

Mail **Original** to:  
 City of Lindsborg  
 Public Works Department  
 PO Box 70  
 Lindsborg, KS 67456-0070  
 ATTN: Cross Connection Control

**BACKFLOW DEVICE TEST REPORT**

Size \_\_\_\_\_ Manufacturer \_\_\_\_\_ Serial # \_\_\_\_\_

Model # \_\_\_\_\_ Type \_\_\_\_\_ Owner \_\_\_\_\_

Location \_\_\_\_\_

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

Comments: \_\_\_\_\_

The above is certified to be true.

INITIAL TEST BY \_\_\_\_\_ CERTIFIED TESTER NO.       DATE 

MO	DAY	YR
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REPAIRED BY \_\_\_\_\_ DATE \_\_\_\_\_

FINAL TEST BY \_\_\_\_\_ CERTIFIED TESTER NO.       DATE 

MO	DAY	YR
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