WORCESTER COUNTY DEPARTMENT OF ENVIRONMENTAL PROGRAMS

One West Market Street, Suite 1306, Snow Hill, MD, 21863, 410-632-1220

DATE _____   **PLUMBING PERMIT #_____**

TEST & MAINTENANCE REPORT BACKFLOW PREVENTION ASSEMBLIES

APPLICANT'S (Plumber's) NAME _____ **PHONE NUMBER**_____

NAME OF PREMISE_____**OLD TAG # - BF-** _____

PROPERTY OWNER / MANAGER_____**TAX ID #**_____

PROPERTY'S STREET ADDRESS_____

PROPERTY'S MAILING ADDRESS_____

TAX MAP_____ PARCEL_____ SUBDIVISION_____ LOT_____ BLOCK/SECTION_____ DIST._____

REASON FOR DEVICE:_____LOCATION OF DEVICE:_____

SOURCE OF WATER: Well _____ Public_____ Source if public_____

Manufacturer:_____ Model:_____ Serial No:_____ Size:_____

[ ] Reduced Pressure Zone   [ ] Double-Check   [ ] Dual Check   [ ] Pressure Vacuum Breaker   [ ] Atmospheric Vacuum Breaker   [ ] Air Gap

PRESSURE DROP ACROSS FIRST CHECK VALVE_____ PSI

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
INITIAL TEST	1. LEAKED [ ] 2. CLOSED TIGHT [ ]	1. LEAKED [ ] 2. CLOSED TIGHT [ ]	OPENED AT _____ LBS. DID NOT OPEN [ ]	AIR INLET OPENED AT _____ PSI DID NOT OPEN [ ]
REPAIRS	CLEANED [ ] REPLACED: RUBBER PARTS [ ] C.V. ASSEMBLY [ ] OR DISC [ ] O-RINGS [ ] SEAT [ ] SPRING [ ] STEM / GUIDE [ ] RETAINER [ ] LOCK NUTS [ ] OTHER [ ]	CLEANED [ ] REPLACED: RUBBER PARTS KIT [ ] C.V. ASSEMBLY [ ] OR DISC [ ] O-RINGS [ ] SEAT [ ] SPRING [ ] STEM / GUIDE [ ] RETAINER [ ] LOCK NUTS [ ] OTHER [ ]	CLEANED [ ] REPLACED: RUBBER PARTS KIT [ ] R.V. ASSEMBLY [ ] OR DISC [ ] DIAPHRAGM [ ] SEAT [ ] SPRING [ ] GUIDE [ ] O-RINGS [ ] OTHER [ ]	CHECK VALVE:_____PSI LEAKED [ ] CLEANED [ ] REPLACED: C.V. ASSEMBLY [ ] DISC. AIR INLET [ ] DIS. C.V. [ ] SPRING [ ] RETAINER [ ] GUIDE [ ] O-RING [ ] OTHER [ ]
FINAL TEST	CLOSED TIGHT [ ]	CLOSED TIGHT [ ]	OPEN AT LBS. REDUCED PRESSURE	SATISFACTORY [ ]

I HEREBY CERTIFY THAT THIS DATE IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE UNIT.

INSTALLERS NAME: _____

TESTED BY (PRINT NAME): _____ **MD STATE LICENSE #**_____

COMPANY NAME: _____ **DATE OF BACKFLOW TESTER CALIBRATION:** _____

NOTE: BACKFLOW TESTER MUST BE CALIBRATED ANNUALLY.

SIGNATURE: _____   **TESTER'S PHONE #**_____

RE-TEST DATE: _____ **REPLACEMENT DATE:** _____ **NON-TESTABLE** _____

NOTE: ALL REPAIRS/REPLACEMENTS SHALL BE COMPLETED WITHIN TEN (10) DAYS. THIS FORM MUST BE COMPLETED AND FILED WITH THE WORCESTER COUNTY PLUMBING OFFICE.
PLEASE CALL THE INSPECTORS WITH ANY QUESTIONS 410-631-1220.
BEN: EXTENSION 2024   CHRIS: EXTENSION 2025