



White Bear Area Department of Inspections
 4701 Highway 61, White Bear Lake, MN 55110
 Phone: 651-429-8518 / Fax: 651-429-8503
www.whitebearlake.org

**Mahtomedi
 Backflow Preventer
 Device & Test**

Email Permits or Questions: buildingdepartment@whitebearlake.org

**** NEW DEVICE INSTALLION REQUIRES A PLUMBING PERMIT ****
SUBMIT THIS FORM WITHIN 30 DAYS OF DEVICE INSTALLATION

Mahtomedi Site / Facility Information

	Date:	
Facility Name:	Phone:	
Address:	City:	
Contact Name:	State:	Zip:
Contact Email:	Permit:	

Installation/Testing Firm Information

Name/Company:	Phone:	
Tester Name:	Cert #:	
Address:	City:	
Email:	State:	Zip:

Device Install / Test / Re-Build Data:

Type of Device:			
Device Location:			
System Serves:			
Serial #:	Make:	Model:	Size:
Install Date:	Test Date:	Re-Build Date:	

Check Valve #1	Relief Valve	Check Valve #2 Test #1-Back	Check Valve #2 Test #2-Confirmation	Pressure Vacuum Breaker
<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Differential pressure across check valve _____ PSI	<input type="checkbox"/> Did Not Open Opened at _____ PSI	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed tight Differential pressure across check valve _____ PSI	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed tight Differential pressure across check valve _____ PSI	<input type="checkbox"/> Did not open <input type="checkbox"/> Valve Leaked Held at _____ PSI Air inlet opened at _____ PSI
<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> O Rings <input type="checkbox"/> Seat	<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> Diaphragm(s) <input type="checkbox"/> Seat	<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> O Rings <input type="checkbox"/> Seat	<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> O Rings <input type="checkbox"/> Seat	<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc – Air In <input type="checkbox"/> Disc – CV <input type="checkbox"/> Spring – Air

Device Install / Test / Re-Build Data:

Type of Device:				
Device Location:				
System Serves:				
Serial #:		Make:		Model:
				Size:
Install Date:		Test Date:		Re-Build Date:
Check Valve #1	Relief Valve	Check Valve #2 Test #1-Back	Check Valve #2 Test #2-Confirmation	Pressure Vacuum Breaker
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Misc. Notes:				

The above report is certified to be true and the tested device is certified to be functioning properly.

Applicant Signature **Date**

Backflow Preventer Fees:	
RPZ or Backflow Preventer Testing Fee Per Device (Submit with Test Form)	\$20.00
NEW Backflow Preventer Install (Submit Plumbing Permit Application & provide device info within 30 days)	\$25.00
NEW RPZ Backflow Preventer Install (Submit Plumbing Permit Application & provide device info within 30 days)	\$25.00

Backflow Preventer Device Information:

✓ Testable Devices: Includes RPZ Backflow Assemblies, Pressure Type Vacuum Breakers, Spill-Proof Vacuum Breakers, and Double Check Valve Breakers. Testable devices must be tested and inspected annually. Buildings served by a community public water supply system must provide notification to the administrative authority and the public water supplier of all testable devices within 30 days of installation.