Public Works
Location: 5821 S. 240th St. • Mail to: 220 4th Avenue South • Kent, WA 98032-5895
(253) 856-5600 FAX: (253) 856-6600
www.ci.kent.wa.us/permitcenter

TEST DATE

Backflow Prevention Assembly Test and Maintenance Report

Please print in black ink only.

FILE NO. _____

THIS FORM TO ACCOMPANY PERMIT NO. _____

Commercial ❑

METRO FORM DATE _____

Residential ❑

NAME OF PREMISE _____

SERVICE ADDRESS _____ ZIP _____ PHONE NO. _____

CONTRACTOR _____

REDUCED PRESSURE BACKFLOW ASSEMBLY ❑
DOUBLE CHECK VALVE ASSEMBLY ❑
PRESSURE VACUUM BREAKER ❑

DOWN STREAM PROCESS _____

MAKE OF ASSEMBLY _____ MODEL _____ SERIAL NO. _____ SIZE _____

DATE INSTALLED _____ METER SER. NO. _____ METER READING _____

LOCATION OF DEVICE _____

LINE PRESSURE _____PSI PRESSURE DROP ACROSS FIRST CHECK VALVE _____ PSI

	CHECK VALUE NO. 1	**CHECK VALUE NO. 2**	**DIFFERENTIAL PRESSURE RELIEF VALVE***
TEST BEFORE REPAIRS	**PSI**_____ LEAKED ❑ CLOSED TIGHT ❑	**PSI**_____ LEAKED ❑ CLOSED TIGHT ❑	OPENED AT _____ PSI REDUCE PRESSURE
NEW PARTS AND REPAIRS	PART CLEAN REPLACE ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑	PART CLEAN REPLACE ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑	PART CLEAN REPLACE ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑
REMARKS			

TEST EQUIPMENT: MAKE _____ **MODEL** _____ **SERIAL #** _____

ASSY TESTED: SATISFACTORILY _____ **FAILED** _____ **ACCURACY/VERIFICATION DATE** _____

***REQUIRED ONLY ON REDUCED PRESSURE BACKFLOW DEVICE**

Tested by _____ Date _____ Tester's Washington State Certification No. _____
Signature

Print Name _____ Repaired by _____ Date _____
Print Name

Phone # _____ Final test by _____ Date _____

DISTRIBUTION: WHITE - PUBLIC WORKS OPERATIONS YELLOW - ENGINEERING PINK - APPLICANT GOLDENROD - CERTIFIED TESTER

PWD2004