

BACKFLOW DEVICE TEST REPORT

METROPOLITAN
UTILITIES DISTRICT

PLEASE RETURN TO: METROPOLITAN UTILITIES DISTRICT, 7350 WORLD COMMUNICATIONS DRIVE, OMAHA, NE 68122
402.504.7807 | backflow@mudnebr.com | mudomaha.com

NAME: _____

BUS/OWNER: _____

ADDRESS: _____

ACCOUNT #: _____

- TEST COMPLETED
- TEST FAILED
- RETEST AFTER REPAIR

- ANNUAL TEST
- RELOCATE
- REPLACEMENT
- NEW INSTALLATION

MANUFACTURER: _____

OLD SERIAL #: _____

MODEL: _____

LOCATION: _____

SERIAL #: _____

CONTACT PERSON: _____

DEVICE TYPE: _____

REPAIR INFO: _____

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: _____

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 readings are true and accurate to the best of my knowledge.

STATE CERTIFIED TECHNICIAN: _____ CERTIFICATE #: _____ DATE OF TEST: _____
(PLEASE PRINT)

STATE CERTIFIED TECHNICIAN: _____ CUSTOMER SIGNATURE: _____
(SIGNATURE)

EMPLOYER OF TECHNICIAN: _____ PHONE: _____ FAX: _____

TEST GAUGE MANUFACTURER: _____ TEST GAUGE SERIAL #: _____

DATE CALIBRATION VERIFIED: _____ ACCURACY VERIFIED BY: _____