



BACKFLOW PROTECTION TEST REPORT

13770 Dakota Ave
Savage, MN 55378

Client Name: _____

Address: _____

Savage, MN 55378 Phone: _____

Device Location: _____ Room Name/No.: _____

System Served: Irrigation Other: _____

Make: _____ Model: _____ Size: _____ Serial No.: _____

Install Date: _____ Replacement Date: _____ Test Date: _____

- Annual Test
- Replacement**
- Removal**
- New Install**

**** A PLUMBING PERMIT IS REQUIRED FOR THE INSTALLATION, REMOVAL OR REPLACEMENT OF ALL BACKFLOW PREVENTERS**

Check Valve #1 PSI/DIFF	Check Valve #2 PSI/DIFF	Relief Valve: PSI/DIFF
<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked
<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight
_____ PSI	_____ PSI	_____ PSI
<input type="checkbox"/> Cleaned Unit	<input type="checkbox"/> Cleaned Unit	<input type="checkbox"/> Cleaned Unit
<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit
<input type="checkbox"/> CV Assembly	<input type="checkbox"/> CV Assembly	<input type="checkbox"/> CV Assembly
<input type="checkbox"/> OR	<input type="checkbox"/> OR	<input type="checkbox"/> OR
<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc
<input type="checkbox"/> O-rings	<input type="checkbox"/> O-rings	<input type="checkbox"/> O-rings
<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Describe Additional Repairs (if needed): _____

Type: Atmospheric Vacuum Breaker Double Check Valve Pressure Vacuum Breaker
 Reduced Pressure Zone

Test Results: PASS FAIL

Test completed by: _____

Print First & Last Name: _____ Certificate No.: _____

Company Name: _____ Contractor License No: _____

Company Address: _____ Company Phone No: _____

City: _____ State: _____ Zip: _____

Completed forms can be returned to:

Fax to: 952-224-3430 – Attn: Utilities

Email to: backflow@ci.savage.mn.us

Mail to: City of Savage – Utilities, 13770 Dakota Ave, Savage, MN 55378