



City of Park City
 1941 E 61st St N
 Park City, KS 67219-2499
 316.744.2026 • fax 316.744.3865

BACKFLOW TEST FORM

| | |
|---------------|--|
| INSTALL DATE: | |
|---------------|--|

| | |
|----------------|--|
| Site Address: | |
| Owner Name: | |
| Owner Phone: | |
| City/State/Zip | |

Information on the device

| | | | |
|----------------------|---|-------------------------------|---|
| Location Description | | | |
| Size: | | Manufacturer: | |
| Serial # | | Model # | |
| Type: | DC <input type="checkbox"/> | DCDC <input type="checkbox"/> | RP <input type="checkbox"/> RPDC <input type="checkbox"/> PVB <input type="checkbox"/> SVB <input type="checkbox"/> |
| Service Type: | Containment <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation <input type="checkbox"/> Mechanical <input type="checkbox"/> | | |
| Premise Type: | Commercial <input type="checkbox"/> Government <input type="checkbox"/> Industrial <input type="checkbox"/> Institution <input type="checkbox"/> Residential <input type="checkbox"/> | | |

Information on the Testing Company

| | | | |
|-----------------|--|--------|--|
| Name: | | | |
| Address: | | | |
| City/State/Zip: | | Phone: | |

Test Results

| | | |
|------------------|--|---------------------------|
| Check Valve #1 | | PSID (required) |
| Check Valve #2 | | PSID (DC, DCDC, RP, RPDC) |
| Relief Valve: | | PSID (RP, RPDC) |
| Air Inlet Valve: | | PSID (PVB, SVB) |
| Line Pressure: | | PSI (Required) |

| | | | |
|--|--|------------|--|
| Tester Name & # <small>Please Print</small> | | Test Date: | |
|--|--|------------|--|

Comments:

REBUILD REQUIRED EVERY 5 YEARS

Rebuilt?

Mail form or FAX to 744-3865 or email to planning@parkcityks.com