



## BOROUGH of RED BANK

CONSTRUCTION OFFICE  
90 Monmouth Street-3<sup>rd</sup> Floor  
Red Bank, NJ 07701  
[www.redbanknj.org](http://www.redbanknj.org)

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### APPLICATION FOR ANNUAL BACKFLOW PREVENTION CERTIFICATION

YEAR \_\_\_\_\_

**PLEASE PRINT CLEARLY OR TYPE**

BLOCK _____	LOT _____
PROPERTY SITE ADDRESS _____	
PROPERTY OWNER _____	
OWNER MAILING ADDRESS _____	
CITY, STATE, ZIP _____	
PHONE _____	FAX _____
EMAIL _____	
CONTACT PERSON _____	

**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 \$100.00 per device. Please include a check payable to "Borough of Red Bank" with your application.

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FOR OFFICE USE ONLY

Date Received _____	Cash or Check # _____
Permit/Control # _____	
Reviewed by _____	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENY
Certificate of Compliance Expiration _____	

## Cross Connection Control Device Performance Test

Control Device Permit # \_\_\_\_\_

Date of Test \_\_\_\_\_

Owner's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Project Name \_\_\_\_\_

Project's Street Address \_\_\_\_\_

Assembly Location \_\_\_\_\_

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Serial # \_\_\_\_\_

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Size \_\_\_\_\_ Assembly Type \_\_\_\_\_ RP \_\_\_\_\_ RP Detector \_\_\_\_\_ DCV \_\_\_\_\_ DCV Detector \_\_\_\_\_ PVB \_\_\_\_\_  
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### INITIAL TEST

<u>1<sup>st</sup> Check</u>	<u>2<sup>nd</sup> Check</u>	<u>RP Relief Valve</u>
_____ Closed tight	_____ Closed tight	Opened at _____ PSID
_____ Leaked	_____ Leaked	_____ Did no open
Static _____ PSID	Static _____ PSID	

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### FINAL TEST

<u>1<sup>st</sup> Check</u>	<u>2<sup>nd</sup> Check</u>	<u>RP Relief Valve</u>
_____ Closed tight	_____ Closed tight	Opened at _____ PSID
_____ Leaked	_____ Leaked	_____ Did no open
Static _____ PSID	Static _____ PSID	

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### DETECTOR BYPASS ASSEMBLY INITIAL TEST

<u>1<sup>st</sup> Check</u>	<u>2<sup>nd</sup> Check</u>	<u>RP Relief Valve</u>
_____ Closed tight	_____ Closed tight	Opened at _____ PSID
_____ Leaked	_____ Leaked	_____ Did no open
Static _____ PSID	Static _____ PSID	

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### DETECTOR BYPASS ASSEMBLY FINAL TEST

_____ Closed tight	_____ Closed tight	Opened at _____ PSID
Static _____ PSID	Static _____ PSID	

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### PRESSURE VACUUM BREAKER INITIAL TEST

<u>Air Inlet Valve</u> Opened at _____ PSID _____ Did not open	<u>Check Valve</u> _____ Closed tight _____ Leaked Static _____ PSID	<u>PRESSURE VACUUM BREAKER FINAL TEST</u> <u>Air Inlet Valve</u> Opened at _____ PSID _____ Closed tight Static _____ PSID
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**BACKFLOW ASSEMBLIES IN FIRE PROTECTION SYSTEMS** Note: Include hose stream demand where applicable

#### Forward Flow Test

Designed flow rate _____ GPM	Actual flow rate _____ GPM
No. of nozzles flowed _____	Nozzle size _____
Inlet flow pressure _____ PSI	Outlet flow pressure _____ PSI

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#### Control Valves

\_\_\_\_\_ No. one shut-off valve open \_\_\_\_\_ No. two shut-off valve open  
Valve Supervision: \_\_\_\_\_ Tamper switch \_\_\_\_\_ Locked

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**I HEREBY CERTIFY THE TEST RESULTS ARE TRUE AND THE TEST WAS CONDUCTED BY ME PERSONALLY.**

Certified Tester Name _____	(PRINT)	Cert. Tester No. _____
Cert. Tester Signature _____		Expiration Date _____
Address _____		Telephone # _____
		Date _____