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|--|-----------------|--------------------------|--|--|-----------------------|---------------------------------------|
| Nebraska Rural Water Association MUST BE TYPED OR COMPLETED IN INK | | | REDUCED PRESSURE ZONE TEST REPORT | | | |
| Name of Premises (Company, Person, etc.) _____ | | | | | | |
| Service Address _____ | | | City _____ | State _____ | Zip _____ | |
| Mailing Address _____ | | | City _____ | State _____ | Zip _____ | |
| Location of Device _____ | | | | | | |
| Device Type _____ | | Manufacturer _____ | | Serial No. _____ | Model No. _____ | |
| Substance or Use for Which Device is Installed _____ | | | Spring loading # 1 Check Valve _____ | | | |
| Line Pressure at Time of Test (at inlet test cock) _____ PSI | | | Relief Valve Opened at _____ | | | |
| | | | Difference _____ | | | |
| INITIAL TEST | Check Valves | | Relief Valve Opened at _____ PSID | Date Installed _____ | Shut-Off Valve | |
| | # 1 | # 2 | | | #2 | |
| | Spring loading | _____ | _____ | | 1. Leaked | <input type="checkbox"/> |
| | 1. Leaked | <input type="checkbox"/> | <input type="checkbox"/> | | 2. Closed Tight | <input type="checkbox"/> |
| | 2. Closed Tight | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Date Rebuilt _____ | | | | | | |
| 1. Leaked <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 | Relief Valve Opened at _____ PSID | #1 check spring _____ | Shut-off Valve |
| | Spring loading | _____ | _____ | | Relief valve _____ | #2 |
| | Closed Tight | <input type="checkbox"/> | <input type="checkbox"/> | | Difference _____ | Closed Tight <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 | | |
| Backflow Tester Information | | | | | | |
| | | | Make: _____ | | | Model: _____ |
| | | | Serial No.: _____ | | | Date Last Certified: _____ |
| Initial test performed by: (Print) _____ | | Company _____ | | Cert No. _____ | | Date of Testing _____ |
| (Signature) _____ | | | | Expiration Date _____ | | |
| Repaired by: (Print) _____ | | Company _____ | | Cert No. _____ | | Date of Repair _____ |
| (Signature) _____ | | | | Expiration Date _____ | | |
| Final test performed by: (Print) _____ | | Company _____ | | Cert No. _____ | | Date of Testing _____ |
| (Signature) _____ | | | | Expiration Date _____ | | |