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

PJENSEN@TOWNOFGYPSUM.COM

- ☐ 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
- ☐ INSPECTED BY WATER PURVEYOR

ADMINISTRATIVE AUTHORITY: **TOG WATER DEPT**

OWNER/CONTROLLER NAME

OWNER/CONTROLLER MAILING ADDRESS

FILE NUMBER

CONTACT NAME | CONTACT PHONE

METER NUMBER

FACILITY NAME

SERVICE ADDRESS

LOCATION OF ASSEMBLY

DOWNSTREAM PROCESS

AREA SERVED
- ☐ Domestic Water Service
- ☐ Irrigation Service
- ☐ Fire Service
- ☐ Other

	INITIAL TEST RESULTS	TEST AFTER REPAIRS OR CLEANING
RPBA	LINE PRESSURE AT TIME OF TEST _____ PSIG PRESSURE DROP ACROSS #1 CHECK VALVE _____ PSID RELIEF VALVE OPENED AT _____ PSID NO. 1 CHECK: ☐ CLOSED TIGHT ☐ LEAKED NO. 2 CHECK: ☐ CLOSED TIGHT ☐ LEAKED **PASSED TEST** ☐ **YES** ☐ **NO** **APPROVED AG?** ☐ **YES** ☐ **NO**	PRESSURE DROP ACROSS #1 CHECK VALVE _____ PSID RELIEF VALVE OPENED _____ PSID NO. 1 CHECK: ☐ CLOSED TIGHT ☐ LEAKED NO. 2 CHECK: ☐ CLOSED TIGHT ☐ LEAKED **PASSED TEST** ☐ **YES** ☐ **NO**
DCVA	LINE PRESSURE AT TIME OF TEST _____ PSIG NO. 1 CHECK: ☐ CLOSED TIGHT _____ PSID ☐ LEAKED NO. 2 CHECK: ☐ CLOSED TIGHT _____ PSID ☐ LEAKED **PASSED TEST** ☐ **YES** ☐ **NO**	NO. 1 CHECK: ☐ CLOSED TIGHT _____ PSID ☐ LEAKED NO. 2 CHECK: ☐ CLOSED TIGHT _____ PSID ☐ LEAKED **PASSED TEST** ☐ **YES** ☐ **NO**
PVB	LINE PRESSURE AT TIME OF TEST _____ PSIG AIR INLET: OPENED AT _____ PSID ☐ FAILED TO OPEN CHECK VALVE: HELD TIGHT AT _____ PSID ☐ LEAKED **PASSED TEST** ☐ **YES** ☐ **NO**	AIR INLET: OPENED AT _____ PSID ☐ FAILED TO OPEN CHECK VALVE: HELD TIGHT AT _____ PSID ☐ LEAKED **PASSED TEST** ☐ **YES** ☐ **NO**
AG	APPROVED AIR GAP SEPARATION PROVIDED? ☐ YES ☐ NO (Physical Separation = 2 X Diameter of Supply Pipe to Overflow Rim)	**PLEASE RECORD REPAIR OR CLEANING INFORMATION IN REMARKS SECTION BELOW**

PROPER INSTALLATION? ☐ YES ☐ NO

WATER SERVICE RESTORED? ☐ YES ☐ NO

RECORD DETECTOR METER READING - WHEN APPLICABLE

REMARKS:

INITIAL TEST BY (PRINTED NAME):	**CERT NO.**	**DATE**
REPAIRED BY (PRINTED NAME):		**DATE**
FINAL TEST BY (PRINTED NAME):	**CERT NO.**	**DATE**
TEST KIT MAKE / **MODEL**	**SN#**	**CAL. DATE**
TESTER'S SIGNATURE:	**Test Date**	Phone
I CERTIFY THAT I USED WAC 246-290-490 APPROVED TEST METHODS AND DIFFERENTIAL PRESSURE TEST EQUIPMENT)	TESTER'S COMPANY NAME	TESTER'S PHONE

FAILED, INCOMPLETE AND ILLEGIBLE TEST REPORTS WILL NOT BE ACCEPTED

ONLY TOWN OF GYPSUM TEST FORMS WILL BE ACCEPTED