



## 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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Irrigation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 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 # \_\_\_\_\_

Size \_\_\_\_\_ Assembly Type \_\_\_\_\_ RP \_\_\_\_\_ RP Detector \_\_\_\_\_ DCV \_\_\_\_\_ DCV Detector \_\_\_\_\_ PVB \_\_\_\_\_

### INITIAL TEST

#### 1<sup>st</sup> Check

\_\_\_\_\_ Closed tight

\_\_\_\_\_ Leaked

Static \_\_\_\_\_ PSID

#### 2<sup>nd</sup> Check

\_\_\_\_\_ Closed tight

\_\_\_\_\_ Leaked

Static \_\_\_\_\_ PSID

#### RP Relief Valve

Opened at \_\_\_\_\_ PSID

\_\_\_\_\_ Did no open

### FINAL TEST

#### 1<sup>st</sup> Check

\_\_\_\_\_ Closed tight

\_\_\_\_\_ Leaked

Static \_\_\_\_\_ PSID

#### 2<sup>nd</sup> Check

\_\_\_\_\_ Closed tight

\_\_\_\_\_ Leaked

Static \_\_\_\_\_ PSID

#### RP Relief Valve

Opened at \_\_\_\_\_ PSID

\_\_\_\_\_ Did no open

### DETECTOR BYPASS ASSEMBLY INITIAL TEST

#### 1<sup>st</sup> Check

\_\_\_\_\_ Closed tight

\_\_\_\_\_ Leaked

Static \_\_\_\_\_ PSID

#### 2<sup>nd</sup> Check

\_\_\_\_\_ Closed tight

\_\_\_\_\_ Leaked

Static \_\_\_\_\_ PSID

#### RP Relief Valve

Opened at \_\_\_\_\_ PSID

\_\_\_\_\_ Did no open

### DETECTOR BYPASS ASSEMBLY FINAL TEST

\_\_\_\_\_ Closed tight

Static \_\_\_\_\_ PSID

\_\_\_\_\_ Closed tight

Static \_\_\_\_\_ PSID

Opened at \_\_\_\_\_ PSID

### PRESSURE VACUUM BREAKER INITIAL TEST

#### Air Inlet Valve

Opened at \_\_\_\_\_ PSID

\_\_\_\_\_ Did not open

#### Check Valve

\_\_\_\_\_ Closed tight

\_\_\_\_\_ Leaked

Static \_\_\_\_\_ PSID

### PRESSURE VACUUM BREAKER FINAL TEST

#### Air Inlet Valve

Opened at \_\_\_\_\_ PSID

#### Check Valve

\_\_\_\_\_ Closed tight

Static \_\_\_\_\_ PSID

### 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 \_\_\_\_\_

Pitot pressure \_\_\_\_\_ PSID

Inlet flow pressure \_\_\_\_\_ PSI

Outlet flow pressure \_\_\_\_\_ PSI

#### Control Valves

\_\_\_\_\_ No. one shut-off valve open \_\_\_\_\_ No. two shut-off valve open

Valve Supervision: \_\_\_\_\_ Tamper switch \_\_\_\_\_ Locked

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

Certified Tester Name \_\_\_\_\_ (PRINT)

Cert. Tester Signature \_\_\_\_\_

Address \_\_\_\_\_

Cert. Tester No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

Telephone # \_\_\_\_\_

Date \_\_\_\_\_