



St. Louis Park
MINNESOTA

Backflow Preventer Test Report

Inspections Department

All information must be typed or clearly printed in black ink.

Site Address:	Test Date:
---------------	------------

Contact Name:	Telephone #:
Mailing Address of Contact:	

Device Make and Model:	Size:	Serial #:
------------------------	-------	-----------

Device location:

Device serves what system:

	Check valve #1	Check valve #2	Pressure differential across #1 check	Pressure differential when relief opens	Strainer
Test before repairs:	Leaked () Closed ()	Leaked () Closed ()	_____psi	_____psi	None () Closed ()
Final test	Closed ()	Closed ()	_____psi	_____psi	

Describe Repair: _____

Certification: I hereby certify the foregoing data to be correct and that the tested device is functioning within the limits of the standards.

Firm Name: _____	Address: _____
By: _____ <small>(Signature of Certified Tester)</small>	Tester's Certification#: _____ Phone#: _____

REMINDER:

RPZ's must be tested every year by a Certified Tester/plumbing contractor with the results submitted to the City of St. Louis Park Utilities Department, Fax 952-924-2570

RPZ's shall be overhauled/rebuilt every 5 years by a licensed plumbing contractor under a plumbing permit and inspection from the City of St. Louis Park Inspections Department.

RPZ's needing replacement or disconnection require a plumbing permit and inspection by the City of St. Louis Park.

Inspections Department 5005 Minnetonka Boulevard St. Louis Park, MN 55416 952-924-2588
Utilities Department 3752 Wooddale Avenue St. Louis Park, MN 55416 952-924-2558
www.stlouispark.org