

City of Coon Rapids Regulated Backflow Assembly (RBA) Permit Application/Test Report

COMPLETE JOB ADDRESS (INCLUDE Apt/Unit #)	NAME OF BUILDING, OWNER/OCCUPANT, CONTACT NAME AND PHONE NUMBER
-------------------------------------------	-----------------------------------------------------------------

APPLICANT COMPANY NAME		CONTRACTOR LICENSE #	CONTACT NAME AND PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP	EMAIL
TESTER NAME		TESTER CERTIFICATION #	PHONE	
TEST EQUIPMENT MANUFACTURER	TEST EQUIPMENT MODEL #	TEST EQUIPMENT SERIAL #	TESTING EQUIPMENT CALIBRATION DATE Mo _____ Yr _____	

TYPE OF WORK AND FEE INFORMATION (check one)	
Install Fee: \$49 for first device + \$1 state surcharge. Test Fee: \$31 for first device + \$1 state surcharge. Add \$2 for each additional at the same address when submitted the same day.	
<input type="checkbox"/> Install <input type="checkbox"/> Relocate <input type="checkbox"/> Remove <input type="checkbox"/> Replace and SN# of Replaced Device	<input type="checkbox"/> Rebuild <input type="checkbox"/> Test

BACKFLOW ASSEMBLY DETAIL INFORMATION	
Type (check one): <input type="checkbox"/> Reduced Pressure Principal or Pressure Principal Fire Protection <input type="checkbox"/> Reduced Pressure Detector Fire Protection <input type="checkbox"/> Double Check Valve <input type="checkbox"/> Double Check Detector Fire Protection <input type="checkbox"/> Pressure Vacuum Breaker <input type="checkbox"/> Spill Resistant Pressure Vacuum Breaker	
Manufacturer: _____	Model # _____
Serial # _____	Size: _____ (inches)
System Served _____	Location in bldg _____
Floor # _____	Room # _____

TEST RESULTS: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (COMPLETE APPLICABLE ASSEMBLY TYPE SECTION BELOW)

Reduced Pressure Principal or Reduced Pressure Detector Fire Protection (RP) – TEST RESULTS				
	Check Valve #2	Shutoff Valve #2	Check Valve #1	Pressure Differential Relief Valve
Initial Test	Closed Tight ___ Yes ___ No	Closed Tight ___ Yes ___ No	Closed Tight ___ Yes ___ No Pressure Drop Across Check Valve #1 _____ psid	Opened at _____ psid
Final Test	Closed Tight ___ Yes ___ No	Closed Tight ___ Yes ___ No	Closed Tight ___ Yes ___ No Pressure Drop Across Check Valve #1 _____ psid	Opened at _____ psid

Double Check Valve or Double Check Detector Fire Protection (DC) – TEST RESULTS			
	Check Valve #1	Check Valve #2	Shutoff Valve #2
Initial Test	Closed Tight ___ Yes ___ No _____ psid	Closed Tight ___ Yes ___ No _____ psid	Closed Tight ___ Yes ___ No
Final Test	Closed Tight ___ Yes ___ No _____ psid	Closed Tight ___ Yes ___ No _____ psid	Closed Tight ___ Yes ___ No

Pressure Vacuum Breaker (PVB) or Spill Resistant Vacuum Breaker (SRVB) – TEST RESULTS			
	Air Inlet Valve	Check Valve	Shutoff #2
Initial Test	Failed to Open ___ Yes ___ No Opened at _____ psid	Closed Tight ___ Yes ___ No Pressure Drop Across Check Valve #1 _____ psid	Closed Tight ___ Yes ___ No
Final Test	Opened at _____ psid	Closed Tight ___ Yes ___ No Pressure Drop Across Check Valve #1 _____ psid	Closed Tight ___ Yes ___ No

Describe parts and repairs when needed:

CERTIFICATION: I hereby certify the foregoing information provided by me to be correct and that the tested device is functioning in compliance with State of Minnesota Plumbing Code, Chapter 4714.	
TESTER'S SIGNATURE _____	TEST DATE: _____

Permit becomes void if work does not begin within 180 days or is suspended at any time for over 180 days. Permits issued and Inspections made by the City are a public service and do not constitute any representation, guarantee, or warranty, either implied or expressed, to any person as to the condition of the building or conformance to applicable construction codes. The Undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all the ordinances and laws of the City of Coon Rapids.

Periodic and/or a final inspection of this work are required by the Minnesota State Building Code. It is the responsibility of the applicant to call the Coon Rapids Inspections Division at 763-767-6476 to schedule an inspection.

Applicant's Printed Name	
Applicant's Signature	Date