



2921 PERRY AVENUE • BREMERTON, WA 98310

360.373.9508 • FAX 360.377.6223

September 14, 2017

Port of Illahee/Dock  
P.O. Box 2357  
Bremerton, WA 98311

Account #: C12-04-01  
Serial #: 2-6527  
Test Due: 09/30/18  
Last Test: 09/13/17  
Device: FEBCO 805Y 0.750" DCVA

Reference:

Illahae Rd/Oceanview Blvd  
Port of Illahee  
IRRIGATION/NON CHEMICAL  
In valve box by meter

Dear Customer:

Enclosed is the completed test form(s) for the test performed on your backflow prevention device(s). Your device(s) has passed it's performance test.

In accordance with our Cross Connection program, your device(s) does not need to be tested until your next test due date. At that time you will receive a letter from us with the proper form(s) for the test.

If you have any questions please contact me at 373-9508 from 8:00 AM to 4:30 PM M-F.

Sincerely,

A handwritten signature in black ink, appearing to read "James Freeman".

James Freeman  
Cross Connection Control Program

**BACKFLOW PREVENTION ASSEMBLY TEST REPORT**

WATER PURVEYOR North Perry ACCOUNT # \_\_\_\_\_  
 ASSEMBLY ID/FILE #/UTILITY DEVICE # \_\_\_\_\_ Meter # \_\_\_\_\_  
 NAME OF PREMISE Port of Illahee Commercial  Residential   
 SERVICE ADDRESS Port of Illahee Dock Bremerton ZIP 98311  
 CONTACT PERSON Theresa PHONE (360) 373-2649  
 LOCATION OF ASSEMBLY by meter  
 DOWNSTREAM PROCESS Irrigation DCVA  RPBA  PVBA  OTHER \_\_\_\_\_  
 NEW INSTALL  EXISTING  REPLACEMENT  REMOVED  OLD SER.# \_\_\_\_\_  
 APPROVED ASSEMBLY? YES  NO  PROPER INSTALLATION? YES  NO   
 MAKE OF ASSEMBLY Febco MODEL 805Y SERIAL NO. 2-6527 SIZE .75"

INITIAL TEST	DCVA / RPBA CHECK VALVE NO.1			DCVA / RPBA CHECK VALVE NO.2			RPBA			PVBA / SVBA AIR INLET		
	PASSED <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	LEAKED <input type="checkbox"/>	PSID <u>2.0</u>	CLOSED TIGHT <input checked="" type="checkbox"/>	LEAKED <input type="checkbox"/>	PSID <u>2.6</u>	OPENED AT _____ PSID	#1 CHECK _____ PSID	AIR GAP OK? _____	OPENED AT _____ PSID	DID NOT OPEN <input type="checkbox"/>
FAILED <input type="checkbox"/>	CLEAN <input type="checkbox"/>	REPLACE <input type="checkbox"/>	PART _____	CLEAN <input type="checkbox"/>	REPLACE <input type="checkbox"/>	PART _____	CLEAN <input type="checkbox"/>	REPLACE <input type="checkbox"/>	PART _____	CHECK VALVE	HELD AT _____ PSID	
NEW PARTS AND REPAIRS	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	LEAKED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	
TEST AFTER REPAIRS	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	RV EXERCISED <input type="checkbox"/>	OPENED AT _____ PSID	#1 CHECK _____ PSID	AIR INLET _____ PSID	CHK VALVE _____ PSID	
PASSED <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>	LEAKED <input type="checkbox"/>	PSID _____	CLOSED TIGHT <input type="checkbox"/>	LEAKED <input type="checkbox"/>	PSID _____						
FAILED <input type="checkbox"/>												

AIR GAP INSPECTION: SUPPLY PIPE DIAMETER \_\_\_\_\_ SEPARATION \_\_\_\_\_ PASS  FAIL   
 DETECTOR METER READING \_\_\_\_\_  
 LEFT SERVICE AS FOUND Isolation valve: Open  Closed  SOV#1 Open  Closed  SOV#2: Open  Closed

REMARKS: \_\_\_\_\_

TESTERS SIGNATURE: *Jeff Mihulka* LINE PRESSURE 50 PSI CONFINED SPACE? No  
 CERT. NO. B5438 DATE 9/13/2017  
 TESTERS NAME PRINTED Jeff Mihulka TESTERS PHONE # (360)405-0399  
 REPAIRED BY: \_\_\_\_\_ LIC NO. \_\_\_\_\_ DATE \_\_\_\_\_  
 FINAL TEST BY: \_\_\_\_\_ CERT. NO. \_\_\_\_\_ DATE \_\_\_\_\_

CALIBRATION DATE 12-08-2016 GAUGE # 12160937 MODEL Midwest 845- SERVICE RESTORED YES  NO