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 _____

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