

2017 BACKFLOW PREVENTER PERMIT

PERMIT #: RPZ2017-

CIRCLE ONLY ONE (ONE FORM PER DEVICE):

- TEST
- REBUILD/REPAIR (INCLUDES TEST)
- NEW INSTALL (INCLUDES TEST, REQUIRES INSPECTION)
- REPLACEMENT (INCLUDES TEST, REQUIRES INSPECTION)

\$30.00 + \$1.00 State Surcharge = \$31.00
 \$30.00 + \$1.00 State Surcharge = \$31.00
 \$65.00 + \$1.00 State Surcharge = \$66.00
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Job Address: _____

Location of Assembly: _____

Irrigation must be tested in spring.

BACKFLOW ASSEMBLY INFORMATION (All Fields are Required)

System Served: _____ Manufacturer: _____

Model #: _____ Size of Assembly: _____

Serial #: _____ Date of Test: _____

Line Pressure at Time of Test: _____ Gage Calibration Date: _____

Reduced Pressure Principle Backflow Preventer (RP) – TEST RESULTS

	Check Valve #2	Shutoff Valve #2	Check Valve #1	Pressure Differential Relief Valve
Results	Closed Tight ___ Yes No	Closed Tight ___ Yes No	Closed Tight ___ Yes No Pressure Drop Across Check Valve #1 _____ psid	Opened at _____ psid

Double Check Backflow Prevention Assembly (DC) – TEST RESULTS

	Check Valve #1	Check Valve #2	Shutoff Valve #2
Results	Closed Tight ___ Yes ___ No psid _____	Closed Tight ___ Yes ___ No psid _____	Closed Tight ___ Yes No

Pressure Vacuum Breaker Assembly (PVB) or Spill Resistant Vacuum Breaker (SRVB) – TEST RESULTS

	Air Inlet Valve	Check Valve	Shutoff #2
Results	Failed to Open ___ Yes ___ No Opened at _____ psid	Closed Tight ___ Yes ___ No Pressure Drop Across Check Valve #1 _____ psid	Closed Tight ___ Yes ___ No

CERTIFICATION: I certify the foregoing information provided by me to be correct and that the tested device is functioning with the limits of the standards.

Name (Print): _____ Signature: _____ Date: _____

State of MN Certificate Number: _____

Contractor Name _____ Phone #: _____

Address _____

City, State, Zip Code _____

Email: _____

Bldg Owner/Mgt Co. _____ Phone # _____

Email: _____