

Mail Original To:
 City of Mulvane
 211 North Second
 Mulvane, Kansas 67110
 Attn: Cross Connection Control

BACKFLOW DEVICE TEST REPORT

Size _____ Manufacturer _____ Serial # _____
 Model # _____ Type _____ Owner _____
 Service Address _____ Zip _____
 Location _____

Reduced Pressure Principle Assembly				
Double Check Valve Assembly				
	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
INITIAL TEST	1. CLOSED TIGHT <input type="checkbox"/> RP _____ PSID	1. CLOSED TIGHT <input type="checkbox"/>	OPENED AT _____ PSID	AIR INLET OPENED AT _____ PSID
	2. LEAKED <input type="checkbox"/>	2. LEAKED <input type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
REPAIRS	CLEANED <input type="checkbox"/> REPLACED: DISC <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> PIN RETAINER <input type="checkbox"/> HINGE PIN <input type="checkbox"/> SEAT <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> OTHER, DESCRIBE <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED: DISC <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> PIN RETAINER <input type="checkbox"/> HINGE PIN <input type="checkbox"/> SEAT <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> OTHER, DESCRIBE <input type="checkbox"/>	CLEANED <input type="checkbox"/> CLEANED SENSING LINE(S) <input type="checkbox"/> REPLACED: DISC: UPPER <input type="checkbox"/> LOWER <input type="checkbox"/> SPRING <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> LARGE: UPPER <input type="checkbox"/> LOWER <input type="checkbox"/> SMALL <input type="checkbox"/> SEAT: UPPER <input type="checkbox"/> LOWER <input type="checkbox"/> SPACER: LOWER <input type="checkbox"/> OTHER, DESCRIBE <input type="checkbox"/>	CHECK VALVE HELD AT _____ PSID LEAKED <input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED: AIR INLET <input type="checkbox"/> DISC <input type="checkbox"/> CHECK DISC <input type="checkbox"/> AIR INLET <input type="checkbox"/> SPRING <input type="checkbox"/> CHECK SPRING <input type="checkbox"/> OTHER, DESCRIBE <input type="checkbox"/>
FINAL TEST	RP _____ PSID CLOSED TIGHT <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>	OPENED AT _____ PSID REDUCED PRESSURE	AIR INLET _____ PSID CHECK VALVE _____ PSID

Comments: _____

The above report is certified to be true

INITIAL TEST BY _____ CERTIFIED TESTER NO.

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 (SIGNATURE)

MO	DAY	YEAR

REPAIRED BY _____ DATE _____
 (SIGNATURE)

FINAL TEST BY _____ CERTIFIED TESTER NO.

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 (SIGNATURE)

MO	DAY	YEAR