



Consolidated Water District #1

Leavenworth County
 P.O. Box 419, 15520 Crestwood Dr.
 Basehor, KS 66007 (913) 724-7000

Backflow Prevention Assembly
 Test Report

Acct.# _____
 Name: _____
 Address: _____
 City, State, Zip: _____

Test Due No Later Than:

This report may be faxed to:
 913-724-1310

This report may be emailed to:
admin@crwd1.com

	Check if Correct	Corrections
Serial #	<input type="checkbox"/>	_____
Manufacturer	<input type="checkbox"/>	_____
Model	<input type="checkbox"/>	_____
Type	<input type="checkbox"/>	_____
Size	<input type="checkbox"/>	_____
Location	<input type="checkbox"/>	_____

*****ONLY RPZ BACKFLOW DEVICES ACCEPTED ON LAWN IRRIGATION SYSTEMS!!!*****

Reduced Pressure Principle Assembly			
	Check Valve #1	Check Valve #2	Relief Valve
Initial Test	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Did not Open <input type="checkbox"/> Opened at _____ PSID
Repairs	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>
Final Test	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID

Comments _____	Held Backpressure	Yes <input type="checkbox"/> No <input type="checkbox"/>
	#2 Shut Off	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>

	Date	Tester	Signature	Tester #	Test Kit	P/F
Initial Test						
Repairs						
Final Test						

The above report is certified to be true Certification Expiration Date _____
 Tester/Company Name _____ Tester/Company Phone # _____
 Tester/Company Address _____

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