Jackson County RWD #1

Hoyt, Kansas

Backflow Device Test Report

Return no later than 30 Days

Name of Premises				Cross Connection Account #
Service Address				
Location of Device				
Device	**Manufacturer**	**Model**	**Size**	**Serial Number**

Line Pressure at Time of Test _____ **lbs.** **Pressure Drop Across First Check Valve** _____ **lbs.**

	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve
INITIAL TEST	1. Leaked ☐ 2. Closed Tight ☐	1. Leaked ☐ 2. Closed Tight ☐	1. Opened @ _____lbs. Reduce Pressure 2. Did Not Open ☐
REPAIRS	Cleaned ☐ Replaced: Disc ☐ Spring ☐ Guide ☐ Pin Retainer ☐ Hinge Pin ☐ Seal ☐ Diaphragm ☐ Other (describe) ☐	Cleaned ☐ Replaced: Disc ☐ Spring ☐ Guide ☐ Pin Retainer ☐ Hinge Pin ☐ Seal ☐ Diaphragm ☐ Other (describe) ☐	Cleaned ☐ Replaced: Disc, Upper ☐ Disc, Lower ☐ Diaphragm, Large ☐ Upper ☐ Lower ☐ Diaphragm, Small ☐ Upper ☐ Other (describe) Lower ☐ Spacer, Lower ☐ Other (describe) ☐
FINAL TEST	Closed Tight ☐	Closed Tight ☐	Opened @ _____ lbs. Reduced Pressure

Remarks _____

The Above Report is Certified to be True

Return Report To:

Jackson County RWD #1
P.O. Box 15
Hoyt, Ks 66440

jcrwd1@live.com

Phone: (785) 986-6913
Fax: (785) 986-6528

Tested By:
Prepared By:
Final Test By:
Certification #:
Date: