

Backflow Preventer Test Form

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:		Contact Person/Company:		
Customer Address:				
Customer Phone:		Customer Email:		
LOCATION OF DEVICE (AND ADDRESS IF DIFFERENT FROM CUSTOMER ADDRESS):				
TYPE OF DEVICE: <input 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 type="checkbox"/> Isolation <input type="checkbox"/> Containment		TYPE OF ASSEMBLY: <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> SVB <input type="checkbox"/> Commercial <input type="checkbox"/> Residential		
Serial #:	Size:	Manufacturer:		Model #:
TEST MEASUREMENTS				
<input type="checkbox"/> New Installation <input type="checkbox"/> Annual Test <input type="checkbox"/> Repair <input type="checkbox"/> Replacement Old Serial #: _____ <input type="checkbox"/> Retire <input type="checkbox"/> Out of Service				
RP			PVB/SVB	
INITIAL TEST	DC		PRESSURE RELIEF VALVE	AIR INLET
	CHECK VALVE #1	CHECK VALVE #2		
	HELD AT _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> Pass <input type="checkbox"/> FAIL	Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No 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
REPAIRS	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	Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No 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:		Tester company:	
	Phone:	Grade 6 Reg #:	Tester Signature:	Date of Test:
	Test Gauge Manufacturer:		Test Gauge Serial #:	Date of Last Calibration:

☐ I 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.