



Backflow Prevention Permit/Report

10801 Town Square Drive NE, Blaine MN 55449

Building Inspections Department

phone: 763-785-6170 | fax: 763-785-6111 | BlaineMN.gov

CIRCLE ONLY ONE (ONE FORM PER DEVICE):

TEST	REBUILD/REPAIR (INCLUDES TEST)	NEW INSTALL (INCLUDES TEST, REQUIRES PERMIT/INSPECTION)	REPLACEMENT (INCLUDES TEST, REQUIRES PERMIT/INSPECTION)
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Job Address: _____

Location of Assembly: _____

Irrigation must be tested in spring.

Bldg. Owner/ Mgt. Co		Contact Name for Location	
Email		Phone	
Contractor Name		Phone	
Address		City, State and Zip Code	
Email Address			
Name (Print)	Signature	Date	
State of Minnesota Certificate Number:			
Certification: I certify that foregoing information provided by me to be correct and that the tested device is functioning with the limits of the standards.			

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
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