Consolidated Water District #1

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Contact Information
P.O. Box 419
15520 Crestwood Dr.
Basehor, KS 66007
913.724.7000

Acct.# ____

Name: ____

Address: ____

City, State, Zip: ____

Test Due No Later Than:

	Initial Device	Check if Correct	Corrections
Serial #		☐	
Manufacturer		☐	
Model		☐	
Type		☐	
Size		☐	
Location		☐	

SUBMIT REPORTS TO:

Online Form @ crwd1.com
Email to admin@crwd1.com
Fax to 913.724.1310

Only Submit Passing Tests

	Reduced Pressure Principle Assembly			
	Double Check Assembly			
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
Initial Test	Leaked ☐ Closed Tight ☐ Held at ________PSID	Leaked ☐ Closed Tight ☐ Held at ________PSID	Did Not Open ☐ Opened at _________ PSID	AIR INLET Did Not Open ☐ Opened at _________ PSID
Repairs	Cleaned ☐ Replaced ☐	Cleaned ☐ Replaced ☐	Cleaned ☐ Replaced ☐	CHECK VALVE Leaked ☐ Held at _________ PSID Cleaned ☐ Replaced ☐ AIR INLET Opened at _________ PSID
Final Test	Closed Tight ☐ Held at ________PSID	Closed Tight ☐ Held at ________PSID	Opened at ___________ PSID	CHECK VALVE Opened at _________ PSID

Comments ____

Held Backpressure	Yes	☐
	No	☐
#2 Shut Off	Closed Tight	☐
	Leaked	☐

	Date	Tester	Signature	Tester #	Test Kit #	Pass / Fail
Initial Test						
Repairs						
Final Test						

The above report is certified to be true X ____

Agency Tester Certification Received From: ____

Certification Expiration Date ____