



Public Works Department
Water Division

YEAR 2012
APPLICATION FOR BACK FLOW ASSEMBLY TESTING
WITHIN THE CITY OF POST FALLS

Name: _____ Date: _____

Address: _____

_____ Zip: _____

Telephone Daytime: _____ Evening: _____

Current Employer: _____

Address: _____

_____ Zip: _____

Telephone: (____) _____ Fax (____) _____

Cell No.: (____) _____ E-mail: _____

I. B. O. L. / B. A. T. No.: _____ Expiration Date: _____

Backflow Assembly Tester Recertification Date: _____ (*Mandatory every two years.)

Test Equipment Verification of Calibration Date: _____ (*Mandatory annually.)

NOTE: The City of Post Falls has your permission to distribute as well as post your company, employees' and telephone number on the City's web page, available to the general public.

Please check one: _____ (YES) _____ (NO)

***NOTE: Copies of the 2012 annual report verifying test equipment calibration and current State of Idaho Bureau of Occupational Licenses validation card must accompany this application.**

****NOTE: The City of Post Falls requires both a backflow assembly test report be submitted to the Water Division within ten (10) days of test, and a "TAG" containing the tester's name and date of satisfactory test be attached to the assembly. Any backflow prevention assembly left in a failed (non-passing) condition, creating a potential threat to the potable water supply, must be reported to the Water Division within 24 hours!**

*****NOTE: The Water Division will no longer accept any faxed backflow assembly test report without a cover sheet. Preferably e-mail backflow assembly test reports as attachments to cdaniels@postfallsidaho.org via the City of Post Falls web site www.postfallsidaho.org click on the tab Document Center/Streets-Water/Forms.**