

BACKFLOW ASSEMBLY TEST REPORT

Return Legible and Satisfactory Reports to:
TOWN OF GYPSUM - PO BOX 1617 - GYPSUM, CO 81637
3297 COOLEY MESA RD 970-524-5022 FAX

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NEW INSTALL
EXISTING INSTALL
REPLACEMENT
OLD ASSY. SERIAL NUMBER

ASSEMBLY MANUFACTURER		MODEL	SERIAL NUMBER			SIZE		REQUIRED FOR ALL NEW, REPLACEMENTS & REMOVALS INSPECTED BY BUILDING OFFICIAL					
OWNER/CONTR	ROLLER NAME					☐ INSPECTED BY WATER PURVEYOR ADMINISTRATIVE AUTHORITY							
OWNER/CONTR	ROLLER MAILING ADD				TOG WATER DEPT FILE NUMBER								
CONTACT NAME CONTACT P							NE METER NUMBER						
ACILITY NAME		()											
SERVICE ADDR	SERVICE ADDRESS												
LOCATION OF ASSEMBLY													
DOWNSTREAM PROCESS							RVED omestic Water S re Service	Service		igation Service			
INITIAL TEST RESULTS							TEST	AFTER	REPAIRS	OR CLEAN	ING		
	LINE PRESSUR	E AT TIME OF TE	EST _		PSIG								
<u>RPBA</u>	PRESSURE DROP ACROSS #1 CHECK VALVE PSID RELIEF VALVE OPENED AT PSID					PRESSURE DROP ACROSS #1 CHECK VALVE PSID RELIEF VALVE OPENED PSID							
	NO. 1 CHECK:	□ CLOSE	ED TIGHT	LEA	PSID KED		LIEF VALVI). 1 CHECK:		CLOSEI	D TIGHT	PSID LEAKED		
	NO. 2 CHECK:	☐ CLOSE	ED TIGHT	LEA:	KED	NO	. 2 CHECK:		CLOSEI	D TIGHT	☐ LEAKED		
	PASSED TEST APPROVED AC	☐ YES G? ☐ YES	□ NO □ NO			PA	SSED TEST		YES	□ NO			
		E AT TIME OF TE			PSIG								
	NO. 1 CHECK:	□ CLOSE	_		PSID	NO	0. 1 CHECK:		CLOSEI		PSID		
DCVA	NO. 2 CHECK:	☐ LEAKI	ED ED TIGHT			NO	o. 2 CHECK:		LEAKE				
	NO. 2 CHECK.	☐ LEAKI	=		_ PSID	NO	. 2 CHECK.		LEAKE		PSID		
	PASSED TEST	□ YES	□ NO			PA	SSED TEST		YES	□ NO			
		E AT TIME OF TE	-		PSIG			o.p.			Davo		
<u>PVB</u>	AIR INLET:	OPENED A	T D TO OPEN		PSID	All	R INLET:		ENED AT	TO OPEN	PSID		
	CHECK VALVE				PSID	CHI	ECK VALVE		LD TIGHT		PSID		
	□ LEAKED								LEAKE	D			
	PASSED TEST	□ YES	□ NO		YES	PAS	SSED TEST		YES	□ NO	EANING		
<u>AG</u>		GAP SEPARATION X Diameter of Supply P		_	NO	II				AIR OR CLE RKS SECTIO	ON BELOW		
PROPER INST	ALLATION?		WATER SERVICE R	ESTORE)?	YE		DETECTO	R METER R	EADING - WHEN	APPLICABLE		
REMARK	· ·	□ NO				□ NO)						
KEMAKK	ω.												
INITIAL TEST BY (PRINTED NAME):						CER	T NO.			CERT EX	PIRATION		
TEST KIT MAKE MODEL						SN#				CAL. DAT	E		
TESTEDIS SIGNATURE.							ГЛАТЕ			PHONE			
TESTER'S SIGNATURE:						TEST DATE PHO			PHUNE				
(I CERTIFY THAT I USED WAC 246-290-490 APPROVED TEST METHODS AND DIFFERENTIAL PRESSURE TEST EQUIPMENT)							TESTER'S COMPANY NAME			TESTER'S PHONE			