

6723 S 124th St  
Seattle, WA 98178  
www.skywayws.org



## 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](mailto: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](mailto:info@skywayws.org)

**Phone:** 206-772-7343

**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																																													
<b>Initial Test</b>				<u>Air Inlet</u>																																													
Passed <input type="checkbox"/> Failed <input type="checkbox"/>	Leaked <input type="checkbox"/> _____ PSID	Leaked <input type="checkbox"/> _____ PSID	Opened at _____ PSID #1 Check _____ PSID Air Gap OK? _____	Opened at _____ PSID Did Not Open <input type="checkbox"/>																																													
<b>New Parts and Repairs</b>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Clean</td> <td style="text-align: center;">Replace</td> <td style="text-align: center;">Part</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> </table>	Clean	Replace	Part	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Clean</td> <td style="text-align: center;">Replace</td> <td style="text-align: center;">Part</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> </table>	Clean	Replace	Part	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Clean</td> <td style="text-align: center;">Replace</td> <td style="text-align: center;">Part</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> </table>	Clean	Replace	Part	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<u>Check Valve</u>
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<b>Test After Repairs</b>				<u>Air Inlet</u>																																													
Passed <input type="checkbox"/> Failed <input type="checkbox"/>	Leaked <input type="checkbox"/> _____ PSID	Leaked <input type="checkbox"/> _____ PSID	Opened at _____ PSID #1 Check _____ PSID	Air inlet _____ 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.*