_\_ in \_\_\_\_\_ in

INITIAL TEST RESULTS	REDUCED PRESSURE ASSEMBLY		PVBA/SVBA		INITIAL TEST
	CHECK #1 PRESS DROP: _____ MIN 5 PSID	DOUBLE CHECK CHECK #1 TYPE II <u>TIGHT</u> <u>2.0</u> LEAKED _____ MIN 1 PSID	AIR INLET OPENED AT: _____ MIN 1 PSID	CHECK VALVE PRESS DROP: _____ MIN 1 PSID	<u>PASSED</u> FAILED _____ DATE <u>4-30-24</u>
RELIEF VALVE OPENED AT: _____ MIN 2 PSID	CHECK #2 <u>TIGHT</u> <u>2.1</u> LEAKED _____ MIN 1 PSID	OPEN FULLY	FAILED	DID NOT OPEN	

NOTES REPAIRS PARTS \_\_\_\_\_

REPAIR RESULTS	REDUCED PRESSURE ASSEMBLY		PVBA/SVBA		TEST AFTER REPAIRS
	CHECK #1 PRESS DROP: _____ MIN 5 PSID	DOUBLE CHECK CHECK #1 TYPE II <u>TIGHT</u> _____ MIN 1 PSID	AIR INLET OPENED AT: _____ MIN 1 PSID	CHECK VALVE PRESS DROP: _____ MIN 1 PSID	DATE _____
RELIEF VALVE OPENED AT: _____ MIN 2 PSID	CHECK #2 <u>TIGHT</u> _____ MIN 1 PSID	OPEN FULLY	FAILED		

GAUGE S/N 105796 MAKE/MODEL TK99E CALIBRATION DATE 4/1/24

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
TESTER SIGNATURE <u>Ty Estrada</u>	TESTER SIGNATURE <u>3981</u>
TESTER NAME (PRINTED) <u>Ty Estrada</u>	TESTERS CERT# <u>5732396</u>
TESTER ADDRESS <u>W.W. Solar Cont.</u>	PHONE# <u>N/A</u>
COMPANY NAME <u>W.W. Solar Cont.</u>	EMAIL <u></u>
REPORT RECEIVED BY (REPRESENTATION OF OWNER)	WATER RESTORED? <u>yes</u>

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**BACKFLOW PREVENTER REPORT** EXISTING REMOVED NEW REPAIRED REPLACED OLD S/N \_\_\_\_\_

PROPERTY NAME ESD Building PHONE \_\_\_\_\_

CONTACT NAME Harvey Education District PHONE \_\_\_\_\_

MAILING ADDRESS 25 Fairview Height Region XVA

CITY BURNS STATE OR ZIP 97720

PREVENTER ADDRESS Same as above

WATER SUPPLIER City of Burns SERIAL# 117991

LOCATION Next to City Meter

MAKE WATTS MODEL 009MI SIZE 1 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 \_\_\_\_\_ in

INITIAL TEST RESULTS	REDUCED PRESSURE ASSEMBLY		PVBA/SVBA		INITIAL TEST
	CHECK #1 PRESS DROP: _____ MIN 5 PSID	DOUBLE CHECK CHECK #1 TYPE II <u>TIGHT</u> <u>2.4</u> LEAKED _____ MIN 1 PSID	AIR INLET OPENED AT: _____ MIN 1 PSID	CHECK VALVE PRESS DROP: _____ MIN 1 PSID	<u>PASSED</u> FAILED _____ DATE <u>4-30-24</u>
RELIEF VALVE OPENED AT: _____ MIN 2 PSID	CHECK #2 <u>TIGHT</u> <u>2.1</u> LEAKED _____ MIN 1 PSID	OPEN FULLY	FAILED	DID NOT OPEN	

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	CHECK #1 PRESS DROP: _____ MIN 5 PSID	DOUBLE CHECK CHECK #1 TYPE II <u>TIGHT</u> _____ MIN 1 PSID	AIR INLET OPENED AT: _____ MIN 1 PSID	CHECK VALVE PRESS DROP: _____ MIN 1 PSID	DATE _____
RELIEF VALVE OPENED AT: _____ MIN 2 PSID	CHECK #2 <u>TIGHT</u> _____ MIN 1 PSID	OPEN FULLY	FAILED		

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REPORT RECEIVED BY (REPRESENTATION OF OWNER)	WATER RESTORED? <u>yes</u>