



BUILDING DEPARTMENT  
 1584 Hadley Avenue N  
 Oakdale, MN 55128  
 Phone: 651-739-5150  
 Fax: 651-730-2820  
 E-Mail: [permits@ci.oakdale.mn.us](mailto:permits@ci.oakdale.mn.us)  
[www.ci.oakdale.mn.us](http://www.ci.oakdale.mn.us)

Email Permits or Questions to: [Permits@ci.oakdale.mn.us](mailto:Permits@ci.oakdale.mn.us)

\*\*NEW DEVICE INSTALLATION REQUIRES A PLUMBING PERMIT\*\*

**SUBMIT THIS FORM WITHIN 30 DAYS OF DEVICE INSTALLATION**

### BACKFLOW PREVENTER DEVICE & TEST

OAKDALE / 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 #1- 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"/> 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 <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 #1- 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"/> 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 <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
Misc. Notes:				

SIGNATURE	
The above report is certified to be true and the tested device is certified to be functioning properly. The applicant agrees to notify the owner of their responsibility to yearly test the device(s).	
Applicant Signature:	Date:

BACKFLOW PREVENTER FEES FOR DEVICE TESTING	
First Device	\$30.00
Devices 2-21	\$25.00 ea.
Devices 22- and over	\$20.00 ea.
<b>Add to the above: Fire Surcharge (\$18.00) and State Surcharge (\$1.00)</b>	<b>\$19.00</b>

✓ 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.