CITY OF GERING
BACKFLOW DEVICE TEST FORM

TO BE COMPLETED BY A NEBRASKA GRADE 6 WATER OPERATOR

COMPLETE AND RETURN THIS FROM TO OUR OFFICE WITHIN 30 DAYS

City of Gering, P.O. Box 687, 1025 P Street, Gering, NE 69341

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

Device Type	Manufacturer	Serial No.	Model No.	Size

Line Pressure at Time of Test _____ PSI Apparent Pressure Drop **(A)** _____ PSID Across First Check Valve Relief Valve Opened at **(B)** _____ PSID Difference **(I)**_____ PSID	**Date Installed**	Detector Assemblies Meter #_____ Reading_____

Check Valves	#1	#2	**Air Inlet** (Pressure Vacuum Breaker)	**Differential Pressure Relief Valve**	**Shut Off Valves**	#1	#2
Pressure Loss 1. Leaked	**(C)**_____ ☐	**(D)**_____ ☐	☐ Opened at **(E)** _____ PSID	**(F)** Opened at _____ PSID	Pressure Loss 1. Leaked	**(G)** ☐	**(H)** ☐
Closed Tight	☐	☐	☐ Opened at _____ PSID	Opened at _____ PSID	Closed Tight	☐	☐

THIS DEVICE PREVENTS BACKFLOW FROM: Lawn Irrigation ☐ Domestic Usage ☐ Fire Protection ☐ Boiler ☐

Other (explain): _____

Remarks:
_____
_____

Initial Test Performed By:	Company	BFDT Cert. No. Exp. Date	Date of Testing