

MINNEAPOLIS BACKFLOW PREVENTION

TESTED BY (COMPANY NAME):			PHONE NUMBER:	
ADDRESS:	CITY:	STATE:	ZIP CODE:	

PERIOD	#1 CV PSI/DIFF	RELIEF PSI/DIFF	#2 CV	TESTER NAME AND NUMBER	DATE
Installed Overhaul					
1 st year					
2 nd year					
3 rd year					
4 th year					
5 th year	***** OVERHAUL REQUIRED *****				

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