

Backflow Preventer Test Form

Lincoln Water System Backflow, 2021 N 27th St, Lincoln, NE 68503
Phone: 402.441.5912 Fax: 402.441.8003 e-mail: Backflow@lincoln.ne.gov

1. Test reports can be picked up at the Lincoln Water System office, 2021 North 27th Street, or on our website: lincoln.ne.gov/backflow
2. Fill out the test report completely, especially address, phone, email and company name. Complete the fields in the PDF form, or write legibly in ink if using a paper form.
3. Start at top with the **Customer and Device Information. FILL OUT ALL FIELDS.**
4. **Device Location of the assembly is very important. BE SPECIFIC.**
(Example: Boiler room NE Corner, Basement-Room 117)
5. Enter information for Type of Protection, Type of Assembly, Serial #, Size, Manufacturer and Model # of Assembly.
6. Indicate if the test is New, Annual, Repair, Replacement (Provide old serial #), Retired (means it has been REMOVED PERMANATELY) or is Out of Service (temporarily no water, building under repairs etc.) If a test Fails, check what failed and any applicable repairs to be done in the REPAIRS Section of the form.
7. Enter the readings on the test report. The readings need to fall within the test procedure's guidelines. **(LWS manually reads the reports before we enter them into our system. LWS personnel will not adjust your readings, you will be asked to review your records or retest the assembly if you transferred the wrong readings).**
8. **Please complete all fields in the Tester Information section.**
9. **Report must be returned within 30 days of test.** Please email PDF to backflow@lincoln.ne.gov, fax to 402-441-8003, or send via postal mail to Lincoln Water System Backflow, 2021 N 27th St, Lincoln, NE 68503.
10. Report copies:
 - For downloaded PDF forms, please save a copy for your records and share with the business.
 - For paper forms provided by LWS, white copy: send to Lincoln Water System, yellow copy: keep for your records, pink copy: provide to business.
11. Do not hesitate to call. We will supply you with the number of assemblies in a building, their location, serial number, etc. **if you are unable to obtain this information from the customer.**

SEE EXAMPLE of Completed Backflow Test Form on the next page. If Test Forms are not completed correctly, they may be returned.

***If you suspect a cross-connection, call us immediately, and we will investigate**

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RETURN TO: LINCOLN WATER SYSTEM BACKFLOW - 2021 N 27TH ST, LINCOLN, NE 68503
402-441-5912 BACKFLOW@LINCOLN.NE.GOV FAX: 402-441-8003

FILL OUT COMPLETELY AND SUBMIT WITHIN 30 DAYS OF TESTING

CUSTOMER AND DEVICE INFORMATION				
Customer Name: Lincoln Water System		Contact Person/Company: Backflow		
Customer Address: 2021 N 27TH STREET				
Customer Phone: 402-441-5912		Customer Email: BACKFLOW@LINCOLN.NE.GOV		
LOCATION OF DEVICE (AND ADDRESS IF DIFFERENT FROM CUSTOMER ADDRESS): BASEMENT LL RIGHT WALL				
TYPE OF DEVICE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation <input type="checkbox"/> Boiler <input type="checkbox"/> Carbonator <input type="checkbox"/> Pool <input type="checkbox"/> Cooling Tower <input type="checkbox"/> Water Cooled Ice Maker <input type="checkbox"/> Other _____				
TYPE OF PROTECTION: <input checked="" type="checkbox"/> Isolation <input type="checkbox"/> Containment		TYPE OF ASSEMBLY: <input type="checkbox"/> RP <input checked="" type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> SVB <input type="checkbox"/> Commercial <input type="checkbox"/> Residential		
Serial #: 345522	Size: .75	Manufacturer: WATTS	Model #: 007M1	
TEST MEASUREMENTS				
<input type="checkbox"/> New Installation <input checked="" type="checkbox"/> Annual Test <input type="checkbox"/> Repair <input type="checkbox"/> Replacement Old Serial #: _____ <input type="checkbox"/> Retire <input type="checkbox"/> Out of Service				
INITIAL TEST	DC		PRESSURE RELIEF VALVE	
	CHECK VALVE #1	CHECK VALVE #2	PVB/SVB AIR VENT	
	HELD AT 1.2 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Pass <input type="checkbox"/> FAIL	HELD AT 1.1 PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> Pass <input type="checkbox"/> FAIL	Opened at _____ PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/> Pass <input type="checkbox"/> FAIL	Opened at _____ PSID <input type="checkbox"/> Did Not Open Check Valve Held _____ PSID <input type="checkbox"/> Pass <input type="checkbox"/> FAIL
	Replaced: <input type="checkbox"/> Rubber Parts Kit <input type="checkbox"/> CV Assembly Kit <input type="checkbox"/> Seat Kit <input type="checkbox"/> Other _____ Or <input type="checkbox"/> CV Cleaned Only	Replaced: <input type="checkbox"/> Rubber Parts Kit <input type="checkbox"/> CV Assembly Kit <input type="checkbox"/> Seat Kit <input type="checkbox"/> Other _____ Or <input type="checkbox"/> CV Cleaned Only	Replaced: <input type="checkbox"/> Rubber Parts Kit <input type="checkbox"/> CV Assembly Kit <input type="checkbox"/> Seat Kit <input type="checkbox"/> Other _____ Or <input type="checkbox"/> RV Cleaned Only	Replaced: <input type="checkbox"/> RV Rubber Parts Kit <input type="checkbox"/> RV Assembly Kit <input type="checkbox"/> Air Inlet Valve <input type="checkbox"/> Other _____ Or <input type="checkbox"/> Cleaned Only
Comments:				
FINAL TEST	HELD AT _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> Pass <input type="checkbox"/> FAIL		HELD AT _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> Pass <input type="checkbox"/> FAIL	
	Opened at _____ PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/> Pass <input type="checkbox"/> FAIL		Opened at _____ PSID <input type="checkbox"/> Did Not Open Check Valve Held _____ PSID <input type="checkbox"/> Pass <input type="checkbox"/> FAIL	
*Failure of any of the above items REQUIRES repair				
TESTER INFORMATION				
TESTER	Name and E-mail of tester: BACKFLOW TESTER		Tester company: LWS	
	Phone: 402-441-5912	Grade & Reg #: 5912	Tester Signature: SIGNATURE	Date of Test: 1/12/2025
	Test Gauge Manufacturer: WATTS		Test Gauge Serial #: 56512478	Date of Last Calibration: 10/15/2024

() hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability.

White Copy-LWS Yellow Copy-Contractor Pink Copy-Customer