

Certified backflow testers and installers can submit online at <http://www.duluthmn.gov/construction-services-inspections/epermits>. Or, complete this form and submit with \$34 fee to Construction Services and Inspections by mail or in person.

Job Address: (Include Apt/Unit#) _____				
Facility Name: _____				
BACKFLOW PREVENTER INFORMATION (All Fields are Required)				
Equip/System Served: _____ Manufacturer of Assembly: _____ Model # _____				
Size of Assembly: _____ Location of Assembly: Floor # _____ Room # _____ Date test was performed: _____				
<input type="checkbox"/> Rebuilt and Tested <input type="checkbox"/> Replaced and Tested <input type="checkbox"/> Only Tested <input type="checkbox"/> New Install and Tested Serial# _____ Old Serial# _____				
Reduced Pressure Principle Backflow Preventer (RP) – TEST RESULTS				
<input type="checkbox"/> Fire Protection <input type="checkbox"/> Detector Fire Protection				
	Check Valve #2	Shutoff Valve #2	Check Valve #1	Pressure Differential Relief Valve
Initial Test	Closed Tight ____ Yes ____ No _____ psid	Closed Tight ____ Yes ____ No _____ psid	Closed Tight ____ Yes ____ No Pressure Drop Across Check Valve #1 _____ psid	Opened at _____ psid
Describe parts and repairs when needed				
Final Test	Closed Tight ____ Yes ____ No _____ psid	Closed Tight ____ Yes ____ No _____ psid	Closed Tight ____ Yes ____ No Pressure Drop Across Check Valve #1 _____ psid	Opened at _____ psid
Double Check Backflow Prevention Assembly (DC) – TEST RESULTS				
<input type="checkbox"/> Fire Protection <input type="checkbox"/> Detector Fire Protection				
	Check Valve #1	Check Valve #2	Shutoff Valve #2	
Initial Test	Closed Tight ____ Yes ____ No _____ psid	Closed Tight ____ Yes ____ No _____ psid	Closed Tight ____ Yes ____ No	
Describe parts and repairs when needed				
Final Test	Closed Tight ____ Yes ____ No _____ psid	Closed Tight ____ Yes ____ No _____ psid	Closed Tight ____ Yes ____ No	
Pressure Vacuum Breaker Assembly (PVB) <input type="checkbox"/> or Spill Resistant Vacuum Breaker (SRVB) <input type="checkbox"/> – TEST RESULTS				
	Air Inlet Valve	Check Valve	Shutoff #2	
Initial Test	Failed to Open ____ Yes ____ No Opened at _____ psid	Closed Tight ____ Yes ____ No Pressure Drop Across Check Valve #1 _____ psid	Closed Tight ____ Yes ____ No	
Describe parts and repairs when needed				
Final Test	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: _____ **Phone:** _____

FACILITY CONTACT INFO (Required)

Name _____

Phone _____

Address _____

City State Zip _____

Email _____