

## Backflow Prevention Assembly Test Report

City of Buhler  
 PO BOX 187  
 Buhler, KS 67522  
 620/543-2253 FAX: 620/543-6417

**ATTENTION: ONLY REDUCED PRESSURE ZONE ASSEMBLIES AND  
 POSITIVE VACCUUM BREAKER ASSEMBLIES ARE ALLOWED**

CONSUMER: TO AVOID INTERRUPTION IN YOUR WATER SERVICE, RETURN THIS REPORT  
 TO THE ABOVE ADDRESS NO LATER THAN: June 1, 2024

Service Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Device Location: \_\_\_\_\_

Serial # \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Type: \_\_\_\_\_

Model \_\_\_\_\_ Size: \_\_\_\_\_

*Check appropriate situation:*

Existing  Removed  Commercial  Municipal  Domestic  Fire   
 New  Replaced  Residential  Industrial  Irrigation  Bypass

	Reduced Pressure Principle Assembly			PVP/SVB
	Double Check Valve Assembly			AIR INLET
	Check Valve #1	Check Valve #2	Relief Valve	Did not open <input type="checkbox"/>
<b>Initial Test</b> Date: _____ Time: _____ Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Did not Open <input type="checkbox"/> Opened at _____ PSID	CHECK VALVE Leaked <input type="checkbox"/> Held at _____ PSID

**Repairs**  
 Date: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Cleaned  Cleaned Check Valve  
 Rubber Kit   
 Rebuild   
 Replaced   
 Other  \_\_\_\_\_

	Reduced Pressure Principle Assembly			AIR INLET
	Check Valve #1	Check Valve #2	Relief Valve	Opened at _____ PSID
<b>Final Test</b> Date: _____ Time: _____ Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Closed tight <input type="checkbox"/> Held at _____ PSID	Closed tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	<b>CHECK VALVE</b> Held at _____ PSID

Comments: \_\_\_\_\_

	Yes	No
Proper Install	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>
Line Pressure _____		
Meter Reading _____		

Yes  No  I certify all information on this report is true and accurate,  
 acknowledging that incomplete reports will not be accepted

Tester: _____	Company: _____	Test Kit Mfg _____
Certification # _____	Phone #: _____	Test Kit Model _____
Expire: _____	Test Kit Serial # _____	
Signature: _____	Calibration Date: _____	