

BACKFLOW PREVENTION DEVICE TEST REPORT

North Platte Water Department 308-535-6740 Ext. 6

Assembly ID	0	Facility Name	
Acct Number		Meter	Return Form By:
Service Address			Schedule Code
			Assembly Info
Location		SN	<input type="checkbox"/>
Tap Number		Mfg	<input type="checkbox"/>
Contact Name		Type	<input type="checkbox"/>
Map Page		Emergency Ph:	Size
			Model
			Install Date
			Permit Num
<input type="checkbox"/> Confinement	<input type="checkbox"/> Freeze Protection	Hazard Type	Haz. Level

Line pressure at time of test: _____

REPORT OF TEST RESULTS

1B

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves	
Initial Test	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Opened at _____ PSID	<input type="checkbox"/> Air Inlet Opened at _____ PSID		#1
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Did Not Open	Opened Fully Y <input type="checkbox"/> N <input type="checkbox"/>	Closed Tight	<input type="checkbox"/>
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked		<input type="checkbox"/> Check Held at _____ PSID	Leaked	<input type="checkbox"/>
	<input type="checkbox"/> Leaked			<input type="checkbox"/> Leaked		
	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	CLEANED	<input type="checkbox"/>
	Initial Test Passed <input type="checkbox"/>		Failed <input type="checkbox"/>			
	Comments					
	Passed Final Test <input type="checkbox"/>					
Final Test	_____ PSID	_____ PSID	<input type="checkbox"/> Opened at _____ PSID	Air Inlet _____ PSID		
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	_____ PSID	CK Valve _____ PSID	Closed Tight	<input type="checkbox"/>

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

Initial Test By	Certificate	Date:	Gauge Num		Company	Phone
Final Test By						
Repair By						