



BACKFLOW PREVENTER TEST REPORT

JOB ADDRESS (INCLUDE ADDRESS #, STREET NAME, & DIRECTIONAL), Apt/Unit # 3880 Shoreline Drive Wayzata MN. WO# 285249

BACKFLOW ASSEMBLY INFORMATION (All Fields are Required)

System Served: Boat Wash Manufacturer of Assembly: Watts Model # LF800M4
 Size of Assembly: 2" Serial # 000372
 Location of Assembly: Floor # outside Room # _____ Date test was performed: 4-15-21

Reduced Pressure Principle Backflow Preventer (RP) – TEST RESULTS				
	Check Valve #2	Shutoff Valve #2	Check Valve #1	Pressure Differential Relief Valve
Initial Test	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No Pressure Drop Across Check Valve #1 _____ psid	Opened at _____ psid
Describe parts and repairs when needed	<u>Replaced</u>			
Final Test	Closed Tight ___ Yes ___ No	Closed Tight ___ Yes ___ No	Closed Tight ___ Yes ___ No Pressure Drop Across Check Valve #1 _____ psid	Opened at _____ psid

Double Check Backflow Prevention Assembly (DC) – TEST RESULTS			
	Check Valve #1	Check Valve #2	Shutoff Valve #2
Initial Test	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No psid _____	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No psid _____	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe parts and repairs when needed			
Final Test	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No psid _____	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No psid _____	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No

Pressure Vacuum Breaker Assembly (PVB) or Spill Resistant Vacuum Breaker (SRVB) – TEST RESULTS			
	Air Inlet Valve	Check Valve	Shutoff #2
Initial Test	Failed to Open <input type="checkbox"/> Yes <input type="checkbox"/> No Opened at _____ psid	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No Pressure Drop Across Check Valve #1 _____ psid	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe parts and repairs when needed	<u>Replaced</u> <u>018032</u>		
Final Test	Opened at <u>5.2</u> psid	Closed Tight <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Pressure Drop Across Check Valve #1 <u>1.8</u> psid	Closed Tight <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION: I certify the foregoing information provided by me to be correct and that the tested device is functioning with the limits of the standards.

Name (Print): Taylor Reichow Signature: [Signature] Date: 4-15-21
 State of MN Certificate Number: 077819