



Backflow Device Test Report

Return to: City of Sedgwick
 520 N Commercial Ave PO
 Box 131
 Sedgwick, KS 67135

PLEASE TYPE OR PRINT CLEARLY

Name of Premises (Owner, Company, etc.)	Owner Phone #
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Service Address	City	State	Zip
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Location of Device:	Date Installed:
	Date Repaired: _____ Date Replaced: _____

Device

Device Type: <input type="checkbox"/> Double Check Valve Assembly <i>(NO NEW OR REPLACED DCV)</i> <input type="checkbox"/> Pressure Vacuum Breaker <input type="checkbox"/> Reduced Pressure Device <input type="checkbox"/> Other Explain Other _____	Size: <input type="checkbox"/> 3/4" <input type="checkbox"/> 4" <input type="checkbox"/> 1" <input type="checkbox"/> Other <input type="checkbox"/> 1 1/2 " <input type="checkbox"/> 2"
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Model No.	Manufacturer	Serial No.
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Prevents Backflow from: <input type="checkbox"/> Lawn Irrigation <input type="checkbox"/> Fire Protection <input type="checkbox"/> Domestic Usage <input type="checkbox"/> Boiler <input type="checkbox"/> Other, Explain _____	Comments:
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Testing

<input type="checkbox"/> PSI Line Pressure at time of test <input type="checkbox"/> PSID Apparent pressure drop across first check valve	<input type="checkbox"/> PSID Relief valve opened at <input type="checkbox"/> PSID Difference
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<u>Initial Test</u>	Replaced Device Information Here	Air Inlet (Pressure Vacuum Breaker)	Differential Pressure Relief Valve	<input type="checkbox"/> Shut off Valves <input type="checkbox"/> Check Valves		
	Manufacturer: _____	Opened at _____ PSID	Opened at _____ PSID	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		1
	1	2				
	Serial Number: _____	_____ PSID	_____ PSID	Pressure Loss _____		
	Size: _____	_____ Did not Open	_____ Did not Open	Leaked _____		
				Closed Tight _____		

Backflow Device: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	(ALL repairs MUST be documented) Repairs:
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Test Performed by: (PRINT)	BFDT Certification Number:
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Company:	Company Phone #:
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Date of Testing:	Expiration Date:
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Signature:
