



**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