

# HAYDEN LAKE IRRIGATION DISTRICT

2160 W. Dakota Ave.  
Hayden, Idaho 83835-5122  
24 hr. (208) 772-2612 ♦ FAX (208) 772-5348  
[backflowhlid@haydenirrigation.com](mailto:backflowhlid@haydenirrigation.com)

## BACKFLOW TESTER RULES AND REGULATIONS

1. The person performing the test (Tester) must provide Hayden Lake Irrigation District (HLID) a current copy of their Backflow Assembly Tester license issued by the State of Idaho.
2. Tester shall maintain calibration records on all test equipment and provide a current copy to HLID.
3. **No** reminders will be sent by HLID to you of expired certification/calibration.
4. Test reports shall be **legible** and **complete** (complete all fields related to the assembly tested and test equipment information). **An incomplete test form will be rejected.**
5. Tester shall be notified by HLID of rejected test reports:
  - Seventy-two (72) hours will be provided to correct the matter
  - The property owner will be notified within seven (7) days if a response has not been received by HLID
6. **Passing test** reports shall be submitted within seven (7) days of the date of the test.
7. **Failed test** reports shall be submitted within seventy-two (72) hours of the test (assembly turned off) and be accompanied by a time estimate of when the repairs will be made.
8. Test reports may be dropped off at our office, mailed or faxed using the information above or emailed to [backflowhlid@haydenirrigation.com](mailto:backflowhlid@haydenirrigation.com). Illegible or incomplete reports will be rejected.
9. Lawn irrigation systems must be tested when the system is recharged (turned on) and/or prior to June 30<sup>th</sup>. The system does not have to be operating by June 30<sup>th</sup> but a satisfactory backflow test must be submitted prior to June 30<sup>th</sup>.
10. Tester may be contacted by HLID to observe the tester perform a test within the boundaries of Hayden Lake Irrigation District.
11. Test reports may be immediately rejected under the following circumstances:
  - Contains incomplete or known inaccurate information
  - Illegible
  - Signed by individual not on HLID's approved testers list
  - HLID accepted test form **not** used and/or modified
  - Test is signed by individual other than person who actually performed the test
  - Test report not submitted within the seven (7) day requirement.
  - Tester license is expired
  - Test equipment has expired calibration report

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## Backflow Prevention Assembly Tester Application

### Application Requirements

1. Provide a current copy of your Idaho Bureau of Occupation License (IBOL).
2. Provide a copy of your current calibration report for all test gages that will be used in field testing procedures. Test gages must be calibrated within the previous twelve (12) months prior to application and maintain annual calibration. Information required on the calibration report are as follows:
  - a. Manufacturer
  - b. Model
  - c. Serial Number
  - d. Calibration Date
  - e. Owner of Gage
3. A completed and signed application may be dropped off at our office, mailed or faxed using the information above or emailed to [backflowhlid@haydenirrigation.com](mailto:backflowhlid@haydenirrigation.com).
4. Read and sign the Code of Ethics. If the Code of Ethics is not received with a signature, your application will be considered incomplete and will not be submitted.

The approved tester information is on a first come first serve program. This list is capped at 20 companies.

Please check one of the options below:

I would like to be listed on the approved tester list

I **DO NOT** want to be listed on the approved tester list

The undersigned has read, understands and agrees to abide by HLID's Rules and Regulations.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Backflow Prevention Assembly Tester Application

**Tester must be licensed in Idaho**

## TESTER INFORMATION

Name of Tester: \_\_\_\_\_

License No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Please fill out company information for all companies you test for  
(use additional pages if necessary)

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_