Welcome to the City's new web portal for the Backflow Prevention Program!

The purpose of this portal is to print test forms for your customers, enter test results completed for submission to the Authority, and report newly installed devices in this jurisdiction.

You must have completed your backflow certification and register with the City as a currently certified tester.

If you have not yet registered in Wichita, please call (316) 219-8919.

If you have already have your registration card, please proceed.

When you click on the icon, you will see this page:

If you have registered with the City but have not yet registered on the website, click on "Register" in the upper right hand corner.

If you are already registered on the web portal, please click on login in the upper right hand corner.

TO REGISTER ON THE WEB PORTAL:

When you click on Register, the following form will appear:

First, create a Username. The Username must be alphanumeric and use at least five characters.

Enter a valid Email address.

Create a Password, then re-enter to confirm the password.

Enter your Kansas Certification number, obtained when you completed the required training or by contacting the program administrator at (316) 219-8918.

Click on the Register button in the lower left corner. **Register** Please give it a few moments to respond.

Once you have successfully registered on the Portal, you will be able to use the site.

TO LOG IN IF YOU HAVE ALREADY REGISTERED:

Click "Login" at the top right hand corner. This page will then appear:
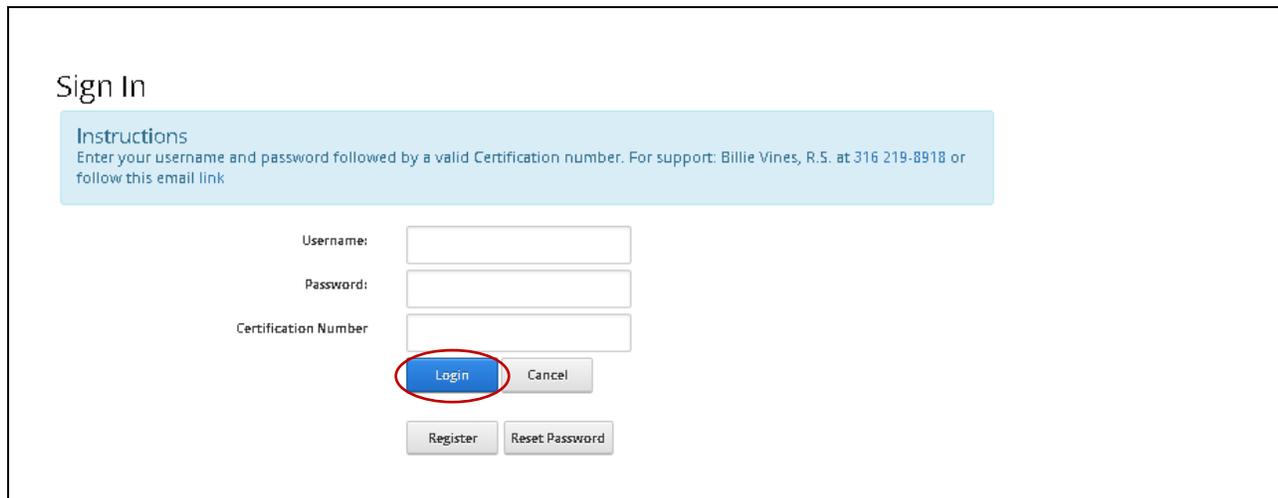
Enter your Username, Password and Certification number. Click the blue Login button.

After you have successfully registered and/or logged in, this page will appear:

You should see the following at the bottom of the page:

TO GENERATE A TEST FORM:

Click on the GENERATE TEST FORM icon.

