

Nebraska Rural Water Association MUST BE TYPED OR COMPLETED IN INK	DOUBLE CHECK VALVE TEST REPORT
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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

Backflow Tester Information

Make: _____ Model: _____

Serial No.: _____ Date Last Certified: _____

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

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

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