



BACKFLOW PREVENTER Permit Application

City of CHASKA WATER DEPARTMENT

660 Victoria Drive Phone: 952-448-4335
Chaska, MN 55318 Fax: 952-448-7356

Site Address: _____ Date: _____ Permit # P: _____

Owner: _____ Phone: _____

Contractor//Backflow Preventer Tester: _____ Phone: _____

Contractor's/Backflow Preventer Tester Address _____

City: _____ State: _____ Zip: _____ Email: _____

Water Service Type: Residential Multi-Family Unit/Condominium Commercial/Industrial

Notice: MN State Plumbing Code 608.5.23 requires annual testing of the following backflow preventer assembly types: ASSE#1013, ASSE#1015, ASSE#1020, ASSE#1047, ASSE#1048, ASSE#1056. Tests shall only be performed by Certified Tester.

BACKFLOW PREVENTER TESTER LICENSE NO. _____

Backflow Preventer Table 1

Purpose/Location Use	Qty	Fee	ASSE#	Serial #	New or Existing?
Containment (Immediately after meter)					
Irrigation					
Boiler					
Industrial Process					
Private Well Interconnection					
Pressure Washer					
Medical Equipment					
Dental Equipment					
Temporary Hydrant					
Backflow Preventer Assembly Permit Fee:		\$30.00			
Each Additional Assembly for Same Service Address Location: (Add \$8.00 for each)		\$			
Subtotal:		\$			
State Surcharge:		\$1.00			
TOTAL FEE:		\$			

I hereby certify that I have read and examined this application and know the same to be true and correct:

_____ (Signature of Contractor or Agent)

Paid by: <input type="checkbox"/> Check <input type="checkbox"/> Cash	Official Use Only
Approved by: _____	Accepted by: _____
Date: _____	Date: _____
	Rec.#: _____

MINIMUM PERMIT FEE IS \$31.00 (\$30.00 + \$1.00 State Surcharge)