# 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)

<table>
<thead>
<tr>
<th>LINE PRESSURE</th>
<th>PSI</th>
<th>CHECK VALVE #2</th>
<th>PSI</th>
<th>NOTE: 1ST CHECK MUST OPEN @ 5PSID MINUMIM RELIEF VALVE MUST OPEN @ 2PSID OR MORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRESSURE DROP ACROSS 1ST CHECK</td>
<td>PSI</td>
<td>CHECK VALVE #2</td>
<td>PSI</td>
<td>NOTE: 1ST CHECK MUST OPEN @ 5PSID MINUMIM RELIEF VALVE MUST OPEN @ 2PSID OR MORE</td>
</tr>
<tr>
<td>RELIEF VALVE OPENED @</td>
<td>PSI</td>
<td>CHECK VALVE #2</td>
<td>PSI</td>
<td>NOTE: 1ST CHECK MUST OPEN @ 5PSID MINUMIM RELIEF VALVE MUST OPEN @ 2PSID OR MORE</td>
</tr>
</tbody>
</table>

## DOUBLE CHECK VALVE ASSEMBLY (DCV)

<table>
<thead>
<tr>
<th>INITIAL TEST</th>
<th>CHECK VALVE #1</th>
<th>CHECK VALVE #2</th>
<th>DIFFERENTIAL PRESSURE RELIEF VALVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>HELD @</td>
<td>PSI</td>
<td>HELD @</td>
<td>PSI</td>
</tr>
<tr>
<td>REPAIRS</td>
<td>CHECK VALVE #1</td>
<td>CHECK VALVE #2</td>
<td>DIFFERENTIAL PRESSURE RELIEF VALVE</td>
</tr>
<tr>
<td>CLEANED</td>
<td>CLEANED</td>
<td>CLEANED</td>
<td>CLEANED</td>
</tr>
<tr>
<td>REPLACED</td>
<td>REPLACED</td>
<td>REPLACED</td>
<td>REPLACED</td>
</tr>
</tbody>
</table>

**OTHER EXPLAIN:**

<table>
<thead>
<tr>
<th>FINAL TEST</th>
<th>CHECK VALVE #1</th>
<th>CHECK VALVE #2</th>
<th>DIFFERENTIAL PRESSURE RELIEF VALVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>HELD @</td>
<td>PSI</td>
<td>HELD @</td>
<td>PSI</td>
</tr>
</tbody>
</table>

Initial test by (print name) Company Topeka backflow license # Date and time

Signature

Repair 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

FORM: 2018