



# LWS Test Report

Lincoln Water System  
2021 N. 27<sup>th</sup>  
Lincoln, NE 68503  
Phone# 441-5929  
Fax# 441-8493



1. Fill out the test report completely, write legible and in ink
2. Test reports can be picked up at our office.
3. Start at top with the: **Business/Building, Service Address, Contact Person, Phone#.**
4. Manufacturer, Model#, Serial#, Assembly Type, Use (DCV, PVB, RP), Size of Assembly. (If a test fails, write in repairs made to the assembly. 'Example-Rebuilt assembly.' We want parts used, removed, passed and failed reports.)
5. **Location of the assembly is very important. BE SPECIFIC.** (Example-Boiler room NE Corner, Basement-Room 117.)
6. On Replacement Assemblies, write down existing serial# and complete new assembly information.
7. Review where to write 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 computer. 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).** Do not forget to mark the box that applies to what the assembly supplies.
8. **A)** Print your Name; **B)** Sign Test Report; **C)** Your Grade VI Certification #; **D)** Date Tested; **E)** Signature from Customer, Guard, Secretary, etc.
9. **Test Reports** will require gauge serial#, date gauge was calibrated and checked, and name of company that certified your gauge.
10. Report must be returned within 30 days of test.
11. Three copies of your reports: White Copy-sent to Lincoln Water System, Yellow Copy-keep for your records, Pink Copy-Business.
12. 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.**



# Lincoln Water System Backflow Preventer MAINTENANCE TEST FORM



Business / Building \_\_\_\_\_

Service Address \_\_\_\_\_

Contact Person \_\_\_\_\_ / Phone Number \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> DC	<input type="checkbox"/> RPP	_____	_____	_____	_____
			Size	Manufacturer	Model No.	Serial #

<input type="checkbox"/> New Installation	<input type="checkbox"/> Replacement	<input type="checkbox"/> DC	<input type="checkbox"/> RPP	_____	_____	_____	_____
				Size	Manufacturer	Model No.	Serial #

<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"/> Other	(Desc): _____
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker				

Device Location \_\_\_\_\_

Check Valve #1	Check Valve #2	Pressure Relief Valve	PVB/SVB
<b>INITIAL TEST</b>			
Held at PSID	Held at PSID	Opened at PSID	Air Inlet
Leaked <input type="checkbox"/> Yes <input type="checkbox"/> No	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No	Did not open	Opened at PSID
Cleaned	Leaked <input type="checkbox"/> Yes <input type="checkbox"/> No	Cleaned	Did not open
Replaced	Cleaned	Replaced	Check Valve
	#2 Shut Off Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Held at PSID
			Leaked
			Cleaned
			Replaced
<b>FINAL TEST</b>			
	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.

Questions - call 441-5912  
**Please Mail Form To:**  
 Lincoln Water System  
 Backflow Prevention Office  
 2021 North 27th Street  
 Lincoln, NE 68503

State Certified Technician (please print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate No. \_\_\_\_\_ Cell / Phone No. \_\_\_\_\_

State Certified Technician (signature) \_\_\_\_\_ Customer Signature \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial No. \_\_\_\_\_ Date of Calibration \_\_\_\_\_

Comments: \_\_\_\_\_

PLEASE TYPE OR PRINT LEGIBLY