



REDUCED PRESSURE BACKFLOW PREVENTER TEST REPORT OR TESTABLE DOUBLE CHECKS

Service Name: _____ Contact Person/Tele: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Device Location: _____ Serve what system: _____
 Account No: _____ Serial Number: _____
 Type: _____ Make: _____ Model: _____ Size: _____
 Rebuild Due Date: _____ Test Due Date: _____

Annual Report	Check Valve #1 Pressure _____	Check Valve #2 Pressure _____	Differential Pressure Relief Valve Opened at _____ psid reduced pressure. Did not open _____
	_____ Cleaned	_____ Cleaned	_____ Cleaned
	_____ Replaced	_____ Replaced	_____ Replaced
R	_____ Disc	_____ Disc	_____ Disc
E	_____ Spring	_____ Spring	_____ Spring
P	_____ Guide	_____ Guide	_____ Guide
A	_____ Pin Retainer	_____ Pin Retainer	_____ Diaphragm, Large
I	_____ Hinge Pin	_____ Hinge Pin	_____ Lower
R	_____ Seat	_____ Seat	_____ Upper
S	_____ Diaphragm	_____ Diaphragm	_____ Diaphragm, Small
	_____ Other, describe _____	_____ Other, describe _____	_____ Lower
			_____ Upper
			_____ Spacer, Lower
			_____ Other, describe _____

[_____] Sign and date Tag
 The above is certified correct. Signed _____ Date Tested: _____
 Tested by (Print Name) _____ Certification Number _____
 Company Name: _____ License Number _____
 Company Telephone Number _____

All sections of this report must be completed.

Return to: **Saint Paul Regional Water Services**
ATTN: Mollie – Engineering
1900 Rice St
Saint Paul, MN 55113

Fee per Device
 \$ 35*

Fax: 651-266-6287
 E-Mail: Water-PlumbingPermitApp@ci.stpaul.mn.us

*\$35.00 testing fee will be applied to customer's water bill