This form will appear:
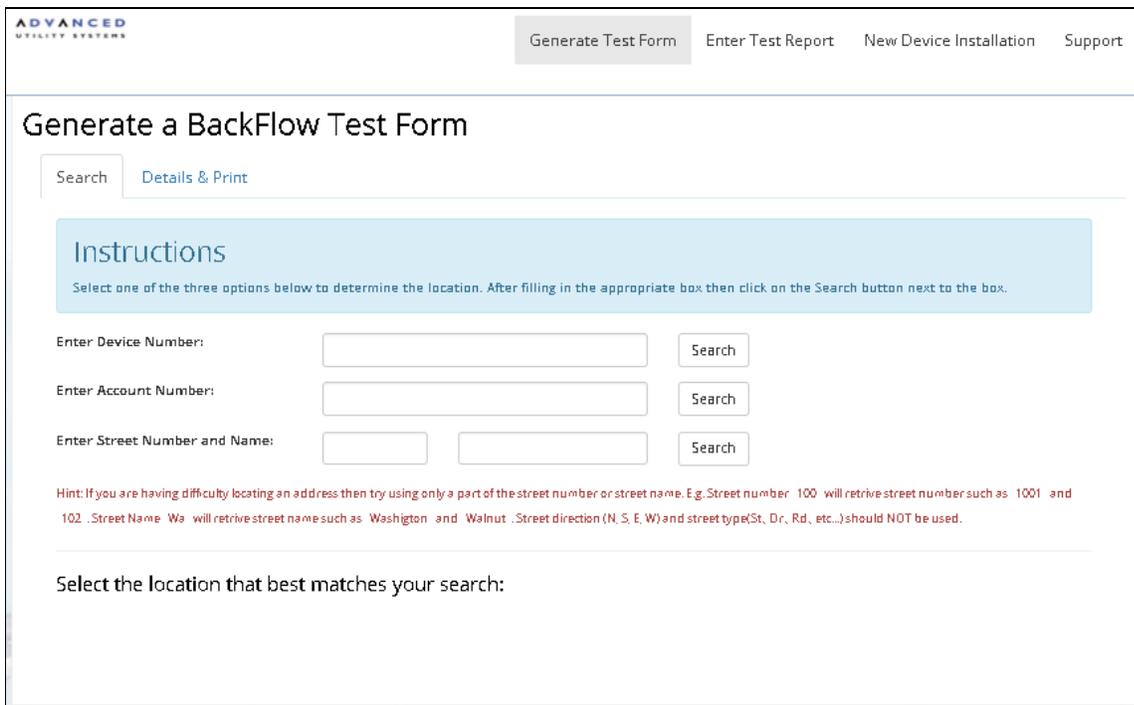
If you have a record of the Device Number (not the Serial #), you may search using that number.

You may search by Account Number. All devices associated with that account should appear with existing device information.

You can also search by Address. This will retrieve all the devices at that service address.

Generate a BackFlow Test Form

Search   Details & Print

Instructions

Select one of the three options below to determine the location. After filling in the appropriate box then click on the Search button next to the box.

Enter Device Number: _____   Search

Enter Account Number: 93174   Search

Enter Street Number and Name: _____ _____   Search

Hint: If you are having difficulty locating an address then try using only a part of the street number or street name. E.g. Street number 100 will retrive street number such as 1001 and 102 .Street Name Wa will retrive street name such as Washigton and Walnut .Street direction (N, S, E, W) and street type(St, Dr, Rd, etc...) should NOT be used.

Select the location that best matches your search:

Select 1825 S MC LEAN BLVD UNIT A, Device#: 24180 - (Account #: 093174)

- Mechanical - MAKE UP FOR BOILER - MECH RM (TEST RECORD) - (WATTS - 909M1QT - [1])
- Containment - JANITOR CLOSET BY MEN'S RR - VERTICAL - (AMES - 200A - [6])
- Mechanical - MAKE UP FOR BOILER MECH RM - REPLACED (TEST RECORD) - (WATTS - 009M2QT - [1])
- Mechanical - MECH RM, BOILER FEED - (WATTS - 909M1QT -)
- Mechanical - RADIOLOGY DEVELOPING RM - TEST RECORD - (WATTS - 008PCQT -)
- Mechanical - MODEL TRIMMERS FOR DENTAL OFFICE (TEST RECORD) - (WILKINS - 460XL -)
- Mechanical - BOILER RM ON CHILLER (TEST RECORD) - (WATTS - 009M2QT - [1])
- Containment - BASEMENT MECH RM (TEST RECORD) - (WILKINS - 975XL - [1])
- Irrigation - BOILER RM [TEST RECORD] - (WATTS - 909M2QT -)
- Mechanical - BASEMENT FOR SUMP PUMP [TEST RECORD] - (WATTS - 909M1QT - [1])
- Irrigation - E OF W DRIVE UNDER COVER (TEST RECORD) - (WILKINS - 720A - [1])
- Containment - E WALL, HYDRANT MECH WRHSE - (WILKINS - 975XL -)
- Irrigation - W SIDE OF GARAGE - LAWN - (WATTS - 800M4 - [1])
- Irrigation - s of house - (WILKINS - 720A - [1])

If you entered a partial address, multiple locations could be retrieved. **Select** the location you are looking for.

Generate a BackFlow Test Form

Search   Details & Print

Instructions

Select the Backflow device associated to the account previously selected. Then click the print form button to print.

