



# 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	<b>Date Installed</b>	Detector Assemblies  Meter # _____  Reading _____
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	Check Valves		Air Inlet (Pressure Vacuum Breaker)	Differential Pressure Relief Valve		Shut Off Valves	
	#1	#2				#1	#2
Pressure Loss	(C) _____	(D) _____	<input type="checkbox"/> Opened at	(F)	Pressure Loss	(G)	(H)
1. Leaked	<input type="checkbox"/>	<input type="checkbox"/>	(E) _____ PSID	Opened at _____ PSID	1. Leaked	<input type="checkbox"/>	<input type="checkbox"/>
Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Opened at _____ PSID	Opened at _____ PSID	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>

THIS DEVICE PREVENTS BACKFLOW FROM: <table style="display: inline-table; vertical-align: middle;"> <tr> <td>Lawn Irrigation</td> <td><input type="checkbox"/></td> <td>Fire Protection</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Domestic Usage</td> <td><input type="checkbox"/></td> <td>Boiler</td> <td><input type="checkbox"/></td> </tr> </table>	Lawn Irrigation	<input type="checkbox"/>	Fire Protection	<input type="checkbox"/>	Domestic Usage	<input type="checkbox"/>	Boiler	<input type="checkbox"/>	Remarks: _____ _____
Lawn Irrigation	<input type="checkbox"/>	Fire Protection	<input type="checkbox"/>						
Domestic Usage	<input type="checkbox"/>	Boiler	<input type="checkbox"/>						
Other (explain): _____									

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