

<b>Nebraska Rural Water Association</b> MUST BE TYPED OR COMPLETED IN INK	<b>DOUBLE CHECK VALVE</b> <b>TEST REPORT</b>
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Name of Premises (Company, Person, etc.) \_\_\_\_\_

Service Address _____	City _____	State _____	Zip _____
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Mailing Address (If different from above) _____	City _____	State _____	Zip _____
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Location of Device \_\_\_\_\_

Device Type _____	Manufacturer _____	Serial No. _____	Model No. _____	Size _____
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Substance or Use for Which Device is Installed \_\_\_\_\_

Line Pressure at Time of Test (at inlet test cock) \_\_\_\_\_ PSI

INITIAL TEST	Check Valves		Date Installed	Shut-Off Valve	
	# 1	# 2	Date Rebuilt	#2	
	Spring loading	_____		#2	
	1. Leaked	<input type="checkbox"/>		1. Leaked	<input type="checkbox"/>
	2. Closed Tight	<input type="checkbox"/>		2. Closed Tight	<input type="checkbox"/>

Describe Repairs Necessary to Return Device to Proper Operating Condition (Cleaning is a Repair)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE: Fill in Only if Device Requires Maintenance**

FINAL TEST	Check Valve	#1	#2	Shut-off Valve	#2
	Spring loading	_____	_____		Closed Tight
	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>		

Remarks:

\_\_\_\_\_

\_\_\_\_\_

This is to verify that the tester arrived at \_\_\_\_\_ a.m. / p.m.

and completed work at \_\_\_\_\_ a.m. / p.m.

By: \_\_\_\_\_

Owner's Representative

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Backflow Tester Information

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Serial No.: \_\_\_\_\_ Date Last Certified: \_\_\_\_\_

Initial test performed by:	Company	Cert No.	Date of Testing
(Print) _____		_____	
(Signature) _____		Expiration Date	
		_____	

Repaired by:	Company	Cert No.	Date of Repair
(Print) _____		_____	
(Signature) _____		Expiration Date	
		_____	

Final test performed by:	Company	Cert No.	Date of Testing
(Print) _____		_____	
(Signature) _____		Expiration Date	
		_____	