HIGHLINE WATER DISTRICT
BACKFLOW PREVENTION ASSEMBLY TEST REPORT

NOTE: Please provide this form to the tester. Incomplete or illegible forms will not be accepted.
Return this report no later than:

Name: 
Account #: 
Address: 
Device #: 
Location of Assembly: 
Type of Device: (RPBA, DCVA, PVBA, SPVBA, AVB, AG)
Make: 
Model: 
Size: 
Serial #: 

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Reduced Pressure Backflow Assembly

Pressure Drop across 1st check __________(5 psid minimum)
#1 check – Closed tight __________ #1 check – Leaked ________
#2 check – Closed tight __________ #2 check – Leaked ________
Relief Valve – Opened at __________ psid (2 psid minimum)

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Double Check Valve Assembly

#1 check – Closed tight _______ psid #1 check – Leaked ________ psid
#2 check – Closed tight _______ psid #2 check – Leaked ________ psid

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Pressure Vacuum Breaker

Air Inlet – Opened at __________ psid Check Valve ________ psid
 – Did Not Open __________ Leaked __________

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Repairs Made __________ (date) Repaired by _______________________________________________________________________

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Test After Repairs Made

RPBA Pressure drop across #1 check ________ psid Relief Valve ________ psid
#1 check – Closed Tight ________ #2 check – Closed Tight ________

DCVA #1 check – Closed tight ______ psid #2 check – Closed Tight ________ psid

PVB Air Inlet – Opened at ________ psid Check Valve ________ psi

Give details of any repairs:

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The information on this test report is certified to be true.

Signature of person performing test ________________________________
Phone # __________________ Date ___________ Bat# ___________

If repaired, test by ________________________________ Bat # ___________
Water service – Found on ______ off _________ Left on ______ off ________
Proper air gap provided Yes ______ No ______ Line pressure ______ psi
Backflow test passed Yes ______ No ______
Test procedure (circle method used) WADOH ALTERNATE ______________
Date of annual test gauge calibration/accuracy proof ___________ Gauge serial # ___________

Highline Water District 23828-30th Ave. S. Kent, WA 98032 206-592-8946, Fax 206-824-0806

Completed Test Reports can be sent electronically to backflow@highlinewater.org

BACKFLOW_PREVENTION_ASSEMBLY_TEST_RPT-109
REF #: 109 REVISED: 8/13/14