



**Building Inspections Department**  
 11155 Robinson Dr. NW  
 Coon Rapids, MN 55433  
 Office 763-767-6476 Fax 763-767-6573  
 coonrapidsmn.gov

*Office Use Only*  
 Permit # CR \_\_\_\_\_

**INSTALL FEE: \$49 FOR FIRST DEVICE TEST FEE: \$31 FOR FIRST DEVICE STATE SURCHARGE FEE: \$1**  
 ADD \$2 FOR EACH ADDITIONAL AT THE SAME ADDRESS WHEN SUBMITTED THE SAME DAY

**REGULATED BACKFLOW ASSEMBLY (RBA) APPLICATION FORM/TEST REPORT**

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

<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
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**BACKFLOW ASSEMBLY DETAIL INFORMATION**

Type (check one):  Reduce Pressure Principal or Pressure Principal Fire Protection   
 Reduced Pressure Detector Fire Protection  
 Double Check Valve   
 Double Check Detector Fire Protection   
 Pressure Vacuum Breaker   
 Spill Resistant Pressure Vacuum Breaker

Manufacturer: \_\_\_\_\_ Model # \_\_\_\_\_ Serial # \_\_\_\_\_ Size: \_\_\_\_\_ (inches)  
 System Served \_\_\_\_\_ Location in bldg \_\_\_\_\_ Floor # \_\_\_\_\_ Room # \_\_\_\_\_

**TEST RESULTS:**  Pass  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: \_\_\_\_\_

A final inspection of this work is required by the Minnesota State building code.  
 It is the responsibility of the applicant to call the Coon Rapids Inspection Division at 763-767-6476 to schedule an inspection.