

## Backflow Device Test Report Return to: City of Sedgwick 520 N Commercial Ave PO Box 131 Sedgwick, KS 67135

## PLEASE TYPE OR PRINT CLEARLY

	0					
Name of Premises (Owner, Company, etc.)				Owner Phone #		
Service Address		City		State	Zip	
Location of Dev	ice:			Date Installed:		1
				Date Repaired:	Date Replaced	
Device					_ Date Replaced	
Device Type:				Size:		
Double Check Valve Assembly (NO NEW OR REPLACED DCV)				3/4"	4"	
Pressure Vacuum Breaker				1"	Other	
Reduced Pressure Device				1 1/2 "		
Other Explain Other				2"		
Model No.		Manufacturer			Serial No.	
Prevents Backflow from:			Comments:			
Lawn IrrigationFire Protection						
Domestic UsageBoiler						
Donestic UsageDonest						
0			Testing			
PSI Line Pressure at time of test				PSID Relief valve opened at		
PSID Apparent pressure drop across first check valve						
Initial Test		*				Shut off Valves
	<b>Replaced Device</b>		Air Inlet	Differential		Check Valves .
	Informa	ntion Here	(Pressure Vacuum Breaker)	Pressure Relief Valve		1 2
	Manufacturer:		Opened at	Opened at	Pressure Loss	
	Serial Number:		PSID	PSID	Leaked	
	Size:		Did not Open	Did not Open	Closed Tight	
				(ALL repairs MUST be docum	ented)	
Backflow Device: Passed				Repairs:		
		Failed		Kepans.		
Test Performed by: (PRINT)				BFDT Certification Number:		
Company:				Company Phone #:		
Date of Testing:				Expiration Date:		
Signature:						

Phone: (316) 772-5151 Fax: (316) 772-5592

Email: utility@cityofsedgwick.org