AIR GAP VERIFICATION

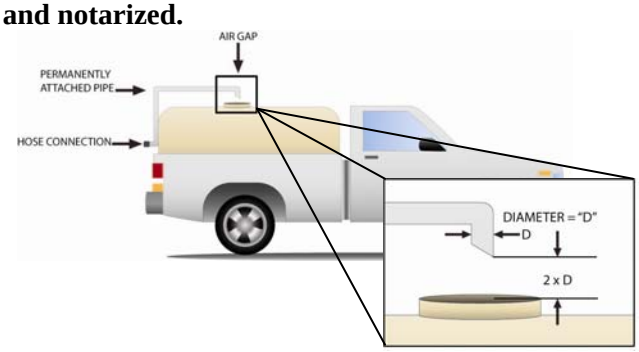
FOR MOBILE APPLICATIONS

A completed Air Gap Verification form and Backflow Assembly Test & Maintenance Report must be on file with each water supplier you obtain water from and a copy kept in the vehicle.

Form must be signed and dated by a certified ABPA/ASSE backflow assembly tester. A Backflow Assembly Test & Maintenance Report shall be submitted along with the Air Gap Verification form and kept on file. The form must be filled out and signed by the owner /owner's agent who is responsible for the fabrication, maintenance and repair of any air gap to be used on tank trucks, trailer mounted fill spouts or any other tank designed to carry water obtained from any potable water distribution system. A certified ASSE/ABPA tester can be found at http://www.dexknows.com/ (search "Backflow" in "Denver, Co").

Form must also be signed by the owner of the conveyance and notarized.

MINIMUM SPECIFICATIONS FOR A MOBILE AIR GAP: (Applies to external piping only)



1. Vertical distance from discharge pipe to the flood level the container must be at least two times the diameter of discharge pipe.
2. No hoses to prevent spillage or splashing shall be attached to the discharge pipe at any time.

VEHICLE: **Make:** _____ **License:** _____ **ID Number:** _____

Tank Size: _____ Gal. **Fill Pipe Diameter:** _____ Inches **Air Gap Distance:** _____Inches

Address of normal storage location of vehicle: _____

COMPANY: _____ PHONE: (____)_____

ADDRESS: _____ STATE: _____ ZIP:_____

OWNER/PRESIDENT: _____ TITLE: _____

The above-described vehicle and air gap specification exists at this time and will be maintained at all times in the future. I understand that not maintaining this air gap specification is in violation of Colorado Department of Health Regulations and Colorado State Plumbing Code. Violation of these Regulations can result in all permits for obtaining water from a public water system being revoked in addition to other fines and penalties.

Certified ABPA/ASSE Air Gap Tester: _____

Signature Date

_____

Certification Number

Owner/Owner's Agent: _____

Signature Date

State of: _____ County of: _____

On this _____ day of _____, 20 ____, before me, the undersigned, a Notary Public in and for said State personally appeared, is known to me, or proved to be on the basis of satisfactory evidence to be the person(s) who name(s) is (are) subscribed to in the foregoing instrument and acknowledged that he/she executed the same.

Witness my hand and official seal Signature: _____

(reserved for official seal)

_____

My commission expires

Assembly Serial #	_____
Test Date / Time	_____
Tester Certification #	_____
DW Account ID #	_____
DW Premise ID#	_____
Assembly Test Results	☐ **Pass** ☐ ***Fail**

Denver Water Backflow Assembly Test & Maintenance Report *(please print with* **BLOCK LETTERING***)*

Account

Water Supplier: Denver Water District: _____ Meter #: _____

Facility Name: _____ Phone: _____

Address: _____ City: _____ ST: _____ Zip: _____

Assembly

Make: _____ Model: _____ Size: _____ Date Installed: _____

Type: ☐ RP ☐ DC ☐ PVB ☐ AVB ☐ Air Gap

Location on property: _____

☐ New
☐ Existing
☐ Replacement
Previous Assembly Serial #
_____

Use
☐ Domestic
☐ Fire ☐ Glycol
☐ Irrigation ☐ Recycle
☐ Process

Protection
☐ Containment
☐ Containment by Isolation
☐ Isolation

Orientation

Inlet		Outlet
☐	Verticle Up	☐
☐	Horizontal	☐
☐	Verticle Down	☐

Approved: Y ☐ N ☐

Testing & Maintenance

	Initial Test Results		Repairs/Comments	Re-Test Results	
	Tightness	Differential		Tightness	Differential
Check Valve #1 (RP, DC, PVB)	☐ Leak ☐ Tight			☐ Leak ☐ Tight	
Check Valve #2 (RP, DC)	☐ Leak ☐ Tight			☐ Leak ☐ Tight	
Relief Valve (RP)					
Buffer (RP)					
Air Inlet (PVB)					
Backpressure	☐ Yes ☐ No				
Shutoff Valve #1	☐ Leak	☐ Tight			
Shutoff Valve #2	☐ Leak	☐ Tight			

***FAILED** test results "must" be reported to Denver Water within 24 hours of failure at 303-628-5969.

Test Procedure: ☐ ABPA _____ ☐ ASSE _____

Comments: _____

Notification

Alarm Company/Fire Department Notified: _____

Person Notified: _____ Contacted By: _____

Turn Off Date/Time: _____ Turn On Date/Time: _____

Test Kit

Test Kit Make: _____ Model: _____

Serial #: _____ Last Calibration Date: _____

Tester

Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.

Testing Company: _____

Tester Name: _____ Phone: _____

Signature: _____ Certificate Expiration Date: _____

Testing Company: Please submit by E-mail (CrossConnectionControl@denverwater.org) and type "Backflow Test Reports" in the subject line OR submit by Fax (303-794-8325). E-mail is preferred.