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Web Form Instructions

When completing a PDF form that requires a signature or attachments, please follow these instructions:

- Complete the form on your computer
- Print your document single-sided on plain white, letter sized paper (8 ½ x 11)
- Sign and date if requested
- Email the signed document to info@skywayws.org or fax to 206-772-5860

You may also mail the document and any required attachments to the following address.

Skyway Water & Sewer District
6723 S 124th St
Seattle, WA 98178

If you have any questions about these instructions, please contact us for further assistance.

Email: info@skywayws.org

Phone: 206-772-7343 (7:30am-4pm M-F)

Fax: 206-772-5860



Backflow Prevention Assembly Test Report

Account # _____ Return No Later Than _____

Name of Premise _____ Commercial Residential

Service Address _____ City _____ Zip _____

Contact Person _____ Phone _____ Fax _____

Location Of Assembly _____

Downstream Process _____ DCVA RPBA PVBA OTHER _____

New Install Existing Replacement Old Ser # _____ Proper Installation? Yes No

Make Of Assembly _____ Model _____ Serial No _____ Size _____

	DCVA / RPBA Check Valve No 1	DCVA / RPBA Check Valve No 2	RPBA	PVBA / SVBA
Initial Test				<u>Air Inlet</u>
Passed <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Opened at _____ PSID	Opened at _____ PSID
Failed <input type="checkbox"/>	_____ PSID	_____ PSID	#1 Check _____ PSID	Did Not Open <input type="checkbox"/>
			Air Gap OK? _____	
New Parts and Repairs	Clean <input type="checkbox"/> Replace <input type="checkbox"/> Part _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	Clean <input type="checkbox"/> Replace <input type="checkbox"/> Part _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	Clean <input type="checkbox"/> Replace <input type="checkbox"/> Part _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	<u>Check Valve</u>
				Held at _____ PSID
				Leaked <input type="checkbox"/>
				Cleaned <input type="checkbox"/>
				Repaired <input type="checkbox"/>
Test After Repairs				
Passed <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Opened at _____ PSID	Air inlet _____ PSID
Failed <input type="checkbox"/>	_____ PSID	_____ PSID	#1 Check _____ PSID	Chk Valve _____ PSID

Air Gap Inspection: Required minimum air gap separation provided? Yes No Detector Meter Reading _____

Remarks _____ Line Pressure _____ PSI
 _____ Confined Space? _____

Testers Signature _____ Cert. No. _____ Date _____

Testers Name Printed _____ Testers Phone # _____

Repaired By _____ Date _____

Final Test By _____ Cert. No. _____ Date _____

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.