



Back Flow Device Test Report

Return to: City of Gardner
 Utilities Department
 1150 E. Santa Fe Street
 Gardner, KS 66030

PLEASE TYPE OR PRINT CLEARLY

Name of Premises (Owner, Company, etc.) Owner Phone #

Service Address City State Zip

Location of Device: Date Installed:
Date Repaired: _____ Date Replaced: _____

Device

| | |
|---|--|
| Device Type: <input type="checkbox"/> Double Check Valve Assembly (NO NEW OR REPLACED DCV FOR IRRIGATION SYSTEMS) <input type="checkbox"/> Pressure Vacuum Breaker <input type="checkbox"/> Reduced Pressure Device <input type="checkbox"/> Other Explain Other _____ | Size: _____ 3/4" _____ 4" _____ 1" _____ Other _____ 1 1/2 " _____ 2" |
|---|--|

| | | |
|-----------|--------------|------------|
| Model No. | Manufacturer | Serial No. |
|-----------|--------------|------------|

| | |
|---|--------------------------|
| 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: |
|---|--------------------------|

Testing

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|---|--|
| _____ PSI Line Pressure at time of test _____ PSID Apparent pressure drop across first check valve | _____ PSID Relief valve opened at _____ PSID Difference |
|---|--|

| | Replaced Device Information Here | Air Inlet (Pressure Vacuum Breaker) | Differential Pressure Relief Valve | <input type="checkbox"/> Shut off Valves <input type="checkbox"/> Check Valves 1 2 |
|---------------------|-------------------------------------|--|---------------------------------------|--|
| Initial Test | Manufacturer: _____ | Opened at | Opened at | Pressure Loss _____ |
| | Serial Number: _____ | _____ PSID | _____ PSID | Leaked _____ |
| | Size: _____ | _____ Did not Open | _____ Did not Open | Closed Tight _____ |

| | |
|---|--|
| Back Flow Device: <input type="checkbox"/> Passed <input type="checkbox"/> Failed | (ALL repairs MUST be documented) Repairs: |
|---|--|

| | |
|-----------------------------------|----------------------------|
| Test Performed by: (PRINT) | BFDI Certification Number: |
|-----------------------------------|----------------------------|

| | |
|----------|------------------|
| Company: | Company Phone #: |
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| | |
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| Date of Testing: | Expiration Date: |
|------------------|------------------|

Signature: _____