KANSAS CITY BPU
THE POWER OF COMMUNITY

Notice of Backflow Prevention Test Due

Service Address

_____
_____
_____
_____

Mailing Address

_____
_____
_____
_____

Application of Device: ☐ Containment ☐ Isolation

*"**Containment**" means a backflow prevention assembly installed at the service connection to the property.*

*"**Isolation**" means the appropriate method of backflow prevention within the customer's potable water system at the point of use.*

	Check if Correct	Corrections ☐
Serial #:	☐	_____
Manufacturer:	☐	_____
Model:	☐	_____
Type:	☐	_____
Size:	☐	_____
Location:	☐	_____

Location #

Test Due No Later Then:
____/____/____

Please **submit passing test results only** via email to backflow@bpu.com or fax to **(913) 573-9636**

	Reduced Pressure Principle Assembly			
	Double Check Valve Assembly			
	Check Valve #1	**Check Valve #2**	**Relief Valve**	**PVB/SVB**
Initial Test	Leaked ☐ Closed Tight ☐ Held at _____PSID	Leaked ☐ Closed Tight ☐ Held at _____PSID	Did not Open ☐ Opened at _____PSID	**AIR INLET** Did not Open ☐ Opened at _____PSID
Repairs	Cleaned ☐ Replaced ☐	Cleaned ☐ Replaced ☐	Cleaned ☐ Replaced ☐	**CHECK VALVE** Leaked ☐ Held at _____PSID Cleaned ☐ Replaced ☐ **AIR INLET** Opened at _____PSID
Final Test	Closed Tight ☐ Held at _____PSID	Closed Tight ☐ Held at _____PSID	Opened at _____PSID	**CHECK VALVE** Opened at _____PSID

Comments

_____
_____
_____

The above report is certified to be true

Held Backpressure Yes ☐ No ☐

#2 Shutoff Closed Tight ☐ Leaked ☐

	Date	Tester	Signature	Tester #	Test Kit	Passed Failed
Initial Test						
Repairs						
Final Test						

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