

Water District 20

12606 1st Ave South
Burien WA 98168

e-mail completed reports to Backflow@kcwd20.com
Phone 206-243-3990 Fax 206-244-7514

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

ACCOUNT # _____

NAME OF PREMISE _____ Commercial Residential

SERVICE ADDRESS _____ CITY _____ ZIP _____

CONTACT PERSON _____ PHONE () _____ FAX () _____

LOCATION OF ASSEMBLY _____

DOWNSTREAM PROCESS _____ DCVA RPBA PVBA OTHER _____

NEW INSTALLATION EXISTING REPLACEMENT OLD ASSEMBLY SERIAL # _____

MAKE OF ASSEMBLY _____ MODEL _____ SERIAL # _____ SIZE _____

INITIAL TEST:	DCVA/RPBA CHECK VALVE #1	DCVA/RPBA CHECK VALVE #2	RPBA	PVBA/SVBA AIR INLET
	LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT ____ PSID	OPENED AT ____ PSID
	CLOSED TIGHT <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>	#1 CHECK ____ PSID	DID NOT OPEN <input type="checkbox"/>
PASSED <input type="checkbox"/>				
FAILED <input type="checkbox"/>	_____ PSID	_____ PSID	AIR GAP OK? _____	

	CLEAN	REPLACE	PART	CLEAN	REPLACE	PART	CLEAN	REPLACE	PART	CHECK VALVE
NEW PARTS AND REPAIRS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HELD AT ____ PSID
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LEAKED <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CLEANED <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	REPAIRED <input type="checkbox"/>

TEST AFTER REPAIRS:	CLOSED TIGHT <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>	OPENED AT ____ PSID	AIR INLET _____ PSID
PASSED <input type="checkbox"/>				
FAILED <input type="checkbox"/>	_____ PSID	_____ PSID	#1 CHECK ____ PSID	CHECK VALVE _____ PSID

AIR GAP INSPECTION: Required minimum air gap separation provided? YES NO Detector Meter Reading _____

REMARKS: _____

_____ LINE PRESSURE _____ PSI

TESTED BY _____ CERT # _____ DATE ____/____/____

TESTER'S SIGNATURE _____ PHONE # _____ - _____ - _____

COMPANY NAME _____ PHONE # _____ - _____ - _____

REPAIRED BY _____ DATE ____/____/____

FINAL TEST BY _____ CERT # _____ DATE ____/____/____

CALIBRATION DATE ____/____/____ WATER SERVICE RESTORED? YES NO