



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

BACKFLOW DEVICE TEST REPORT

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) Apparent Pressure Drop _____ PSID Across First Check Valve Relief Valve Opened at _____ PSID Difference _____ PSID	Date Installed Date Rebuilt	Detector Assemblies Meter # Reading
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	Check Valves	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 Other (explain) _____	Remarks: _____
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Test performed by: _____ (Please Print) _____ (Signature)	Company _____	BFD T Cert. No _____ Exp. date _____	Date of Testing _____
Repaired by (if different from above) _____ (Please Print) _____ (Signature)	Company _____	BFD T Cert. No _____ Exp. date _____	Date of Testing _____