



ATTENTION

ALL PLUMBING CONTRACTORS

NEW BACKFLOW TEST FORM

The backflow test forms have been recently updated. The test forms are available by download from the City's Web site www.cityoffrederick.com and/or at the Building Department located at 140 W. Patrick St., Frederick, MD 21701

PLEASE NOTE: DEVICE TAGS ARE NO LONGER NEEDED.

IMPORTANT

Please do not mix and match old forms with new as they will not be accepted.

For each physical address the following is required: backflow test report, copy of tester's backflow license, copy of tester's plumbing license and test certification of testing instrument used. All forms are required to receive a plumbing inspection final for replacements or new installations.

State Regulations

COMAR 12-306 (C) (2) only a master plumber or journey plumber possessing certification shall be authorized to certify the installation and testing of mechanical cross connection control devices.

12-307 (b) While a journey plumber license is in effect, it authorizes the licensee to provide plumbing services only under the direction and control of a master plumber or holder of a limited master plumber license.



City of Frederick Backflow Test Form

Installer/Tester Name _____ MD State Plumbing License # _____
 Installer/Tester Backflow ID# _____ Tester's Phone # _____
 Principal Master Plumber MD State Lic. # _____ New Work Permit # _____
 Name of Business _____ Commercial Residential
 Address: _____
 Owner/Contact Person _____ Phone # _____
 Location of Device: _____ Downstream Process _____
 ASSE# _____ Manufacturer _____ Serial # _____ Size _____
 Line Pressure @ time of test: _____

Retest Replace New Installation Air Gap Inspection (Required Minimum Air Gap Provided) Yes No

| Check Valve #1 | Relief Valve | Check Valve #2 | PVB or SVB |
|---|---|---|---|
| <input type="checkbox"/> leaked or <input type="checkbox"/> closed tight Differential pressure across Check valve _____ psi | opened at: _____ psi or did not open <input type="checkbox"/> Outlet shut-off valve: <input type="checkbox"/> leaked <input type="checkbox"/> closed tight | <input type="checkbox"/> leaked or <input type="checkbox"/> closed tight OPTIONAL TEST Differential pressure across check valve _____ psi | Air Inlet: did not open <input type="checkbox"/> Or opened at _____ psi Check Valve: leaked <input type="checkbox"/> Or held at _____ psi |
| Replaced: Rubber parts kit <input type="checkbox"/> CV assembly kit <input type="checkbox"/> Seat Kit <input type="checkbox"/> Other <input type="checkbox"/> | Replaced: RV Rubber kit <input type="checkbox"/> RV assembly <input type="checkbox"/> Seat Kit <input type="checkbox"/> Other <input type="checkbox"/> | Replaced: Rubber parts kit <input type="checkbox"/> CV assembly kit <input type="checkbox"/> Seat Kit <input type="checkbox"/> Other <input type="checkbox"/> | Replaced: RV Rubber kit <input type="checkbox"/> RV assembly <input type="checkbox"/> Air inlet valve <input type="checkbox"/> Other <input type="checkbox"/> |
| Or <input type="checkbox"/> CV cleaned only | Or <input type="checkbox"/> RV cleaned only For DCVA only: Inlet shut-off valve: <input type="checkbox"/> leaked <input type="checkbox"/> closed tight Outlet shut-off valve: <input type="checkbox"/> leaked <input type="checkbox"/> closed tight | Or <input type="checkbox"/> CV cleaned only | Or <input type="checkbox"/> Cleaned Only |
| Differential pressure across Check valve _____ psi | Relief valve opened at _____ psi | <input type="checkbox"/> leaked or <input type="checkbox"/> closed tight | <input type="checkbox"/> air inlet _____ psi Check valve _____ psi |

*****BUILDING/PROPERTY OWNER SHALL BE RESPONSIBLE TO HAVE THIS DEVICE MAINTAINED AS REQUIRED BY THE CURRENT CITY OF FREDERICK PLUMBING CODE AND MANUFACTURERS INSTALLATION INSTRUCTIONS.*****

This Assembly: Passed Failed

Remarks from tester: _____

THE ABOVE REPORT IS CERTIFIED TO BE TRUE. Tester's Signature _____ Date: _____

NOTE:

- (1.) A COPY OF BOTH GAUGE CALIBRATION CERTIFICATION AND TESTERS CERTIFICATION ARE REQUIRED WITH THIS TEST REPORT. ALL FORMS ARE REQUIRED TO RECEIVE A PLUMBING INSPECTION FINAL FOR REPLACEMENTS OR NEW INSTALLATION.**
- (2.) A COPY OF THIS FORM SHALL BE ATTACHED TO THE TESTED DEVICE.**

COMAR 12-306 (C) (2) Only Master plumber or journey plumber possessing certification shall be authorized to certify the installation and testing or mechanical cross connection control devices. 12-307(b) While a journey plumber license is in effect, it authorizes the licensee to provide plumbing services only under the direction and control of a master plumber or holder of a limited master plumber license.

**CITY OF FREDERICK, BUILDING DEPT., PLUMBING DIVISION, 140 W. PATRICK ST., FREDERICK, MD 21701
(301) 600-3820 / 3821 – FAX (301) 600-6279**