

BUILDING SERVICES Town of Newmarket 395 Mulock Drive P.O. Box 328, STN Main

Document No.: PWS-F-066 Newmarket, ON L3Y 4X7 T: 905.953.5321 x 2400

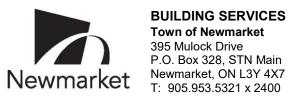
Original: January 22, 2019 **Revision No:**

Backflow Prevention Device

Test Report

To be submitted by the Property Owner, or Agent of an Industrial, Commercial, Institutional, or Multi-Residential building. This test report form is for **PREMISE ISOLATION ONLY** and test must be conducted by a certified tester. In addition, the Town requires a **BUILDING PERMIT** for all new installations.

This Test Report is for:	□A New Ins	tallation	□A Replacem	ent	□An Annual ⁻	Test				
Section 1 – Property Ow	ner or Agen	t								
First Name	ame Last Name				Telephone					
Address (Street Number and Nar		Postal Code								
Email			of Newmarket Water e to locate account nur							
Section 2 – Facility Infor	mation									
Facility Address (Street Number	and Name, Suite	e/Unit Number, City/Town)			Postal Code					
Is this BFP Device for Premise Isolation?		Y 🗆 N	Is there an Unprot Water Meter and I		nch Connection, Hoe?	se Connection, or	a Spl	it bet	weer	1 the
Is this BFP Device on a Fire Syst		Y D N						Υ		N
Is the premise isolation backflow device installed after the water meter and its by-pass? (Both the meter and meter by-pass must be protected by a backflow prevention device.)								Υ		N
If the by-pass is installed around the meter, is the by-pass valve closed and sealed?								Υ		N
Number of Town of Newmarket V	Vater Meters at	this Facility:	lf >1, μ	lease prov	vide a survey.					
Number of BFP Devices for Prem	nise Isolation:	[1	f >1, please provide	a sketch.						
Section 3 – Tester Inforn	nation									
Building Permit Number for all No	ew Installations	☐ Not Applica	able (Annual Test)		Certified To	ester Name				
Tester Business Name		Tester Telephone Number			Tester's CCC Certification Number					
				Expire Date						
Tester Address (Street Number a	and Name, Suite	l :/Unit Number	r, City/Town)		I					
Test Kit Manufacturer		Test Kit Ser	ial Number	Test Kit Model Number						
Calibration Expiry Date (yyyy-mn	Calibration □ Yes □	Certificate Attached No		Tester's Certificate Attached ☐ Yes ☐ No						
Section 4 – Backflow De	vice Informa	ition								
Type of Device □ RP	□ RPDA	□ DCV	'A □ DCDA	Hazard L	evel 🗆 Seve	ere \Box	Mode	rate		
Serial Number	Size		Manufacturer			Model Number				
Specific Location of Device			1							
Device Orientation	ontal 🗆 V	ertical If t	his device is a repla	cement de	vice list serial numb	 per of device being	g repla	aced:	:	
Installed by (Company Name)	Install Date (yy	Install Date (yyyy-mm-dd)								



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Section 5 – Backflow Testing									
RP/RPDA									
Shut-off Valve #2 □Leaked □Closed T	Relief Valve □Failed to Open	□Opened	Check Valve #1 □Leaked	□Closed Tight	Check Valve □Leaked	#2 □Closed Tight			
Pressure Differential Across C	Apsi/kPa								
Pressure Differential Across C		psi/kPa							
Opening Point of Relief Valve ≥ 2 psi						- Bpsi/kPa			
Buffer A- B = C ≥ 3 psi					= Cpsi/kPa				
DCVA/DCDA (≥ 1 psi in direct	ion of flow)				•				
Shut-off Valve #1 □Lea	iked Closed Tight		Shut-off Valve	‡2 □Leaked	d □Closed Tight				
Check Valve #1 ☐Lea	ked □Closed Tight		Spring Tension	Loss Differential	psi/kPa				
Check Valve #2 ☐Lea	ked □Closed Tight		Spring Tension	sion Loss Differential					
RP/RPDA & DCVA/DCDA									
Static Inlet Line Pressure at th	e Time of Test		psi/kPa	a Test Results	□Passed	□Failed			
					Test Date (yyyy-mm-dd)				
Section 6 – Repair(s) (if applicable)									
If the device failed during initial testing, please note the repairs below, and complete Section 5 (above) with the re-test results.									
Check Applicable Valve(s) □Relief Valve □Check Valve #1 □Check Valve #2 □Shut-off Valve #						□Shut-off Valve #2			
Remarks			it-on valve #2						
Section 7 – Certification									
I certify that the device noted on this form has been tested as described in accordance with the Town of Newmarket By-Law 2019-36 as amended & CSA B64 Standards as amended.									
Certified Tester Signature	Test Date (yyyy-mm-	est Date (yyyy-mm-dd)							
Property Owner or Agent Sign		Test Date (yyyy-mm-dd)							
Section 8 – Submission Information									
For New Installations: Please submit completed test forms with the subject line "Blackflow Test – Permit Number" to: building@newmarket.ca									
For Annual Tests and Replacements: Please submit completed test forms with the subject line "Annual / Replacement Backflow Test – Street Address"									