



Roseville Bldg. Dept.
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Backflow Preventer Test Report

All reports must be typed or written legibly

Unreadable or incomplete reports will be rejected

Occupant of Property:		Contact Name:		
Property Address:		City: Roseville	State: MI	Zip: 48066
Office Phone:				
Manufacturer of Device:		Model #		
Serial #	Size of Device:		Type:	
Equipment or System Application:				
Location of Device:				
Initial Test Date:		Pass:	Fail:	
1st Shut Off	2nd Shut Off	Time Tested:	Static Line Pressure PSI:	
Closed:	Closed:	Double Check or Reduced Pressure Assembly:		
Leaked:	Leaked:	1st Ck Valve	2nd Ck Valve	Relief Valve
		PSID	PSID	PSID
		Pressure Vacuum Breaker		
		Air Inlet Opening		Check Valve
		PSID:		PSID:
Note: A Plumbing Permit Is Required For New Or Replacement Installations.				Permit #

When doing a replacement, please note the serial # of old device and send in a test report on old device.
 Do only "Direction of Flow" Test on double check valves. "Backpressure" tests are not approved.

Tester's Repair Notes:		Existing Device:	
		Replacement Device:	
		New Device:	
		Removed Device:	

Tester Information:			
Address:		City:	State: Zip:
Guage Name:	Model:	Serial#	Calibration Date:
Testers Name (Printed)		Mi Plumbing License #	
Testers Signature:		Backflow Certification #	

Affirmation: This device was tested per the required performance standards,
with the above results being true at the time of testing.

Note: NFPA 25 Requires a main drain test if any valves are turned off to perform any type of backflow test. For Fire Lines Only