



# BACKFLOW PREVENTION ASSEMBLY TEST REPORT

**Remit Backflow Test Report to: Jeff Kobylk**  
 City of Edmonds 7110 210<sup>th</sup> St SW Edmonds, WA 98026  
 Phone # 425-275-4514, Fax 425-744-6057  
 Jeff.Kobylk@edmondswa.gov

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 NUMBER \_\_\_\_\_

MAKE OF ASSEMBLY \_\_\_\_\_ MODEL \_\_\_\_\_ SERIAL NO. \_\_\_\_\_ SIZE \_\_\_\_\_

INITIAL TEST	<u>DCVA</u> CHECK VALVE NO.1	<u>DCVA</u> CHECK VALVE NO.2	<u>RPBA</u>	<u>PVBA/SVBA</u> AIR INLET																																													
PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID AIR GAP OK? _____ CLOSED TIGHT? YES / NO	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>																																													
NEW PARTS AND REPAIRS	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">CLEAN</td> <td style="text-align: center; border: none;">REPLACE</td> <td style="text-align: center; border: none;">PART</td> </tr> <tr> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;">_____</td> </tr> <tr> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;">_____</td> </tr> <tr> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;">_____</td> </tr> <tr> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;">_____</td> </tr> </table>	CLEAN	REPLACE	PART	<input type="checkbox"/>	<input type="checkbox"/>	_____	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">CLEAN</td> <td style="text-align: center; border: none;">REPLACE</td> <td style="text-align: center; border: none;">PART</td> </tr> <tr> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;">_____</td> </tr> <tr> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;">_____</td> </tr> <tr> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;">_____</td> </tr> <tr> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;">_____</td> </tr> </table>	CLEAN	REPLACE	PART	<input type="checkbox"/>	<input type="checkbox"/>	_____	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">CLEAN</td> <td style="text-align: center; border: none;">REPLACE</td> <td style="text-align: center; border: none;">PART</td> </tr> <tr> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;">_____</td> </tr> <tr> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;">_____</td> </tr> <tr> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;">_____</td> </tr> <tr> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;">_____</td> </tr> </table>	CLEAN	REPLACE	PART	<input type="checkbox"/>	<input type="checkbox"/>	_____	CHECK VALVE HELD AT _____ PSID LEAKED <input type="checkbox"/> _____ CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/>																											
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Proper Air-Gap Separation Provided? Yes  No  Detector Meter Reading \_\_\_\_\_

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

LINE PRESSURE \_\_\_\_\_ PSI

TESTERS SIGNATURE: \_\_\_\_\_ CERT. NO. \_\_\_\_\_ DATE \_\_\_\_\_

Testers Printed Name: \_\_\_\_\_ Testers Phone # \_\_\_\_\_

Repaired by (Print Name): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Test performed by (after repairs): \_\_\_\_\_ Certification # \_\_\_\_\_ Date: \_\_\_\_\_

Test Kit Calibration Date \_\_ / \_\_ / \_\_ Gauge # \_\_\_\_\_ Model \_\_\_\_\_ SERVICE RESTORED YES  NO

*I certify that this report is accurate, and I have used WAC 246-290-490 approved test methods and test equipment.*