



Mail Original to:

City of Haysville
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Backflow Device Test Report

Size _____ Manufacture _____ Serial # _____

Model # _____ Type _____ Owner _____

Service Address _____ Zip Code _____

Location _____

| Reduce Pressure Principle Assembly | | | | |
|------------------------------------|---|---|---|---|
| Supply Line _____ PSI | Double Check Valve Assembly | | | |
| | CHECK VALVE # 1 | CHECK VALVE # 2 | DIFFERENTIAL PRESSURE RELIEF VALVE | PRESSURE VACUUM BREAKER |
| INITIAL TEST | 1. LEAKED <input type="checkbox"/> RP _____ PS10 2. CLOSED TIGHT <input type="checkbox"/> | 1. LEAKED <input type="checkbox"/> 2. CLOSED TIGHT <input type="checkbox"/> | OPENED AT _____ PS10 REDUCED PRESSURE DID NOT OPEN <input type="checkbox"/> | AIR INLET OPENED AT _____ PS10 DID NOT OPEN <input type="checkbox"/> |
| R E P A I R S | 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"/> SEAT <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> OTHER DESCRIBE | 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"/> SEAT <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> OTHER DESCRIBE | CLEANED <input type="checkbox"/> REPLACED: DISC: UPPER <input type="checkbox"/> LOWER <input type="checkbox"/> SPRING <input type="checkbox"/> DIAPHRAGM: LARGE: UPPER <input type="checkbox"/> LOWER <input type="checkbox"/> SMALL <input type="checkbox"/> SEAT: UPPER <input type="checkbox"/> LOWER <input type="checkbox"/> SPACER: LOWER <input type="checkbox"/> OTHER DESCRIBE | CHECK VALVE <input type="checkbox"/> HELD AT _____ PS10 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 DESCRIBE |
| FINAL TEST | RP _____ PS10 CLOSED TIGHT <input type="checkbox"/> | CLOSED TIGHT <input type="checkbox"/> | OPENED AT _____ PS10 REDUCED PRESSURE | AIR INLET _____ PS10 CHECK VALVE _____ PS10 |

Comments: _____

The above report is certified to be true.

Company Name _____

INITIAL TEST BY _____ CERTIFIED TESTER NO. _____ DATE _____

REPAIRED BY _____ DATE _____

I/We acknowledge that the \$10.00 application fee is non-refundable.

SIGNATURE: _____ Owner Agent or Contractor

OFFICE USE ONLY

Date/Time Report Received: _____ Fee: _____ Receipt #: _____

The information provided on this report and attached hereto is found to be complete and satisfactory in accordance with the requirements of Chapter 5, Article 16 of the Haysville Municipal Code.

Public Works Designee: _____ Date: _____