Details of selected Address and Device

Account: 093174
Customer: WATER MTR SHOP MAINS
Service Address: 1825 S MC LEAN BLVD UNIT A
Device #: 24180
Serial Number: FG1037
Selected Device: [Select a Device]
Due Dates: Re-Test: 2018-1-16 Re-Build: 2020-7-19

Select the device you will be testing

[Select a Device]   ▼

After you have made your selection click here: Print

Click on the down arrow on the right side of the [Select a Device] and select the device you want to test.

Please note you will see the Account #; Customer Name; Service Address; Device #; Serial #; Selected Device with location, manufacturer, model and size; and Due Dates for Annual test and Rebuild service.

Generate a BackFlow Test Form

Search | Details & Print

Instructions
Select the Backflow device associated to the account previously selected. Then click the print form button to print.

Details of selected Address and Device

Account: 093174
Customer: WATER MTR SHOP MAINS
Service Address: 1825 S MC LEAN BLVD UNIT A
Device #: 24180
Serial Number: FG1037
Selected Device: [24180 - FG1037 - E OF W DRIVE UNDER COVER (TEST RECORD) - - {FEBCO - 765-1 - [1]}]
Due Dates: Re-Test: 2018-02-16T00:00:00 Re-Build: 2020-08-19T00:00:00

Select the device you will be testing

24180 - FG1037 - E OF W DRIVE UNDER COVER (TEST RECORD) - - {FEBCO - 765-1 - [1]}   ▼

After you have made your selection click here: Print

Once you have the correct device, click on the Print button. The following form will appear.

Print Test Form   Cancel | Print   ×

City of Wichita Backflow Test Form

Account:093174 Customer:WATER MTR SHOP MAINS

Address:1825 S MC LEAN BLVD UNIT A, 24180

Device:24180 - FG1037 - E OF W DRIVE UNDER COVER (TEST RECORD) - - {FEBCO - 765-1 - [1]}

Due Date:2018-1-16 Rebuild:2020-7-19

* Tester Id: 3999

* Tester Name: ELIZABETH OWENS

* Certification #:   15999

* Test Date: MM/dd/yyyy   📅

Mark the test type that best fits the description of your test:

☐ ANNUAL TEST   ☐ REBUILD AND TEST
☐ DEVICE MALFUNCTIONING   ☐ REPAIR AND TEST
☐ INITIAL INSTALLATION TEST   ☐ REPLACED NON-REPAIRABLE DEVICE
☐ REMOVED DEVICE AND CAPPED LINE

* Category: Pressure Vacuum Breaker

Test Results :

* Check Valve #1:   PSID

* Line Pressure: PSI

* Air Inlet: PSI

Comments:

Print this form for your field tester service work. Please note: This form is for printing purposes only. Data cannot be entered on this form on the website. You will need to electronically submit written test results using the Enter Test Report page once the test has been completed in the field.
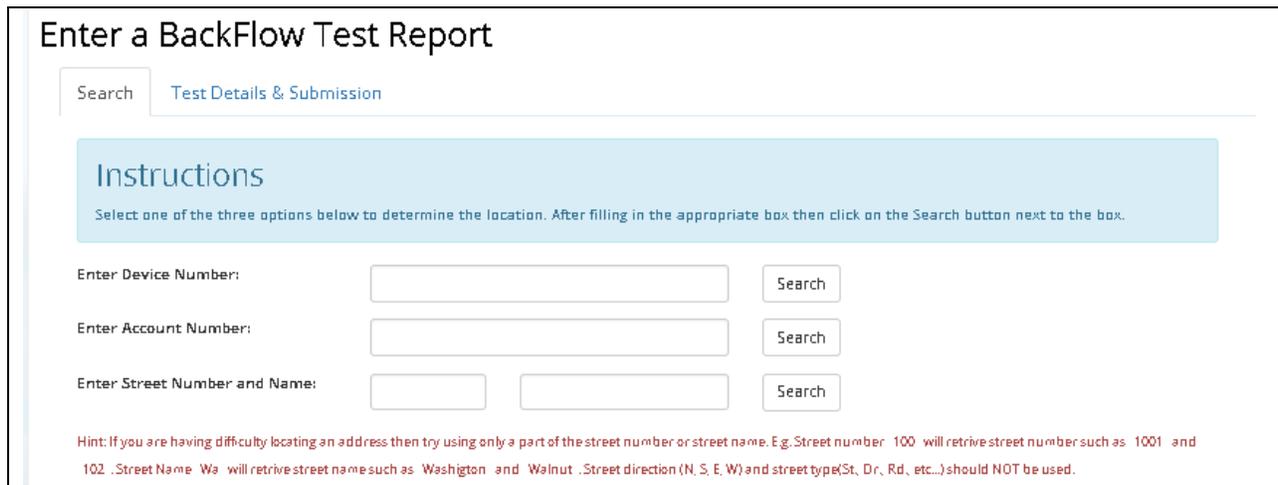
TO REPORT TEST RESULTS:

You can click on the Enter Test Results icon on the front page,

or you can click Enter Test Results at the top of the page.

