



# City of Woodland Park Utilities

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Assembly Serial # \_\_\_\_\_

Test Date / Time: \_\_\_\_\_

Tester Certification # \_\_\_\_\_

Assembly Test Results:  Pass  \*Fail

Under Suspension - Process Immediately

## Backflow Assembly Test & Maintenance Report

Facility Name: \_\_\_\_\_

Meter #: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Type:  RP  DC  PVB  Air Gap

Size: \_\_\_\_\_ Date Installed: \_\_\_\_\_

New  Existing

Previous Assembly #: \_\_\_\_\_

Location: \_\_\_\_\_

### Type of Use

- Domestic
- Fire
- Glycol
- Irrigation
- Recycled

### Protection

- Containment
- Containment by Isolation
- Isolation

### Orientation

- Inlet Outlet
- Horizontal
  - Vertical Up
  - Vertical Down
- Approved: Y N

Line PSI: _____	Initial Test Results		Repairs	Re-Test Results	
	Tightness	Differential		Tightness	Differential
Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input type="checkbox"/> Tight			<input type="checkbox"/> Leak <input type="checkbox"/> Tight	
Check Valve #2 (RP, DC, PVB)	<input type="checkbox"/> Leak <input type="checkbox"/> Tight			<input type="checkbox"/> Leak <input type="checkbox"/> Tight	
Relief Valve (RP)					
Buffer (RP)					
Air Inlet (PVB)					

Shutoff Valve #1:  Tight  Leaking  Replaced

Shutoff Valve #2:  Tight  Leaking  Replaced

Backpressure:  Yes  No

Test Procedure:  ABPA  ASSE

Comments: \_\_\_\_\_  
\_\_\_\_\_

Alarm Company/Fire Department: \_\_\_\_\_

Person Notified: \_\_\_\_\_ Contacted By: \_\_\_\_\_

Turn Off Date/Time: \_\_\_\_\_ Turn On Date/Time: \_\_\_\_\_

Test Kit Make: \_\_\_\_\_ Model/Serial #: \_\_\_\_\_ Last Calibration Date: \_\_\_\_\_

Testing Company: \_\_\_\_\_

Tester Name: \_\_\_\_\_ Certificate Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_