



Backflow Device Test Report

402.504.7807 • e-mail: backflow@mudnebr.com • website: www.mudomaha.com

Return to: Metropolitan Utilities District, 1723 Harney St., Omaha, NE 68102

Name: _____
Bus/Owner: _____
Address: _____
Account No. _____

- Test completed
- Test failed
- Retest after repair

- Annual Test
- Relocate
- Replacement
- New Installation

Old serial #: _____

Manufacturer: _____

Location: _____

Model: _____

Contact person: _____

Serial #: _____

Repair information: _____

Device type: _____

Size: _____

Reduced Pressure — Double Check Valve

Relief valve (RP only) opened at _____ PSID

Check valve #1 _____ PSID Held yes no

Check valve #2 _____ PSID Held yes no

Shut off #2 Held yes no

Pressure Vacuum Breaker

Shut off #2 Held yes no

Shut off #1 Held yes no

Check valve Held at _____ PSID

Air vent opened at _____ PSID

Prevents backflow from:

- Carbonator
- Water cooled compressor
- Photo developer or x-ray
- Humidifier
- Lawn sprinkler
- Food processing
- Boiler makeup
- Cooling tower
- Dry cleaning
- Mortuary
- Laboratory or hospital
- Vacuum pump
- Fountain
- Swimming pool
- Chemicals
- Service containment
- Other (describe): _____

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 Metropolitan Utilities District, and that all reading are true and accurate to the best of my knowledge.

State certified technician (please print) _____ Certificate # _____ Date of test _____

State certified technician (signature) _____ Customer (signature) _____

Employer of state certified technician _____ Phone: _____ Fax: _____

Test gauge manufacturer _____ Test gauge serial # _____ Date calibration verified _____ Accuracy verified by _____