



City of Benton
 P.O. Box 388
 Benton, Ks. 67017
 (316) 778-1625 Fax 778-1687

BACKFLOW DEVICE TEST REPORT

CONSUMER: RETURN THIS REPORT TO THE ABOVE ADDRESS NO LATER THAN:

Name of Premises (Company, Person, etc.)			
Service Address	City	State	Zip
Location of Device			
Device Type	Manufacturer	Size	Model No. Serial No.

NOTE: Final Slots to be Filled in Only if Device is in Disrepair and is Retested.

Line Pressure at Time of Test _____ PSI (at inlet test cock)		
Apparent Pressure Drop _____ PSID Across First Check Valve		DATE INSTALLED/REBUILT

	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve	Pressure Vacuum Breaker
INITIAL TEST	1. Leaked <input type="checkbox"/> 2. Closed Tight <input type="checkbox"/>	1. Leaked <input type="checkbox"/> 2. Closed Tight <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: Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seal <input type="checkbox"/> Other <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"/> Seal <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced: Disc <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Large: <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Small <input type="checkbox"/> Seal <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spacer <input type="checkbox"/> Other: <input type="checkbox"/>	Check Valve Closed Tight <input type="checkbox"/> Did Not Close <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced: Air Inlet Disc <input type="checkbox"/> Check Disc <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Check Spring <input type="checkbox"/> Other <input type="checkbox"/>
FINAL TEST	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ PSID	Air Inlet Opened at _____ PSID Check Valve Closed Tight <input type="checkbox"/>

Remarks

Initial Test Performed By	Company	BFD T Cert. No.	Date
Repaired By	Company		Date
Final Test Performed By	Company	BFD T Cert. No.	Date