



Consolidated Water District #1

Leavenworth County

P.O. Box 419, 15520 Crestwood Dr.

Basehor, KS 66007 (913) 724-7000

Backflow Prevention Assembly

Test Report

Acct.# _____

Name: _____

Address: _____

City, State, Zip: _____

Test Due No Later Than:

This report may be faxed to:
913-724-1310

info@crwd1.com

	Check if Correct	Corrections
Serial #	<input type="checkbox"/>	
Manufacturer	<input type="checkbox"/>	
Model	<input type="checkbox"/>	
Type	<input type="checkbox"/>	
Size	<input type="checkbox"/>	
Location	<input type="checkbox"/>	

*****ONLY RPZ BACKFLOW DEVICES ACCEPTED ON SPRINKLER SYSTEMS!!!*****

		Reduced Pressure Principle Assembly				
		Check Valve #1	Check Valve #2	Relief Valve		
Initial Test	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			
Repairs	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>			
Final Test	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID			
Comments				Held Backpressure	Yes <input type="checkbox"/> No <input type="checkbox"/>	
				#2 Shut Off	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	
Initial Test	Date	Tester	Signature	Tester #	Test Kit	P/F
Repairs						
Final Test						
The above report is certified to be true X				Certification Expiration Date		
Tester/Company Name				Tester/Company Phone #		
Tester/Company Address						

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