



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 per site. Make checks payable to the City of Hugo. 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**