

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, 2023

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"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Did not Open <input type="checkbox"/> Opened at _____ PSID	Opened at _____ PSID CHECK VALVE Leaked <input type="checkbox"/> Held at _____ PSID

Repairs	Cleaned <input type="checkbox"/> Cleaned Check Valve Date: _____ Rubber Kit <input type="checkbox"/> Time: _____ Rebuild <input type="checkbox"/> Replaced <input type="checkbox"/> Other <input type="checkbox"/> _____
----------------	--

Final Test	Closed tight <input type="checkbox"/> Held at _____ PSID	Closed tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	AIR INLET Opened at _____ PSID CHECK VALVE Held at _____ PSID
-------------------	---	---	----------------------	--

Comments: _____ _____ _____ Yes <input type="checkbox"/> No <input type="checkbox"/> I certify all information on this report is true and accurate, acknowledging that incomplete reports will not be accepted	<table style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Proper Install</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>RV Exercised</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Service Restored</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Line Pressure _____</td> <td></td> <td></td> </tr> <tr> <td>Meter Reading _____</td> <td></td> <td></td> </tr> <tr> <td>Test Kit Mfg _____</td> <td></td> <td></td> </tr> <tr> <td>Test Kit Model _____</td> <td></td> <td></td> </tr> </table>		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 _____			Test Kit Mfg _____			Test Kit Model _____		
	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 _____																									
Test Kit Mfg _____																									
Test Kit Model _____																									
Tester: _____ Certification # _____ Expire: _____ Signature: _____	Company: _____ Phone #: _____ Test Kit Serial # _____ Calibration Date: _____																								