The following page will appear:

If you printed the test forms from the website, you should have the following information.

If you have a record of the Device Number (not the Serial #), you may search using that number.

Or you can search by Account Number. This will bring up all the devices associated with that account.

You can also search by Address. This will retrieve all the devices at that service address.

The locations matching your Search will appear at the bottom of the form. Select the location that best matches you search.

The following form will appear:

Instructions

Select the Test Type and device associated to the selected account. Then enter the test results.

Tester and account details

Tester ID: 3999
Tester Name: ~~[redacted]~~
Account: 093174
Customer: WATER MTR SHOP MAINS
Service Address: 1825 S MC LEAN BLVD UNIT A
Device #: 24180
Due Dates: Re-Test: 2018-1-16 Re-Build: 2020-7-19

*1. Enter Test Date: [MM/dd/yyyy]

*2. Select Test Type: [ANNUAL TEST ▼]

*3. Device Tested: [[Select A Device] ▼]

4. Enter Test Results

Check Valve # 1

Held At: [_____]
☐ Closed
☐ Leaked
☐ Cleaned

Check Valve # 2

Held At: [_____]
☐ Closed
☐ Leaked
☐ Cleaned

Relief Valve Pressure

Air Inlet

Shut-Off Valve # 1

Shut-Off Valve # 2

Static Pressure: [_____]

Pressure Difference: [_____]

Test Status: [FAILED ▼]

5. Enter Notes: [_____]

[Clear]   [Confirm]

Please select the Test Date, Test Type, and Device being tested.

The appropriate test form should appear. After entering the device test data, only relevant inputs will be available for the device tested, but you will need to select them to enter those values. Static Line pressures are required for every report. The Buffer is shown as Pressure Difference for RP valves and is not yet working correctly and will be an improvement for future updates.

Select the Test Status. If you want the Backflow Administrator to review the test results, select either "Passed - Please Review" or "Failed – Please Review".

Enter any Notes that document helpful or relevant information from your testing work.

Click the Confirm button.

This form will appear:
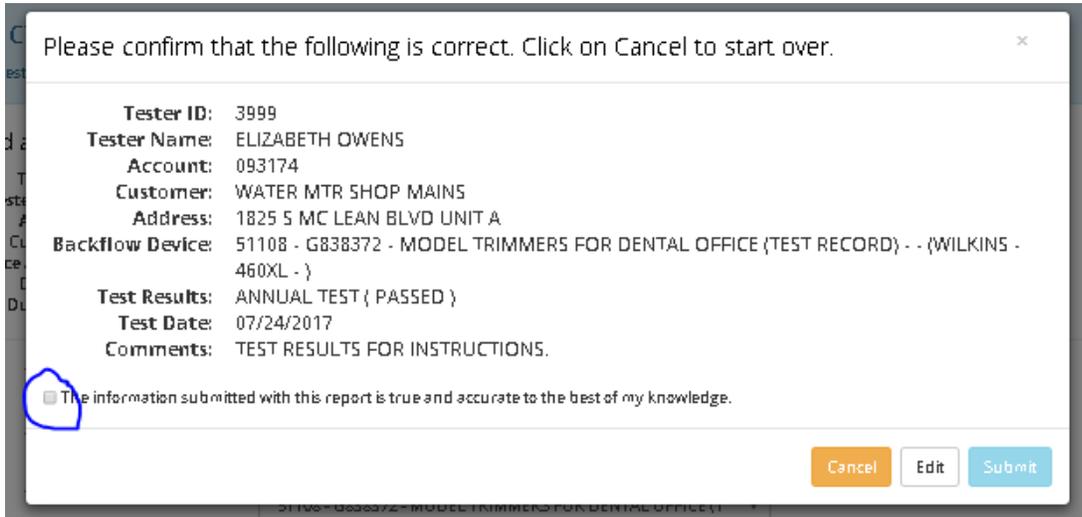
Review the information to make sure it accurately reflects your test results.

Click in the box to the left of the statement, indicating that the information being submitted is true and accurate to the best of your knowledge. This is in lieu of your signature.

Click the Submit button.

