

Backflow Prevention Assembly Test Report

City of Buhler
 PO BOX 187
 Buhler, KS 67522
 620/543-2253 FAX: 620/543-6417

**ATTENTION: ONLY REDUCED PRESSURE ZONE ASSEMBLIES AND
 POSITIVE VACCUUM BREAKER ASSEMBLIES ARE ALLOWED**

CONSUMER: TO AVOID INTERRUPTION IN YOUR WATER SERVICE, RETURN THIS REPORT
 TO THE ABOVE ADDRESS NO LATER THAN: **JUNE 1, 2018**

Service Street Address: _____ City: _____ State: _____ Zip: _____

Device Location: _____

Serial # _____

Manufacturer: _____ Type: _____

Model _____ Size: _____

Check appropriate situation:

Existing <input type="checkbox"/>	Removed <input type="checkbox"/>	Commercial <input type="checkbox"/>	Municipal <input type="checkbox"/>	Domestic <input type="checkbox"/>	Fire <input type="checkbox"/>
New <input type="checkbox"/>	Replaced <input type="checkbox"/>	Residential <input type="checkbox"/>	Industrial <input type="checkbox"/>	Irrigation <input type="checkbox"/>	Bypass <input type="checkbox"/>

	Reduced Pressure Principle Assembly			PVP/SVB
	Double Check Valve Assembly			AIR INLET
	Check Valve #1	Check Valve #2	Relief Valve	Did not open <input type="checkbox"/>
Initial Test	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did not Open <input type="checkbox"/>	Opened at _____ PSID
Date: _____	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>		CHECK VALVE
Time: _____	Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID	Leaked <input type="checkbox"/>
Pass <input type="checkbox"/>				Held at _____ PSID
Fail <input type="checkbox"/>				

Repairs

Date: _____

Time: _____

Cleaned Cleaned Check Valve

Rubber Kit

Rebuild _____

Replaced

Other _____

Final Test	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>		AIR INLET
	Date: _____			Opened at _____ PSID
Time: _____	Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID	CHECK VALVE
Pass <input type="checkbox"/>				Held at _____ PSID
Fail <input type="checkbox"/>				

Comments: _____

	Yes	No
Proper Install	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>
Line Pressure _____		
Meter Reading _____		

Yes No I certify all information on this report is true and accurate,
 acknowledging that incomplete reports will not be accepted

Tester: _____	Company: _____	Test Kit Mfg _____
Certification # _____	Phone #: _____	Test Kit Model _____
Expire: _____	Test Kit Serial # _____	
Signature: _____	Calibration Date: _____	

*****PLEASE COMPLETE ALL SECTIONS OF THIS TEST FORM BEFORE RETURNING TO THE BUHLER CITY OFFICE.**