

# Bonner Springs Utilities Department

# Backflow Prevention Assembly Test Report

Service Address

Return to:

Bonner Springs Utilities  
 PO Box 38  
 Bonner Springs, KS 66012  
 Fax# 913-422-5947

Check if Correct      Corrections

Serial #:  \_\_\_\_\_

Manufacturer:  \_\_\_\_\_

Model:  \_\_\_\_\_

Type:  \_\_\_\_\_

Size:  \_\_\_\_\_

Location:  \_\_\_\_\_

Meter # \_\_\_\_\_ Reading \_\_\_\_\_

Domestic:

Fireline:

**Test Due No Later Than:**

**July 1<sup>st</sup>**

	<b>Reduced Pressure Principle Assembly</b>						
	<b>Double Check Valve Assembly</b>		<b>Relief Valve</b>	<b>PVB/SVB</b>			
	<b>Check Valve #1</b>	<b>Check Valve #2</b>					
<b>Initial Test</b>	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Did not Open <input type="checkbox"/> Opened at _____ PSID	<b>AIR INLET</b> Did not Open <input type="checkbox"/> Opened at _____ PSID			
<b>Repairs</b>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	<b>CHECK VALVE</b> Leaked <input type="checkbox"/> Held at _____ PSID Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> <b>AIR INLET</b> Opened at _____ PSID			
<b>Final Test</b>	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	<b>CHECK VALVE</b> Opened at _____ PSID			
<b>Comments</b> _____ _____			Held Backpressure    Yes <input type="checkbox"/> No <input type="checkbox"/>				
The above report is certified to be true			#2 Shutoff    Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>				
	Date	Tester	Signature	Tester #	Test Kit	Passed	Failed
<b>Initial Test</b>							
<b>Repairs</b>							
<b>Final Test</b>							