

TOPEKA WATER BACKFLOW ASSEMBLY TEST REPORT

Mail or fax to:

CITY OF TOPEKA, DEVELOPMENT SERVICES, CROSS CONNECTION CONTROL Phone 785/368-3905 Fax 785/368-3915

620 SE MADISON ST – UNIT 6

TOPEKA, KS 66607-1118

DATE _____

CUSTOMER NAME AND ADDRESS:	LOCATION
	MANF/MODEL
	TYPE & SIZE
	SERIAL NUMBER

REDUCED PRESSURE PRINCIPLE ZONE (RPZ)

LINE PRESSURE _____ PSI CHECK VALVE #2 _____ PSID

PRESSURE DROP ACROSS 1ST CHECK _____ PSID NOTE: 1ST CHECK MUST OPEN @ 5PSID MINUMIM

RELIEF VALVE OPENED @ _____ PSID RELIEF VALVE MUST OPEN @ 2PSID OR MORE

DOUBLE CHECK VALVE ASSEMBLY (DCV)			DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE BREAKER (PVB) (SVB)
INITIAL TEST	CHECK VALVE #1 HELD @ _____ PSID	CHECK VALVE #2 HELD @ _____ PSID	OPENED @ _____ PSID	AIR INLET OPENED @ _____ PSID
REPAIRS	CHECK VALVE #1 CLEANED _____ REPLACED _____	CHECK VALVE #2 CLEANED _____ REPLACED _____	LEAKED _____ CLEANED _____ REPLACED _____	DID NOT OPEN _____ CHECK VALVE: CLOSED TIGHT _____ DID NOT OPEN _____
OTHER EXPLAIN:			OTHER EXPLAIN:	CLEANED _____ REPLACED _____ OTHER EXPLAIN:
FINAL TEST			FINAL TEST OPENED @ _____ PSID	
CHECK VALVE #1 HELD @ _____ PSID	CHECK VALVE #2 HELD @ _____ PSID			

Initial test by (print name) _____	Company	Topeka backflow license #	Date and time
Signature			
Repaired by (print name) _____	Company	Topeka backflow license #	Date and time
Signature			
Final test by (print name) _____	Company	Topeka backflow license #	Date and time
Signature			

Check here if Rebuild or Repair **CUSTOMER SIGNATURE**

IF TEST INDICATES FAILURE, ASSEMBLY MUST BE IMMEDIATELY REBUILT OR REPAIRED