



P.O. Box 708
Lawrence, Kansas 66044
(785) 832-7800

BACKFLOW DEVICE TEST REPORT

All backflow test results must be filed online through www.trackmybackflow.com by a resigered certified tester. More information at www.lawrenceks.org/utilities/backflow

Test Date: _____ Annual New Remove Replace Test After Repair

Name of Premises (Company, Person, etc.) _____

Service Address	City	State	Zip
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Location of Device _____

Device Type	Manufacturer	Serial No.	Model No.	Size
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NOTE: Final Slots to be Filled in Only if Device in Disrepair and is Retested

Line Pressure at Time of Test _____ PSI (at inlet test cock)	Date Installed	Detector Assemblies Meter # Reading
Apparent Pressure Drop _____ PSID Across First Check Valve	Date Rebuilt	
Relief Valve Opened at _____ PSID		
Difference _____ PSID		

	Check Valves	Air Inlet (Pressure Vacuum Breaker)		Differential Pressure Relief Valve	Shut Off Valves	
		#1	#2		#1	#2
INITIAL	Pressure Loss 1. Leaked 2. Closed Tight			Opened at _____ PSID Did Not Open	Opened at _____ PSID Did Not Open	1. Leaked _____ 2. Closed Tight
REPAIRS	Cleaned Replaced: Disc Spring Guide Pin Retainer Hinge Pin Seat Other		Cleaned Replaced: Disc Spring Seat Diaphragm Float Other	Cleaned Replaced: Disc Upper Lower Spring Diaphragm <u>Large:</u> Upper Lower <u>Small:</u> Seat Upper Lower Spacer Other:		Cleaned Replaced Other:
FINAL TEST	Closed Tight		Opened at: PSID	Opened at: PSID		Closed Tight

Prevents backflow from:	Lawn Irrigation Fire Protection Domestic Usage Boiler	Remarks:
Other (explain)		

Test performed by:	Company	BFD T Cert. No	Date of Testing
(Please Print)	(Signature)	Exp. date	
Repaired by (if different from above)	Company	BFD T Cert. No	Date of Testing
(Please Print)	(Signature)	Exp. date	