



City of Park City
 6110 North Hydraulic
 Park City, KS 67219-2499
 316.744.2026 • fax 316.744.3865

BACKFLOW TEST FORM

INSTALL DATE:	
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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:	
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Comments:

REBUILD REQUIRED EVERY 5 YEARS **Rebuilt?**

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