



**City of Gem Lake**  
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## Backflow Preventer Device Testing & Information

### Property/Facility Information

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Installation/Testing Firm Information

Company Name: \_\_\_\_\_

Tester Name: \_\_\_\_\_ Cert/Lic No. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Device Information

Type of Device: \_\_\_\_\_ Serial No.: \_\_\_\_\_

Device Location: \_\_\_\_\_ Make: \_\_\_\_\_

System Serves: \_\_\_\_\_ Model: \_\_\_\_\_

Install Date: \_\_\_\_\_ Size: \_\_\_\_\_

Test Date: \_\_\_\_\_ Replaced: \_\_\_\_\_

Re-Build Date: \_\_\_\_\_

Check Valve #1

Relief Valve

Check Valve #2

Check Valve #2

Pressure

☐ Leaked

☐ Did not open

☐ Leaked

☐ Leaked

☐ Did not open

☐ Closed Tight

☐ Closed Tight

☐ Closed Tight

☐ Valve Leaked

Differential pressure  
across check valve

Differential pressure  
across check valve

Differential pressure  
across check valve

Held at PSI \_\_\_\_\_  
Air inlet opened at

PSI \_\_\_\_\_

Opened at  
PSI \_\_\_\_\_

PSI \_\_\_\_\_

PSI \_\_\_\_\_

PSI \_\_\_\_\_

Describe repair if any:

I hereby certify the foregoing data to be correct and that the tested device is functioning within the limits of the standards.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_