



City of Woodbury - Water Utility

Backflow Assembly Test Report

Phone: 651-714-3720

Fax: 651-714-3721

E-mail: publicworks@woodburymn.gov

Owner Name: _____

Contact Person: _____

Address: _____

Phone Number: _____

City: Woodbury

State: MN

Business Name: _____

Site Address: _____

Device Location: _____

Isolates What System: _____

Make: _____

Model: _____

Serial No.: _____

Size: _____

Line Pressure at time of test: (psi) _____

Date Installed: _____

Date Overhauled: _____

Date Tested: _____

| | Check Valve No. 1: | Check Vale No. 2: | Differential Pressure Relief Valve: |
|---|---|---|---|
| Annual Test | 1. Leaked _____ 2. Closed Tight _____ 3. RP _____ | 1. Leaked _____ 2. Closed Tight _____ | 1. Opened at (psid) _____ Reduced Pressure _____ 2. Did not open _____ |
| R E P A I R S | Cleaned: _____ Replaced: _____ Disc _____ Spring _____ Guide _____ Pin Retainer _____ Hinge Pin _____ Seat _____ Diaphragm _____ Other, Describe _____ | Cleaned: _____ Replaced: _____ Disc _____ Spring _____ Guide _____ Pin Retainer _____ Hinge Pin _____ Seat _____ Diaphragm _____ Other, Describe _____ | Cleaned: _____ Replaced: _____ Disc, Upper _____ Disc, Lower _____ Spring _____ Diaphragm, Large: _____ Upper _____ Lower _____ Diaphragm, Small: _____ Upper _____ Lower _____ Seat: _____ Upper _____ Lower _____ Spacer, Lower: _____ Other, Describe _____ |
| Note: All repairs to be made within ten (10) days of failed test. | | | |
| Final Test | Closed Tight _____ RP (psid) _____ | Closed Tight _____ | Opened at (psid) _____ Reduced Pressure _____ |

The above is certified correct.

Sign and date Device Tag. [___]

Signed: _____

Date: _____

Tested By (Print Name) _____

Certification Number: _____

Company Name: _____

License Number: _____

All sections of this report must be completed.

Return/Fax/E-mail to: City of Woodbury
Water Utility
2301 Tower Drive
Woodbury MN 55125-1642
publicworks@woodburymn.gov