



Please return report to:
 City of Redmond
 MS: MOC PW
 PO Box 97010
 Redmond, WA 98073-9710
 Attn: KATHY CALDWELL
 Email: kcaldwell@redmond.gov

Testing Procedure: 9th edition _____ 10th edition _____

ACCOUNT #: _____

NAME OF PREMISES: _____ Commercial Residential

SERVICE ADDRESS: _____ CITY: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: _____ FAX: _____

LOCATION OF ASSEMBLY: _____

DOWNSTREAM PROCESS: _____ DCVA RPBA PVBA OTHER: _____

NEW INSTALL EXISTING REPLACEMENT OLD SER# _____ PROPER INSTALL? Yes No

MAKE OF ASSEMBLY: _____ MODEL: _____ SERIAL NO: _____ SIZE: _____

| INITIAL TEST | DCVA/RPBA CHECK VALVE NO.1 | DCVA/RPBA CHECK VALVE NO.2 | RPBA | PVBA AIR INLET |
|--|---|---|---|--|
| PASSED <input type="checkbox"/> FAILED <input type="checkbox"/> | CLOSED TIGHT _____ LEAKED _____ PSID _____ | CLOSED TIGHT _____ LEAKED _____ 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 _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ | CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ | CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ | CHECK VALVE HELD AT _____ PSID LEAKED <input type="checkbox"/> CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/> |
| TEST AFTER REPAIRS PASSED <input type="checkbox"/> FAILED <input type="checkbox"/> | LEAKED <input type="checkbox"/> PSID _____ | LEAKED <input type="checkbox"/> PSID _____ | OPENED AT _____ PSID #1 CHECK _____ PSID | AIR INLET _____ PSID CHK VALVE _____ PSID |

AIR GAP INSPECTION: Required minimum air gap separation provided? Yes No Detector Meter Reading _____

REMARKS: _____ LINE PRESSURE _____ PSI

_____ CONFINED SPACE? _____

TESTER'S SIGNATURE _____ CERT. NO. _____ DATE _____

TESTER'S NAME PRINTED _____ TESTERS PHONE # () _____

REPAIRED BY _____ CERT. NO. _____ DATE _____

FINAL TEST BY _____ CERT. NO. _____ DATE _____

GAGE CALIBRATION ___ / ___ / ___ GAUGE# _____ MODEL _____ 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.



**STATE OF WASHINGTON
CERTIFIED BACKFLOW ASSEMBLY TESTERS**

| | | |
|--|--|--------------|
| AQUA CONTAINMENT | issy027@comcast.net | 425 392 1523 |
| AACRA TESTING & SERVICE | aacrabackflow@gmail.com | 360 668 1117 |
| R.A. BROWN BACKFLOW TESTING | rabrownbft@yahoo.com | 425 821 6801 |
| DENNIS MCLAUGHLIN BACKFLOW TESTING | mclaughlinbackflowtesting@msn.com | 206 364 9531 |
| REDWOOD BACKFLOW (REDMOND) | redwoodbackflow@hotmail.com | 425 495 1939 |
| AFFORDABLE WASHINGTON BACKFLOW | wabackflowtest@gmail.com | 425 892 4808 |
| ABAT | | 425 334 6423 |
| AQUASENSE | office@aguasense.bz | 425 881 8600 |
| CERTIFIED BACKFLOW TESTING - SAMMAMISH | backflow@comcast.net | 425 427 8889 |
| AFFORDABLE BACKFLOW TESTING, LLC | ingaflaherty@yahoo.com | 206 369 6178 |
| BACKFLOWS NORTHWEST | backflowsnw@yahoo.com | 425 277 2888 |
| A WOMEN'S TOUCH LLC/LINDA PFEIFFER | eatlamb@msn.com | 425 333 4934 |
| ALWAYS TESTING | dandcschnee@msn.com | 425 672 4345 |
| BATMAN TESTING | BATmanTesting@hotmail.com | 206 228 1618 |
| GS BACKFLOW | service@gsbackflow.com | 425 681 4048 |
| ADVANCE BACKFLOW TESTING | Advancebackflow@yahoo.com | 425 276 5255 |
| ROTO ROOTER | michael.foote@rrsc.com | 206 310 8670 |
| CERTIFIED BACKFLOW ASSEMBLY TESTERS | backflows@comcast.net | 253 565 2728 |
| ABC WATER SPECIALTIES/ B.A.T. MASTER | abcwaterspecialty@gmail.com | 425 355 9826 |
| AQUATECH SERVICES | vincenardone@msn.com | 425 481 2919 |
| PANTHER BACKFLOW TESTING | pantherbackflow@gmail.com | 425 231 6360 |
| ALPINE SPRINKLER | alpinesprinklers@gmail.com | 425 391 8701 |
| MCKINSTRY | dispatch1@mckinstry.com | 206 762 3311 |

Your backflow testing may be performed by anyone licensed as a Backflow Assembly Tester (BAT) within the State of Washington. This list includes some of the local testers that have registered with the City of Redmond and is provided for your convenience.