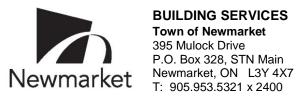


BUILDING SERVICES Town of Newmarket 395 Mulock Drive P.O. Box 328, STN Main Newmarket, ON L3Y 4X7 T: 905.953.5321 x 2400

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 and replacements.

Section 1 – Property Owner or Agent

| First Name | Last Name | | Telephone | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------|-------------------------------|--------------------------------------|--|--|--|--|--|
| Address (Street Number and Name, Suite/Unit N | Postal Code | | | | | | | | |
| Email Town of Newmarket Water Account Number (located on any utility bill) If unable to locate account number, please provide the water meter serial number | | | | | | | | | |
| Section 2 – Facility Information | | | | | | | | | |
| Facility Address (Street Number and Name, Suite/Unit Number, City/Town) | | | Postal Code | | | | | | |
| Is this BFP Device for Premise | | | | | | | | | |
| Is this BFP Device on a Fire System? | Y 🗆 N | | | \square Y \square N | | | | | |
| Is the premise location 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.) | | | | | | | | | |
| Number of Town of Newmarket Water Meters at this Facility: If >1, please provide a survey. | | | | | | | | | |
| Number of BFP Devices for Premise Isolation: If >1, please provide a sketch. | | | | | | | | | |
| Section 3 – Tester Information | | | | | | | | | |
| Building Permit Number for all New Installations & Replacements | | | Ceritifed Tester Name | | | | | | |
| Tester Business Name | | | | | | | | | |
| Tester Address (Street Number and Name, Suite/Unit Number, City/Town) | | | | | | | | | |
| Tester's CCC Certification Number | | | Test Kit Manufacturer | Test Kit Manufacturer | | | | | |
| Test Kit Model Number Test Kit Serial Number | | | Calibration Expiry Date (yyyy | Calibration Expiry Date (yyyy-mm-dd) | | | | | |
| Section 4 – Backflow Device Information | | | | | | | | | |
| Type of Device □ RP □ RPDA | □ DCVA □ | DCDA Hazard | Level □ Severe □ | Moderate | | | | | |
| Serial Number Size | Ma | anufacturer | Model Number | | | | | | |
| Specific Location of Device | | | | | | | | | |
| Device Orientation ☐ Horizontal ☐ Vo | ertical Type of T | Test □ Annual | ☐ New Installation ☐ Re | eplacement | | | | | |
| Installed by (Company Name) Install Date (yyyy-mm-dd) | | | | | | | | | |



BUILDING SERVICES

| Section 5 – Backflow Testing Test Re-Test | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------|---------------------------------|-----------------|-----------------------------------------|------------------------------------------|---------------------------------------|--|--|--|
| RP/RPDA | | | | | | | | |
| Shut-off Valve #2 □Leaked □Closed Tight | Relief Valve □Failed to Open | □Opened | Check Valve #1 □Leaked | □Closed Tight | Check Valve #2 □Leaked □Closed Tight | | | |
| Pressure Differential Across Check | A psi/kPa | | | | | | | |
| Pressure Differential Across Check | psi/kPa | | | | | | | |
| Opening Point of Relief Valve ≥ 2 psi | | | | | - B psi/kPa | | | |
| Buffer A- B = C ≥ 3 psi | | | | | = C psi/kPa | | | |
| DCVA/DCDA (≥ 1 psi in direction of flow) | | | | | | | | |
| Shut-off Valve #1 ☐ Leaked | ☐Closed Tight | | Shut-off Valve #2 | □Leaked | ☐Closed Tight | | | |
| Check Valve #1 ☐ Leaked | □Closed Tight | | Spring Tension Loss Differentialpsi/kPa | | | | | |
| Check Valve #2 ☐ Leaked | □Closed Tight | | Spring Tension L | Spring Tension Loss Differential psi/kPa | | | | |
| RP/RPDA & DCVA/DCDA | | | | | | | | |
| Static Inlet Line Pressure at the Time of Test | | | psi/kPa | psi/kPa | | | | |
| Remarks | | | Test Date (yyyy-mm-dd) | | | | | |
| | | | | | | | | |
| Section 6 – Repair(s) (if applicable) | | | | | | | | |
| If the device failed during initial | testing, please note th | e repairs belov | w, and complete S | ection 5 (above) w | rith the re-test results. | | | |
| Check Applicable Valve(s) | | 1 | 1 _ | | | | | |
| | eck Valve #1 | | ve #2 | Shut-off Valve #1 | ☐Shut-off Valve #2 | | | |
| Remarks | | | | | | | | |
| Section 7 – Certification | | | | | | | | |
| I certify that the above device has been tested as described herein this form. | | | | | | | | |
| Certified Tester Signature | | | Test Date (yyyy-mm-dd) | | | | | |
| Property Owner or Agent Signature | | | Test Date (yyyy-mm-dd) | | | | | |
| Section 8 – Submission & Information | | | | | | | | |
| Please submit test forms with the subject line "Blackflow Test – Permit Number" to: building@newmarket.ca | | | | | | | | |
| | | | | | | | | |