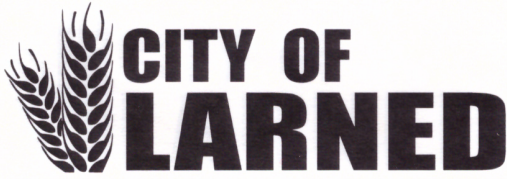


# ANNUAL BACKFLOW PREVENTER TEST FORM



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

PLEASE TYPE OR PRINT CLEARLY

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