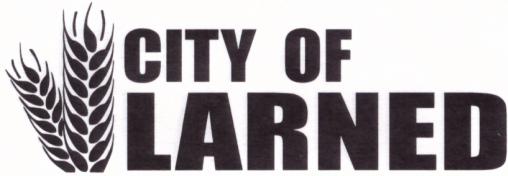


ANNUAL BACKFLOW PREVENTER TEST FORM



PLEASE TYPE OR PRINT CLEARLY

Return to: CITY OF LARNED
 Inspection Department
 417 Broadway
 Larned, KS 67550
 Phone: 620-285-8509
 Fax: 620-285-8544

Name of Premises (Owner, Company, etc.)					
Service Address		City		State	
Location of Device:		Date Installed:			
		Date Repaired:		Date Replaced:	
Device					
Device Type:			Size:		
<input type="checkbox"/> Double Check Valve Assembly <input type="checkbox"/> 3/4"			4"		
<input type="checkbox"/> Pressure Vacuum Breaker <input type="checkbox"/> 1"			Other		
<input type="checkbox"/> Reduced Pressure Device <input type="checkbox"/> 1 1/2"					
<input type="checkbox"/> Other Explain Other: _____ <input type="checkbox"/> 2"					
Model No.		Manufacturer		Serial No.	
Prevents Backflow from:			Comments:		
<input type="checkbox"/> Lawn Irrigation <input type="checkbox"/> Fire Protection					
<input type="checkbox"/> Domestic Usage <input type="checkbox"/> Boiler					
<input type="checkbox"/> Other					
Explain Other: _____					
Testing					
____ PSI Line Pressure at time of test			____ PSID Relief valve opened at		
____ PSID Apparent pressure drop across first check valve			____ PSID Difference		
Initial Test	Check Valves		Differential		
	1	2	Shut off Valves		
	Pressure Loss	____	Open at PSID	____	Pressure Loss
Leaked	____	Did not Open	____	Leaked	____
Closed Tight	____			Closed Tight	____
Back Flow Device:			Repairs:		
<input type="checkbox"/> Passed <input type="checkbox"/> Failed					
Test Performed By: (Print Name)			Contact Phone#:		
Company:			Tester Certification Number:		
Date of Testing:			Expiration Date:		
Signature:					