

2020 BACKFLOW PREVENTER PERMIT

PERMIT #: RPZ2020-

Job Address: _____

Location of Assembly: _____

Irrigation must be tested in spring.

CIRCLE ONLY ONE (ONE FORM PER DEVICE):

TEST	\$30.00 + \$1.00 State Surcharge = \$31.00
REBUILD/REPAIR (INCLUDES TEST)	\$30.00 + \$1.00 State Surcharge = \$31.00
NEW INSTALL (INCLUDES TEST, REQUIRES INSPECTION)	\$65.00 + \$1.00 State Surcharge = \$66.00
REPLACEMENT (INCLUDES TEST, REQUIRES INSPECTION)	\$65.00 + \$1.00 State Surcharge = \$66.00

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: _____