

**QUEEN ANNE'S COUNTY  
PLUMBING BOARD**  
208 NORTH COMMERCE STREET  
CENTREVILLE, MD 21617  
410-758-1271 (P) 410-758-6602 (F)

**IDENTIFICATION #** \_\_\_\_\_  
**PLUMBING PERMIT #** \_\_\_\_\_  
**BUILDING / ZONING PERMIT #** \_\_\_\_\_  
**ISSUE DATE** \_\_\_\_\_  
**RECIPT #** \_\_\_\_\_

**TEST & MAINTENANCE REPORT BACKFLOW PREVENTION ASSEMBLIES**

**APPLICANT'S (Plumber's) NAME** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_  
**NAME OF PREMISE** \_\_\_\_\_ **OLD TAG # - BF-** \_\_\_\_\_  
**PROPERTY OWNER / MANAGER** \_\_\_\_\_ **TAX ID #** \_\_\_\_\_  
**PROPERTY'S STREET ADDRESS** \_\_\_\_\_  
**PROPERTY'S MAILING ADDRESS** \_\_\_\_\_  
**TAX MAP** \_\_\_\_\_ **PARCEL** \_\_\_\_\_ **SUBDIVISION** \_\_\_\_\_ **LOT** \_\_\_\_\_ **BLOCK/SECTION** \_\_\_\_\_ **DIST.** \_\_\_\_\_  
**REASON FOR DEVICE:** \_\_\_\_\_ **LOCATION OF DEVICE:** \_\_\_\_\_  
**SOURCE OF WATER:** Well \_\_\_\_\_ Public \_\_\_\_\_ Source if public \_\_\_\_\_  
**Manufacturer:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Serial No:** \_\_\_\_\_ **Size:** \_\_\_\_\_  
 Reduced Pressure Zone  Double-Check  Dual Check  Pressure Vacuum Breaker  Atmospheric Vacuum Breaker  Air Gap

**PRESSURE DROP ACROSS FIRST CHECK VALVE** \_\_\_\_\_ **PSI**

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
<b>INITIAL TEST</b>	1. LEAKED [ ] 2. CLOSED TIGHT [ ]	1. LEAKED [ ] 2. CLOSED TIGHT [ ]	OPENED AT _____ LBS. DID NOT OPEN [ ]	AIR INLET OPENED AT _____ PSI DID NOT OPEN [ ]
<b>REPAIRS</b>	CLEANED [ ] REPLACED: RUBBER PARTS [ ] C.V. ASSEMBLY [ ] OR DISC [ ] O-RINGS [ ] SEAT [ ] SPRING [ ] STEM / GUIDE [ ] RETAINER [ ] LOCK NUTS [ ] OTHER [ ]	CLEANED [ ] REPLACED: RUBBER PARTS KIT [ ] C.V. ASSEMBLY [ ] OR DISC [ ] O-RINGS [ ] SEAT [ ] SPRING [ ] STEM / GUIDE [ ] RETAINER [ ] LOCK NUTS [ ] OTHER [ ]	CLEANED [ ] REPLACED: RUBBER PARTS KIT [ ] R.V. ASSEMBLY [ ] OR DISC [ ] DIAPHRAGM [ ] SEAT [ ] SPRING [ ] GUIDE [ ] O-RINGS [ ] OTHER [ ]	CHECK VALVE: _____ PSI LEAKED [ ] CLEANED [ ] REPLACED: C.V. ASSEMBLY [ ] DISC. AIR INLET [ ] DIS. C.V. [ ] SPRING [ ] RETAINER [ ] GUIDE [ ] O-RING [ ] OTHER [ ]
<b>FINAL TEST</b>	CLOSED TIGHT [ ]	CLOSED TIGHT [ ]	OPEN AT _____ LBS. REDUCED PRESSURE	<b>SATISFACTORY</b> [ ]

**NOTE: ALL REPAIRS / REPLACEMENTS SHALL BE COMPLETED WITHIN TEN (10) DAYS. THIS FORM MUST BE COMPLETED AND FILED WITH THE QUEEN ANNE'S COUNTY PLUMBING OFFICE.**

**WHO INSTALLED THIS DEVICE?** \_\_\_\_\_ **REMARKS** \_\_\_\_\_

I HEREBY CERTIFY THAT THIS DATE IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE UNIT. CERTIFIED TESTING COMPANY \_\_\_\_\_ PHONE \_\_\_\_\_

**TESTED BY:** \_\_\_\_\_ **CERTIFIED TESTER NO.** \_\_\_\_\_ **DATE** \_\_\_\_\_

**TESTER'S PHONE NUMBER** \_\_\_\_\_

**RETEST DATE:** \_\_\_\_\_ **REPLACEMENT DATE** \_\_\_\_\_ **NON-TESTABLE** \_\_\_\_\_