



Arizona Backflow Specialist, LLC

PO Box 11547
Chandler, AZ 85248
(602) 548-1101 Fax: (602) 863-6788
License # ROC 194783

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Water Purveyor Avondale		Assembly Address 11905 W. Cocopah Circle			
Permit No.	Manufacturer Wilkins	Size 8	Model No. 350	Serial No. J24768	
Facility/Owner Littleton Elementary School Dist.			Phone No. 623-478-5619	Water Meter No. fireline	
Address PO Box 280			City, State, Zip Cashion, AZ 85239		
Contact Stephen Cook			Phone No.		
Address		City, State, Zip	NEW <input type="checkbox"/>	EXISTING <input checked="" type="checkbox"/>	CONTAINMENT ISOLATION <input checked="" type="checkbox"/> REPLACEMENT OLD SER. <input type="checkbox"/>
On Site Location Estrella Vista-NWC of school at exit driveway					Domestic Irrigation <input checked="" type="checkbox"/> Fire <input type="checkbox"/>
Reduced Pressure Principle Assembly					BACK YES <input type="checkbox"/>
Double Check Valve Assembly					PRESSURE NO <input type="checkbox"/>
	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE		PRESSURE VACUUM BREAKER
INITIAL TEST	1. CLOSED TIGHT RP/DC 0.8 PSID <input type="checkbox"/>	1. CLOSED TIGHT DC 2.2 PSID <input checked="" type="checkbox"/>	OPENED _____ PSID		AIR INLET OPENED AT _____ PSID
	2. LEAKED <input checked="" type="checkbox"/>	2. LEAKED <input type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>		DID NOT OPEN <input type="checkbox"/>
REPAIRS	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>		1. CHECK VALVE HELD AT _____ PSID
	REPLACED: RUBBER KIT <input type="checkbox"/>	REPLACED: RUBBER KIT <input type="checkbox"/>	CLEANED SENSING LINE(S) <input type="checkbox"/>		2. LEAKED <input type="checkbox"/>
	OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>	REPLACED: RUBBER KIT <input type="checkbox"/>		CLEANED <input type="checkbox"/>
			OTHER <input type="checkbox"/>		REPLACED: RUBBER KIT <input type="checkbox"/>
					OTHER <input type="checkbox"/>
FINAL TEST	RP/DC _____ PSID CLOSED TIGHT <input type="checkbox"/>	RP/DC _____ PSID CLOSED TIGHT <input type="checkbox"/>	OPENED _____ PSID REDUCED PRESSURE		AIR INLET _____ PSID CHECK VALVE _____ PSID

The above report is certified to be true.

INITIAL TEST BY:

Dan White

CERTIFIED TESTER N

00744

DATE PASS FAIL

4/21/2021

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REPAIRED BY:

DATE

TEST KIT

SERIAL # 02AB19060009

FINAL TEST BY:

CERTIFIED TESTER N

DATE

PASS FAIL

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COMMENTS: