

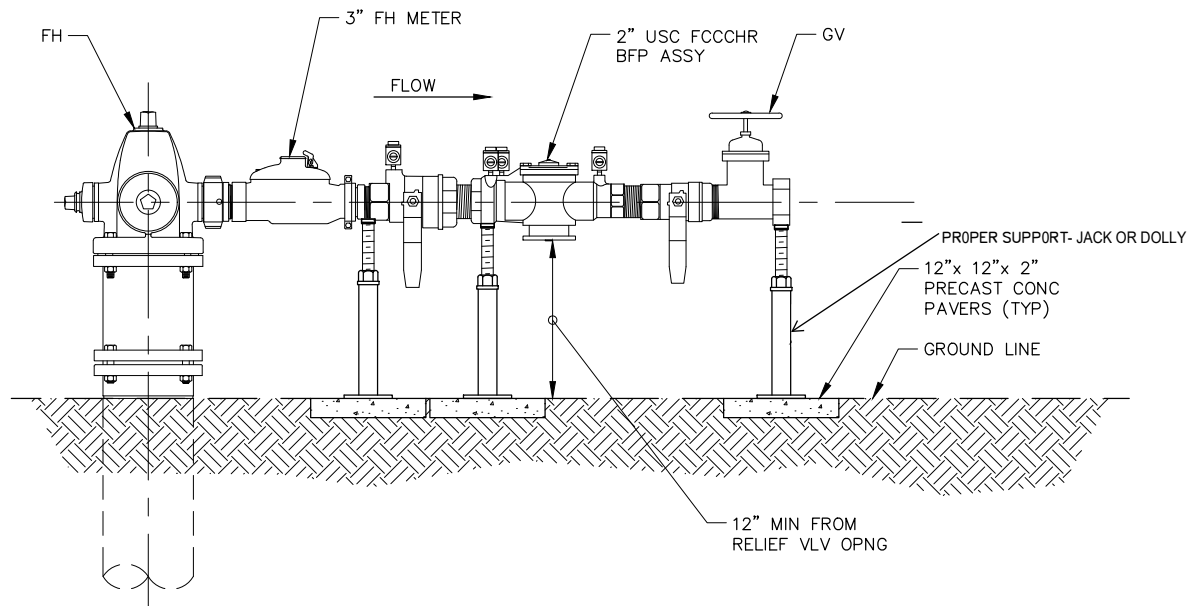
DRAWN BY: <i>BAIRES</i>
CHKD BY: <i>K ROSS/KLR</i>
APPD BY: <i>[Signature]</i>
ORIGINATION DATE: <i>JULY 2021</i>
REVISION DATE:

**STANDARD DESIGN FOR
HYDRANT INTERCONNECTION**

Specification Courtesy of Denver Water

 **City of
Thornton**

9500 Civic Center Dr
Thornton, Colorado
80229
T: 303.538.7200
Thorntonco.gov



NOTES:

1. USE OF A CITY OF THORNTON HYDRANT REQUIRES A VALID HYDRANT USE APPLICATION
2. REDUCED PRESSURE PRINCIPLE BACKFLOW PREVENTION ASSEMBLY SHALL BE APPROVED BY CITY OF THORNTON AND FULLY SUPPORTED WHEN CONNECTED TO THE FIRE HYDRANT
3. REDUCED PRESSURE PRINCIPLE BACKFLOW PREVENTION ASSEMBLY SHALL BE UNIVERSITY OF SOUTHERN CALIFORNIA FOUNDATION FOR CROSS CONNECTION CONTROL AND HYDRAULIC RESEARCH APPROVED
4. THE BACKFLOW PREVENTION ASSEMBLY SHALL BE TESTED ANNUALLY AND A COPY OF THE TEST SHALL BE SUBMITTED TO THE CITY OF THORNTON
5. THE CONTRACTOR IS RESPONSIBLE FOR ANY DAMAGE TO FIRE HYDRANT DURING USE
6. SUPPORT OF BACKFLOW PREVENTION ASSEMBLY
7. PROTECT HOSE IN TRAFFIC CONDITIONS WITH RAMP

DRAWN BY: *BAIRES*

CHKD BY: *K ROSS/KLR*

APPD BY: *[Signature]*

ORIGINATION DATE: *JULY 2021*

REVISION DATE:

STANDARD HYDRANT METER INSTALLATION

Specification Courtesy of Denver Water



9500 Civic Center Dr
Thornton, Colorado
80229
T: 303.538.7200
Thorntonco.gov

Assembly Serial #	_____
Test Date / Time	_____
Tester Certification #	_____
Assembly Test Results	<input type="checkbox"/> Pass <input type="checkbox"/> *Fail
	<input type="checkbox"/> Under Suspension - Process Immediately

Backflow Assembly Test & Maintenance Report (please print CLEARLY with BLOCK LETTERING)

Account	Business Name: _____					
	Facility Address: _____				City: _____	
	Contact Person: _____			Phone: _____		
Assembly	Make: _____ Model: _____		Type Of Use		Orientation	
	Type: <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap		<input type="checkbox"/> Domestic		<input type="checkbox"/> Inlet <input type="checkbox"/> Outlet	
	Size: _____ Date Installed: _____		<input type="checkbox"/> Fire <input type="checkbox"/> Control		<input type="checkbox"/> Horizontal <input type="checkbox"/>	
	<input type="checkbox"/> New <input type="checkbox"/> Existing		<input type="checkbox"/> Irrigation		<input type="checkbox"/> Vertical Up <input type="checkbox"/>	
	Previous Assembly #: _____		<input type="checkbox"/> Recycled		<input type="checkbox"/> Vertical Down <input type="checkbox"/>	
	Location: _____		Supplies: _____			
Testing & Maintenance	Line	Initial Test	Repairs		Retest	
	PSI:					
	Check Valve #1 (RP, DC, PVB)					
	Check Valve #2 (RP, DC)					
	Relief Valve (RP)					
	Buffer (RP)					
	Air Inlet (PVB)					
	Test Procedure: <input type="checkbox"/> APCA <input type="checkbox"/> ASSE					
Comments	Comments/Issue: _____					

Test Kit	Test Kit Make: _____			Model: _____		
	Serial #: _____			Calibration Expiration: _____		
Tester	Testing Company: _____					
	Tester Name: _____			Phone: _____		
	Signature: _____			Tester Certification Expiration: _____		

Testing Company: Submit by e-mail (preferred) to Backflow@Thorntonco.gov,
type "Backflow Test Reports" in the subject line.

*** FAILED test results must be reported within 24 hours of failure at (720) 977-6586.**