

**City of Scandia Building Department
Annual Backflow Preventer Test
Report**



14727 209th Street N Scandia, Minnesota 55073 651-433-2274 www.ci.scandia.mn.us

Return this form with a \$20.00 filing fee per site, payable by check to the City of Scandia. Only one filing fee is needed per site each year, regardless of the number of devices on site.

Facility Information
Facility Name & Address:
Contact Person:
Owner Name & Address

Device Information
Device Location On Premises: _____ Floor#: _____ Room#: _____
Services What System: _____
Install Date: _____ Overhaul Date: _____ Test Date: _____
Replacement: <input type="checkbox"/> Old Assembly Serial # _____

A plumbing permit is required to install or replace backflow devices

Device must be properly tagged after test

Serial #	Manufacturer	Model	Size

	#1 Check Valve PSI/DIFF	Relief PSI/DIFF	#2 Check Valve
Test Before Repairs			
Final Test			

Describe repair(s), if any: _____

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

Test Completed By: _____ Certification # _____
 Company Name: _____ Contractor License # _____
 Company Address: _____ Phone #: _____
 City: _____ State: _____ Zip: _____
 Contact Person: _____ Phone #: _____

**SUBMIT REPORT TO CITY WITHIN 30 DAYS OF TEST
REPORT IS INVALID, UNLESS COMPLETED IN ITS ENTIRETY**