

## 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 Premis	es (Company,	Person, e	etc.)								
Service Address				City		State		Zip			
Location of Devi	ce										
Device Type Manufacturer			turer			Serial No.		).	Size		
Line Pressure at Time of Test  Apparent Pressure Drop (A) Across First Check Valve  Relief Valve Opened at (B)  Difference (I)			PSID	Date Installed			Detector Assemblies  Meter #  Reading				
Check Valves			A	Air Inlet (Pressure Vacuum		Differential Pressure Relief Valve		Shut Off Valves			
			(Press	sure Vac	cuum			,	Shut C	Off Valves	
	#1	#2	(Press		cuum			,	Shut C	Off Valves	#2
Pressure Loss	#1 (C)	#2 <b>(D)</b>	(Press	sure Vac	cuum			Pressure L			
Pressure Loss  1. Leaked			(Press	Sure Vac Breaker) Opened	at	Pressure Reli	ief Valve		.oss	#1	#2
	(C)	(D)	(Press B	Sure Vac Breaker) Opened	at PSID	Pressure Reli	ief Valve	Pressure L	.oss	#1 ( <b>G</b> )	#2 (H)
1. Leaked	(C)	(D)	(Press B C C C C C C C C C C C C C C C C C C	Opened Opened Opened	at _ PSID at _ PSID	Pressure Reli (F) Opened at	ief Valve	Pressure L  1. Leaked	.oss	#1 <b>(G)</b>	#2 (H)