



Butler Rural Water District # 5
 700 N. Main • P.O. Box 56
 Benton, KS 67017
 (316) 778-1631 • FAX (316) 778-1931

BACKFLOW DEVICE TEST REPORT

CONSUMER: RETURN THIS REPORT TO THE ABOVE ADDRESS NO LATER THAN: ▶

Name of Premises (Company, Person, etc.)

Service Address

City

State

Zip

Location of Device

Device Type

Manufacturer

Size

Model No.

Serial No.

NOTE: Final Slots to be Filled in Only if Device is in Disrepair and is Retested.

Line Pressure at Time of Test _____ PSI
 (at inlet test cock)

Apparent Pressure Drop _____ PSID
 Across First Check Valve

DATE INSTALLED/REBUILT

	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve	Pressure Vacuum Breaker
INITIAL TEST	1. Leaked <input type="checkbox"/> 2. Closed Tight <input type="checkbox"/>	1. Leaked <input type="checkbox"/> 2. Closed Tight <input type="checkbox"/>	Opened at _____ PSID Did Not Open <input type="checkbox"/>	Air Inlet Opened at _____ PSID Did Not Open <input type="checkbox"/>
REPAIRS	Cleaned <input type="checkbox"/> Replaced: Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seal <input type="checkbox"/> Other	Cleaned <input type="checkbox"/> Replaced: Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seal <input type="checkbox"/> Other	Cleaned <input type="checkbox"/> Replaced: Disc Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spring Diaphragm Large: Upper <input type="checkbox"/> Lower <input type="checkbox"/> Small Seal Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spacer Other:	Check Valve Closed Tight <input type="checkbox"/> Did Not Close <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced: Air Inlet Disc <input type="checkbox"/> Check Disc <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Check Spring <input type="checkbox"/> Other
FINAL TEST	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ PSID	Air Inlet Opened at _____ PSID Check Valve Closed Tight <input type="checkbox"/>

Remarks

Initial Test Performed By

Company

BFDT Cert. No.

Date

Repaired By

Company

Date

Final Test Performed By

Company

BFDT Cert. No.

Date