

**SAMPLE RPZ
ORDINANCE**

Date:

In accordance with the Minnesota State Plumbing Code Section 4715.2161, reduced pressure zone backflow prevention devices (RPZ) shall be inspected for proper operation on a yearly basis. This code is intended to help ensure protection of the potable water supply for occupants of the building and other users of the city municipal water system.

RPZ valves are installed in locations where possible contamination to the potable water supply may occur from back pressure or siphonage. RPZ valves are installed on the supply lines to large heating system boilers, underground lawn sprinkler systems, chemical tanks, or other equipment which could allow hazardous material to enter the water system. These RPZ valves were required to be installed and cannot be removed except for servicing.

The Annual Test Report (attached) is intended to keep the inspection program as simple and convenient as possible. If there are multiple RPZ's, you can either make copies of this form or use your own test report forms. Upon receiving this request, please have a plumber or other certified RPZ inspector perform the test and complete ALL the information requested. Since many RPZ valves are connected to outside lawn sprinkler systems, this date should accommodate spring activation of these systems.

There is no permit required for the annual *testing* of reduced pressure zone backflow devices. A permit is required however for *repair or replacement of an RPZ* (fee \$_____ for commercial properties). An inspection is required when an RPZ is repaired or replaced. Please contact the Inspections Department at _____ to schedule an inspection.

Feel free to contact the Utility Division at _____ if you have received this letter in error or have any questions regarding this request.

Thank you for your cooperation.

City of _____

PLEASE RETURN TEST RESULTS BY (INSERT DATE)

DATE:

RPZ TEST RESULTS – 2ND REQUEST

To Whom It May Concern:

In accordance with the Minnesota State Plumbing Code Section 4715.2161, reduced pressure zone backflow prevention devices (RPZ) shall be inspected for proper operation on a yearly basis. This code is intended to help ensure protection of the potable water supply for occupants of the building and other users of the city municipal water system.

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A letter was sent to you on _____ requesting results of the RPZ testing (copy attached). To date we have not received those results. Please provide the requested information within 15 business days from the date of this letter. The results can be mailed to the address below or faxed to _____ to the attention of the Utility Division. *If you have received this letter in error, please notify us so that we may correct our records.*

Feel free to contact the Utility Division at _____ if you have any questions regarding this matter. Your cooperation is greatly appreciated.

Thank you for your cooperation.

City of _____

REDUCED PRESSURE BACKFLOW PREVENTER ANNUAL TEST REPORT

Address _____
 Occupant _____
 Device Location _____
 Service For _____
 Device Make _____ Model _____
 Size _____ Serial No. _____

I hereby certify that this report is correct and that the tested device is functioning within the limits of the standards on this day _____

Signed _____ Certification No. _____ Phone _____
 Firm Name _____ Address _____
 Irrigation Pad# _____

	Valve #1	Valve #2	Press. Diff. Across #1 Check	Press. Diff. When Relief Opens
Initial Test	Leaked <input type="checkbox"/> Closed <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed <input type="checkbox"/>	_____ P.S.I.	_____ P.S.I.
Final Test	Closed <input type="checkbox"/>	Closed <input type="checkbox"/>	_____ P.S.I.	_____ P.S.I.
Test Type: Annual <input type="checkbox"/> Fifth Year Rebuild <input type="checkbox"/>				
Describe Repairs: _____				