

**Idaho State Department of Agriculture
 Division of Agricultural Resources – Chemigation Program
 PO BOX 7249
 BOISE, ID 83707**

**Independent Laboratory
 Check Valve Certification Form**

The following information is required to be provided to the Idaho State Department of Agriculture per IDAPA 02.03.03 Subsection 961.01 for each irrigation line check valve that is intended to be used in a chemigation system.

An independent laboratory’s certification that contains the same information as required below will be accepted in lieu of completing this form.

CHEMIGATION VALVE	
Manufacturer:	Address:
City, State, ZIP:	Phone:
Model#, and Size:	Valve Type:
Max. Flow Rate (in gallons per minute):	Working Pressure (Pressure Rating in PSI):

INDEPENDENT TEST LABORATORY	
NAME	
ADDRESS	
CONTACT	
PHONE	

The laboratory, listed above, certifies that the device named in this document has been tested and meets, or exceeds, the criteria required in section IDAPA 02.03.03.966 of the Rules Governing Pesticide and Chemigation Use and Application, administered by the Idaho State Department of Agriculture.

CERTIFICATION BY LABORATORY ADMINISTRATION:

Signature, Title, and Date

Complete the documentation of laboratory testing and observations on the following pages or attach equivalent and mail signed original to Westy Pickup at the address listed at the top of this page.

Manufacturer: _____
Model: _____

Date of Test: _____
Tested by: _____

CHECK VALVE or VALVE ASSEMBLY LABEL (IDAPA 02.03.03. 966.03)

The following items must be labeled (in a durable fashion), on the body of the valve prior to laboratory certification;

1. Manufacture's Name:
2. Model #:
3. Working Pressure (pounds per square inch):
4. Maximum Rate of Flow (gallons per minute):
5. Direction of Flow:

MATERIAL SPECIFICATIONS

SPRING _____ BODY _____

CLAPPER _____ MISC _____

SEAT _____

LEAK TESTS (IDAPA 02.03.03. 966.04)

1. HIGH PRESSURE TEST:

Date: _____ Time: _____

(1 minute – 300 PSI minimum or 2 times the manufacturer's rated pressure, whichever is greater.)

Manufacturer's Rated Pressure: _____ Tested Pressure: _____

HIGH PRESSURE TEST PROCEDURES: _____

LEAKAGE NOTED: _____

Manufacturer: _____
Model: _____

Date of Test: _____
Tested by: _____

2. LOW PRESSURE DRIP TEST (HYDROSTATIC PRESSURE TEST):

FIVE (5) FOOT (1.5 M) WATER COLUMN:

HORIZONTAL - BEGIN	DATE _____	TIME _____
END	DATE _____	TIME _____
VERTICAL - BEGIN	DATE _____	TIME _____
END	DATE _____	TIME _____

The closed valve must be subjected to an internal hydrostatic pressure equivalent to the head of a column of water five (5) feet (1.5 meters) high retained in the downstream portion of the valve body for at least 16 hours. Test in both horizontal and vertical positions.

LOW PRESSURE TEST PROCEDURES: _____

LEAKAGE NOTED: _____
