



Annual Backflow Preventer Test Report

14669 Fitzgerald Avenue North Hugo, MN 55038 651-762-6300 www.ci.hugo.mn.us

Return this form with a \$20.00 filing fee + \$2.00 Technology fee, this is a onetime payment per year. Make checks payable to the City of Hugo.

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**