

# TOPEKA WATER BACKFLOW ASSEMBLY TEST REPORT

Mail or fax to:

CITY OF TOPEKA, WATER DIVISION, CROSS CONNECTION CONTROL Phone 785/368-1624 Fax 785/368-3159

3245 NW WATERWORKS DRIVE

TOPEKA, KS 66606-1984

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 1 <sup>ST</sup> CHECK _____ PSID	NOTE: 1 <sup>ST</sup> CHECK MUST OPEN @ <u>5PSID</u> MINUMIM	
RELIEF VALVE OPENED @ _____ PSID	RELIEF VALVE MUST OPEN @ <u>2PSID</u> OR MORE	

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

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

Check here if Rebuild or Repair

CUSTOMER SIGNATURE

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