



Backflow Preventer Test Form

Lincoln Water System Backflow, 2021 N 27th St, Lincoln, NE 68503
Phone: 402.441.5912 Fax: 402.441.8003 e-mail: Backflow@lincoln.ne.gov

1. Fill out the test report completely, write legibly and in ink
2. Test reports can be picked up at our office.
3. Start at top with the: **Business/Building, Contact Person, Service Address, Suite#, Phone# & e-mail.**
4. **Device Location of the assembly is very important. BE SPECIFIC.**
(Example: Boiler room NE Corner, Basement-Room 117)
5. Indicate if the test is an Annual Test, Repair, or New Installation
(If a test Fails, write in the comments the repairs made to the assembly: Example: "Rebuilt assembly," we want parts used and/or removed.
6. Assembly Type: DC, RPP or PVB, Serial#, Size, Manufacturer and Model# of Assembly
7. Replacement Assemblies: write down existing serial #, Size, Manufacturer and Model# on the top row and then fill out the new assembly information in the second row under Replacement.
8. Indicate the Service Use of the backflow device.
(Domestic, Irrigation, Fire, Boiler, Carbonator, Swimming Pool, Cooling Tower, Water Cooled Ice Maker or Other: provide description)
9. Enter the readings on the test report. The readings need to fall within the test procedure's guidelines. **(LWS manually reads the reports before we enter them into our system. LWS personnel will not adjust your readings, you will be asked to review your records, or retest the assembly in the event that you transferred the wrong readings).**
10. **A)** Print your Name; **B)** Your Company **C)** Your Grade VI Certification #; **D)** Cell/Phone#; **E)** Sign Test Report; **F)** Signature from Customer; **G)** Date Tested
11. Test Reports will require gauge serial#, date gauge was calibrated and checked, and name of company that certified your gauge.
12. **Report must be returned within 30 days of test.**
13. Three copies of your reports: White Copy-sent to Lincoln Water System, Yellow Copy-keep for your records, Pink Copy-Business.
14. Do not hesitate to call; we will supply you with the number of assemblies in a building, their location, serial number, etc. **if you are unable to obtain this information from the customer.**

***If you suspect a cross-connection, call us immediately, and we will investigate.**



Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building _____ Contact Person _____

Service Address _____ Suite# _____

Phone# _____ e-mail: _____

Device Location _____

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) _____ Company _____ Grade 6 Certificate# _____ Cell/Phone# _____

State Certified Technician (Signature) _____ Customer (Signature) _____ Date of Test _____

Test Gauge Manufacturer _____ Test Gauge Serial # _____ Date of Calibration _____

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY