



BOROUGH OF METUCHEN

MIDDLESEX COUNTY

Tel. (732) 632-8540 • Fax (732) 632-8100 • 500 Main Street • Metuchen, N.J. 08840

John Soltesz
Construction Official

ANNUAL BACKFLOW PREVENTER COMPLIANCE YEAR _____

Property Address: _____ Block/Lot: _____
Owner: _____ Phone : _____
Email (required for receipt): _____

Our records indicate that the above referenced property has a Testable Backflow Prevention device that requires annual certification as per UCC 5:23-2.23 (L)4.

Backflow Devices: *Please indicate number of devices:*

Fire Sprinkler 1 2 3 4 5 6 7 8 9 10
Irrigation 1 2 3 4 5 6 7 8 9 10
Other 1 2 3 4 5 6 7 8 9 10

Please include a copy of the testing report for each device. The fee for the Certificate of Compliance is \$125.00 **per device**. Make checks payable to **"Borough of Metuchen"** with this application. Please call 732-632-8554 or 732-632-8515 with any questions.

If the backflow preventer(s) does not pass the test and the unit must be replaced, a new Plumbing Permit is required for the replacement.

Contractor: _____ Phone: _____
Contractor Address: _____
Backflow Testing Lic #: _____ # Devices: _____ Location of devices: _____
Signature Owner or Agent: _____
Print Name: _____

For Office Use Only

Date Received _____ Cash or Check # _____
Permit # _____
Reviewed by _____ Approved Deny
Certificate of Compliance Expiration _____

**CROSS CONNECTION CONTROL DEVICE
PERFORMANCE TEST**

**Attachment
Bulletin 99-2**

Control Device Permit No: _____

Date of Test: _____

| | | |
|-----------------------|-------|--------------------------|
| Owner's Name | | Owner's Street Address |
| Owner's City | | Owner's State, Zip Code |
| Project Name | | Project's Street Address |
| City, State, Zip Code | | Project's County |
| Assembly Location | | |
| Manufacturer | Model | Serial # |

Size _____ Assembly Type: RP RP Detector DCV DCV Detector PVB

Initial Test

| | | |
|-----------------------------|-----------------------------|------------------------|
| 1st Check | 2nd Check | RP relief valve |
| Closed tight | Closed tight | Opened at _____ PSID |
| Leaked | Leaked | Did not open |
| Static _____ PSID | Static _____ PSID | |

Final Test

| | | |
|-------------------|-------------------|----------------------|
| Closed tight | Closed tight | Opened at _____ PSID |
| Leaked | Leaked | Did not open |
| Static _____ PSID | Static _____ PSID | |

Detector Bypass Assembly Initial Test

| | | |
|-----------------------------|-----------------------------|------------------------|
| 1st Check | 2nd Check | RP relief valve |
| Closed tight | Closed tight | Opened at _____ PSID |
| Leaked | Leaked | Did not open |
| Static _____ PSID | Static _____ PSID | |

Detector Bypass Assembly Final Test

| | | |
|-------------------|-------------------|----------------------|
| Closed tight | Closed tight | Opened at _____ PSID |
| Static _____ PSID | Static _____ PSID | |

Pressure Vacuum Breaker Initial Test

| | | | |
|------------------------|--------------------|------------------------|--------------------|
| Air inlet valve | Check valve | Air inlet valve | Check valve |
| Opened at _____ PSID | Closed tight | Opened at _____ PSID | Closed tight |
| Did not open | Leaked | | Static _____ PSID |
| | Static _____ PSID | | |

Pressure Vacuum Assembly Final Test

| | | | |
|------------------------|--------------------|------------------------|--------------------|
| Air inlet valve | Check valve | Air inlet valve | Check valve |
| Opened at _____ PSID | Closed tight | Opened at _____ PSID | Closed tight |
| Did not open | Leaked | | Static _____ PSID |
| | Static _____ PSID | | |

Backflow Assemblies in Fire Protection Systems (Include hose stream demand where applicable)

Forward flow test

| | | |
|-------------------------------|--------------------------------|---------------------------|
| Design flow rate _____ GPM | Actual flow rate _____ GPM | |
| No. of nozzles flowed _____ | Nozzle size _____ | Pitot pressure _____ PSID |
| Inlet flow pressure _____ PSI | Outlet flow pressure _____ PSI | |

Control Valves

| | | |
|--|--|---|
| <input type="checkbox"/> No. one shut-off valve open | <input type="checkbox"/> No. two shut-off valve open | Valve supervision: <input type="checkbox"/> Tamper switch <input type="checkbox"/> Locked |
|--|--|---|

I hereby certify the test results are true and the test was conducted by me personally.

Certified Tester Name (Print)

Certified Tester No.

Certified Tester Name (Signature)

Expiration Date

Address

Telephone

Date