



**BACKFLOW PREVENTION PERMIT  
INSTALLATION, REPAIR & TEST REPORT**

PERMIT NO. \_\_\_\_\_

GENERAL INFORMATION	
Company Name: _____	Date: _____
Company Address: _____ _____ _____	<input type="checkbox"/> New <input type="checkbox"/> Rebuild <input type="checkbox"/> Annual Test

Office Use Only		
Received \$ _____	Receipt #: _____	By: _____

BACKFLOW DEVICE INFORMATION		
Type of Device: (circle)	Irrigation/Isolation Containment Isolation Deduct	Model/Serial Number: _____  Water Line Size: _____
Installation Date: _____	Size: _____	Location: _____

	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve
<b>Initial Test</b>	Apparent static drop _____ psid Actual static drop _____ psid Leaked? Yes <input type="checkbox"/> No <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	Opened at _____ psid Did not open <input type="checkbox"/>
<b>Describe Repairs</b>			
<b>Materials Used</b>			
<b>Final Test</b>	Apparent static drop _____ psid Actual static drop _____ psid	Closed Tight <input type="checkbox"/>	Opened at _____ psid

Tester: \_\_\_\_\_  
(Print Name)

Certification Number: \_\_\_\_\_

Tester: \_\_\_\_\_  
(Signature)

Test Date: \_\_\_\_\_

**Certification**

*I hereby certify that the foregoing report is correct and that the following statement is true: The Reduced Pressure Principal Device and/or Double Check Valve Assembly has been in constant use at this location during the entire prescribed interval between tests and during that period these devices were not bypassed, made inoperative or removed without proper authorization. All defects found during the operating period or during inspections or tests of the devices were satisfactorily corrected without delay.*

Company: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

White – Original

Yellow – Owner

Pink – Technician

Golden – Backflow Coordinator