BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Consolidated Water District #1

Contact Information

21825 147th St.
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:

Email - admin@crwd1.com
Fax - 913.724.1310
Mail - 21825 147th St.
Basehor, KS 66007

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: