



Back Flow Device Test Report

Return to: Public Works Dept.
120 E Main
Gardner, Kansas 66030
Ph: 913-856-0914 Fx: 913-856-0995

PLEASE TYPE OR PRINT CLEARLY

Name of Premises (Owner, Company, etc.)

Service Address	City	State	Zip
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Location of Device:	Date Installed:
	Date Repaired:
	Meter Reading:

Device

Device Type:	Size: _____ or Other: _____
_____ Double Check Valve Assembly	_____ 3/4"
_____ Pressure Vacuum Breaker	_____ 1"
_____ Reduced Pressure Device	_____ 1 1/2 "
	_____ 2"

Model No.	Manufacturer	Serial No.
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Prevents Backflow from:	Explain other:
_____ Lawn Irrigation	
_____ Fire Protection	
_____ Domestic Usage	
_____ Boiler	
_____ Other (need explanation)	

Testing

_____ PSI Line Pressure at time of test _____ PSID Apparent pressure drop across first check valve _____ PSID Relief valve opened at _____ PSID Difference	Comments:
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	Check Valves		Air Inlet	Differential	Shut off Valves	
	1	2	(Pressure Vacuum Breaker)	Pressure Relief Valve	1	2
<u>Initial Test</u>	Pressure Loss	_____	Opened at	Opened at	Pressure Loss	_____
	Leaked	_____	PSID	PSID	Leaked	_____
	Closed Tight	_____	Did not Open	Did not Open	Closed Tight	_____

Back Flow Device: _____ Passed _____ Failed	Repairs:
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Test Performed by:(Print Name)	Contact Phone#:
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Company:	BFDT Certification Number:
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Date of Testing:	Expiration Date:
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Signature: