Lan-Del Water District
Holiday Plaza
Lansing, Kansas 66043
(913) 727-3350

BACKFLOW DEVICE TEST REPORT

CONSUMER: RETURN THIS REPORT TO THE ABOVE ADDRESS NO LATER THAN:

Name of Premises (Company, Person, etc.)		Customer ID#	
Service Address	City	State	Zip
Location of Device			

Device Type	Manufacturer	Serial No.	Model No.	Size

Water Dept. Inspector

Line Pressure at Time of Test (at inlet test cock) _____ PSI

Apparent Pressure Drop Across First Check Valve _____ PSID

Relief Valve Opened At _____ PSID

Difference _____ PSID

Date Installed

Date Tested

Date Rebuilt

Detector Assemblies

Meter #

Reading

		Check Valves #1	Check Valves #2	Air Inlet (Pressure Vacuum Breaker)	Differential Pressure Relief Valve		Shut Off Valves #1	Shut Off Valves #2
INITIAL	Pressure Loss			☐ Opened At _____ PSID	☐ Opened At _____ PSID			
	1. Leaked	☐	☐			1. Leaked	☐	☐
	2. Closed Tight	☐	☐	☐ Did Not Open	☐ Did Not Open	2. Closed Tight	☐	☐
REPAIRS	Cleaned	☐	☐	Cleaned ☐	Cleaned ☐	Cleaned	☐	☐
	Replaced:			Replaced:	Replaced:	Replaced	☐	☐
	Disc	☐	☐	Disc ☐	Disc			
	Spring	☐	☐	Spring ☐	Upper ☐			
	Guide	☐	☐	Seat ☐	Lower ☐			
	Pin Retainer	☐	☐	Diaphragm ☐	Spring ☐			
	Hinge Pin	☐	☐	Float ☐	Diaphragm ☐			
	Seat	☐	☐		Large:	Other:	☐	☐
	Other:	☐	☐	Other: ☐	Upper ☐			
					Lower ☐			
					Small:			
					Seat			
					Upper ☐			
					Lower ☐			
					Spacer ☐			
					Other:			
TYPE OF CHEMICALS								
FINAL TEST	Closed Tight	☐	☐	☐ Opened at _____ PSID	Opened at _____ PSID	Closed Tight	☐	☐

Prevents backflow from: Lawn Irrigation ☐ Fire Protection ☐ Domestic Usage ☐ Boiler ☐

Other (explain)

Remarks: _____

Initial Test Performed By: (Please Print)	Company	BFDT Cert. No.	Date of Testing
(Signature)		Expiration Date	
Repaired By: (Please Print)	Company	BFDT Cert. No.	Date of Repair
(Signature)		Expiration Date	
Final Test Performed By: (Please Print)	Company	BFDT Cert. No.	Date of Testing
(Signature)		Expiration Date	

WHITE - Water District YELLOW - Customer PINK - Tester

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