This tells you that your entry has been successfully entered.
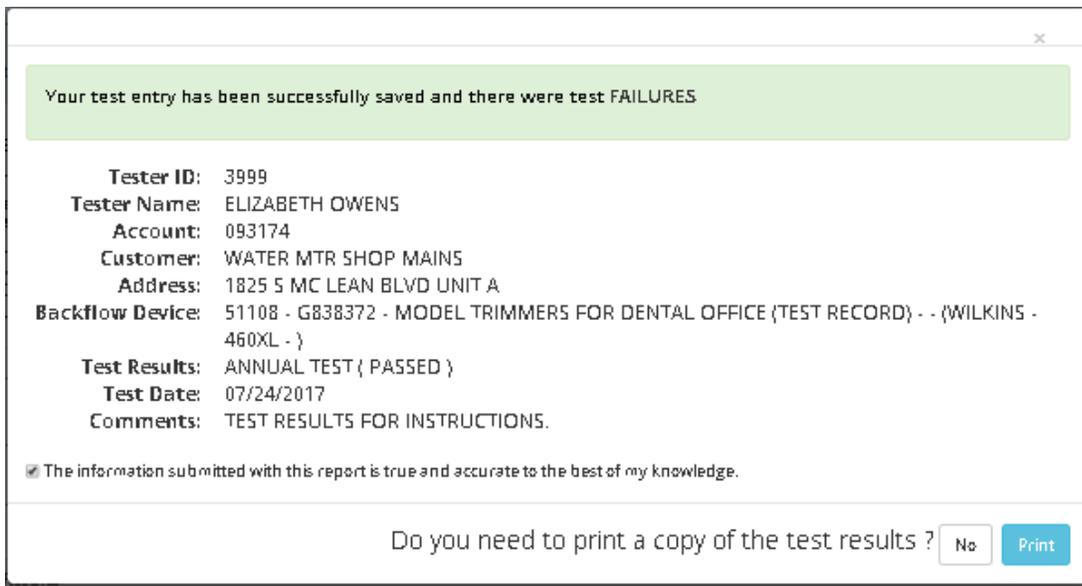
Note: The form currently states there were test FAILURES, whether there were failures or not. We are working with the vendor to correct this issue!

You may now print a copy for your records, if you so desire.

Please note that possible test results include:
- Passed
- Passed – Needs Review
- Failed
- Failed – Needs Review
- Failed – Removed Device
- Removed Device and Capped Line

If the device is broken and needs to be replaced, select Failed – Removed Device as the test result. Then select Install a New Device.

TO REPORT INSTALLATION OF A NEW DEVICE:

Click on the Enter Test Results icon, or click on "New Device Installation" at the top right of the page.

The following form will appear:

PLEASE NOTE: ENTERING A WATER METER NUMBER WILL NOT YET RETRIEVE ANY RECORDS. WE ARE WORKING WITH THE VENDOR TO REMOVE THE FIELD.

Enter the Account Number or the Street Number and Name to retrieve the location. Select the desired location. The following form will appear:

NOTE: WE ARE WORKING WITH THE VENDOR TO REMOVE THE VALIDATE BUTTON, AS IT IS DESIGNED FOR UTILITIES THAT MAINTAIN INVENTORY.

To report installation of a new device, please click on "Create Device". The following form appears:

Enter the device information:

- Skip the Device Number. This will self-populate when you Confirm the other details.
- Enter the Serial Number.
- Select the Size if this is an existing model. **If this is a new model altogether, select size 0**.
- Select the Manufacturer. If the manufacturer is not there, **select New**.
- Select the Model. **If this is a new Model, select the type: AVB, RP, DC, etc**.
- The Device Type will automatically populate.
- Select the Device Use.
- Enter the Location. **Also enter the correct size, manufacturer and model, if you were not able to select that already.**

Select the Date the device was installed.

Click the Confirm button in the bottom right hand corner.

The following will appear:

Click in the box to the left of that statement, affirming that the information submitted is correct. This takes the place of your signature. Then click Submit.

Your entry has been successfully saved.

Tester ID: 3999
Tester Name: ELIZABETH OWENS
Account: 093174
Customer: N/A
Address: 1825 S MC LEAN BLVD UNIT A
Backflow Device:
Installation Date: 07/24/2017

☑ The information submitted with this report is true and accurate to the best of my knowledge.

Would like to enter test results associated with this new device installation ? No Enter Test

If you would like to enter test results, click Enter Test. Otherwise, click No. You will be able to enter test results later using the Enter Test Results icon.

If you choose to enter test results, click Enter Test.

You will be taken to the form to enter test results. Please refer to the instructions above.