



SERVICE PROVIDER Northshore Backflow Services Mississauga, ON (555) 010-0142	CUSTOMER Lakeview Dental Clinic Attn: Jane Smith 1250 Lakeshore Rd E, Mississauga, ON L5E 1E9
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DATE Oct 7, 2026	TIME ON SITE 08:40 – 10:15	TECHNICIAN Sam Doe
TYPE OF TEST Annual	MUNICIPALITY / WATER UTILITY City Water	FACILITY / DEVICE ID BF-20418
HAZARD LEVEL Severe	PROTECTION TYPE Premises isolation	MAKE & MODEL Watts 909
DEVICE TYPE RP	SERIAL NUMBER 7731-A	SIZE 2"
INSTALL DATE May 14, 2019	DEVICE LOCATION Mechanical room, north wall	ORIENTATION Horizontal

STATIC INLET LINE PRESSURE

72 psi

SHUT-OFF VALVE #1

Closed tight

SHUT-OFF VALVE #2

Closed tight

INITIAL TEST

CHECK VALVE #1 PRESSURE DROP (A) 6.8 psid	RELIEF VALVE OPENED AT (B) 3.1 psid	BUFFER C = A – B 3.7 psid
CHECK VALVE #1 Closed tight	CHECK VALVE #2 Closed tight	RELIEF DRAIN AIR GAP MEETS CODE Yes
INITIAL TEST RESULT Passed		

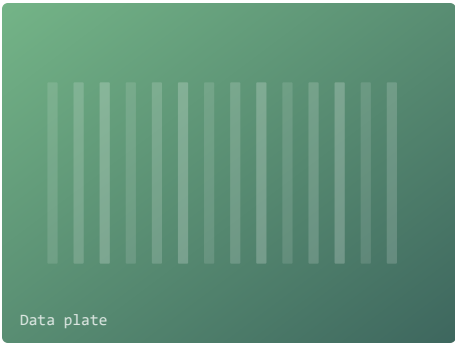
TESTER AND TEST KIT

CERTIFIED BY OWWA	TESTER CERTIFICATE # OWWA 012345	CERTIFICATE EXPIRES Aug 3, 2027
TEST KIT Watts TK-DP	TEST KIT SERIAL 22-5517	LAST CALIBRATION Jun 9, 2026
CALIBRATED BY Calibration lab	RESULTS FILED WITH THE UTILITY ON Oct 7, 2026	

PHOTOS



Device and test kit



Data plate

Device and test kit

08:52

Data plate

09:21

CERTIFICATION

I certify that I tested the device above in accordance with CSA B64.10.1 and that it meets the performance requirements of CSA B64.10 and the applicable provincial building or plumbing code.

TECHNICIAN

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Sam Doe · 10:22 AM  
OWWA 012345



OWNER OR REPRESENTATIVE

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Jane Smith · 10:24 AM