

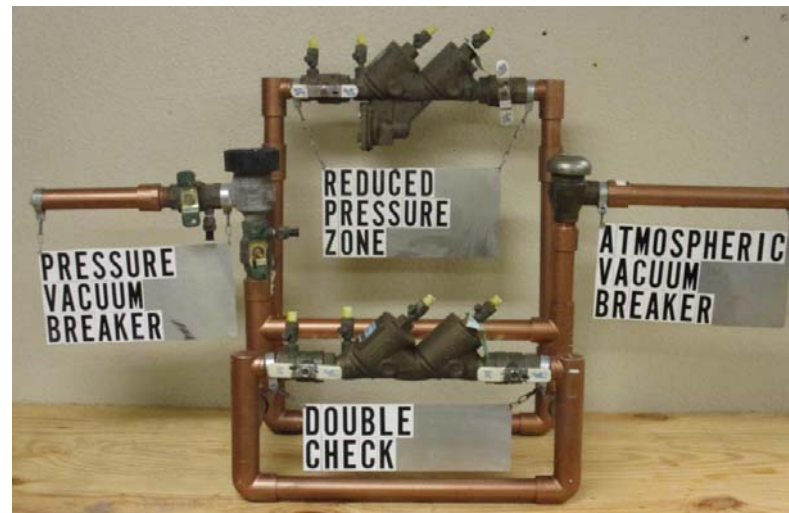
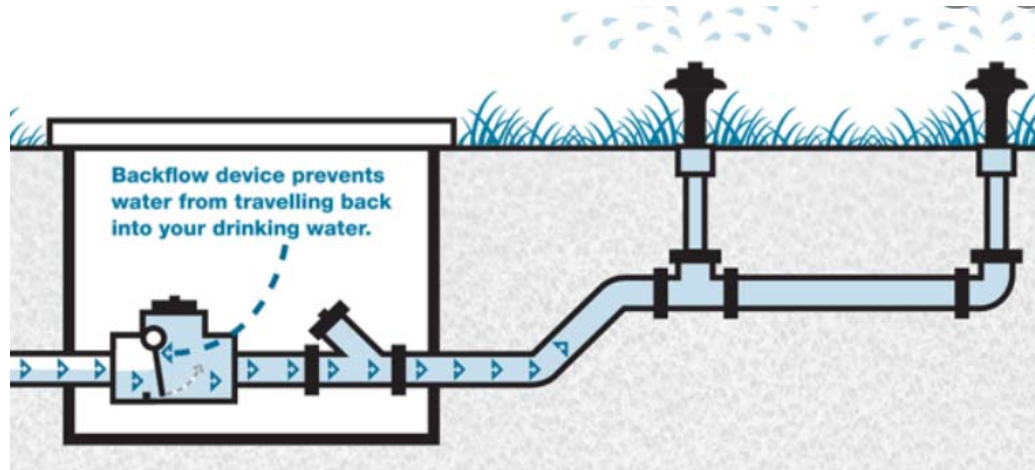


CRANBERRY TOWNSHIP built for you.

IMPROVED BACKFLOW TESTING PROGRAM



What is a backflow device and why does it need tested?



State and Local Requirements



Pennsylvania Safe Drinking Water Act (1974)

- Customers must eliminate cross connections
- Devices must be installed to prevent backflow into public systems
- Devices must be tested annually

Cranberry Township

- Customers must test annually and submit report

Typical Backflow Test Reports From Testers

05/19/2019 10:47a

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NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Public Water Supply Protection
Empire State Plaza, 547 New York State Office Building
Albany, New York 12242-0500

Report on Test and Maintenance of Backflow Prevention Device

Please use a separate form for each device.

For the year 2019
Initial test - Complete entire form
Annual test - Complete Part A only

Public Water Supply: GARDEN CITY PARK WATER Account No. _____ County: _____ Block: _____ Lot: _____

Facility Name: 547 N. 100th St Location of Device: Front Yard
Address: 547 N. 100th St City: Garden City Park State: NY Zip: 11530

Device Information: Manufacturer: Watts Type: RPZ Model: 547 Size (inches): 1/2 Serial Number: 303000

Check Valve No. 1: Leaked ☒ Closed light ☒ Pressure drop across first check valve: paid

Check Valve No. 2: Leaked ☐ Closed light ☒ Pressure drop across first check valve: paid

Differential Pressure Relief Valve: Opened at: paid

Line Pressure: 60 psi

Test before repair: Leaked ☒ Closed light ☒ Pressure drop across first check valve: paid

Describe repairs and materials used: _____

Filed test: Closed light ☐ Pressure drop across first check valve: paid

Motor Meter Number: 80647412 Meter Reading: 0340057 Type of Service: (check one)
Domestic ☒ Fire ☐ Other ☐

Remarks (Describe deficiencies, bypasses, valves before the device, connections between the device and point of entry, missing or inadequate signage, etc.): _____

Certification: This device ☒ meets, ☐ does NOT meet, the requirements of an acceptable commercial device at the time of testing.
I hereby certify the foregoing data to be correct.

Print Name: ANTHONY T. MARR Signature: [Signature] Expiration Date: 01/31/2022

Property owner, (or owners agent) certification that test was performed:
Print Name: Chris Valiczer Signature: [Signature] Telephone: 631-342-2945

Certification that installation is in accordance with the approved plans. (To be completed by the design engineer or architect or water supplier.)
I hereby certify that this installation is in accordance with the approved plans.

Name: _____ Title: _____ Date: _____ NYS DOH Log # _____

License Number: _____ Phone: () _____

Representing: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

NOTE: Test the backflow device in the presence of the water supplier and the copy of the test report must be filed with the water supplier within 30 days of the testing date.

DCH-1013(08/11)

05/19/2019 10:47a

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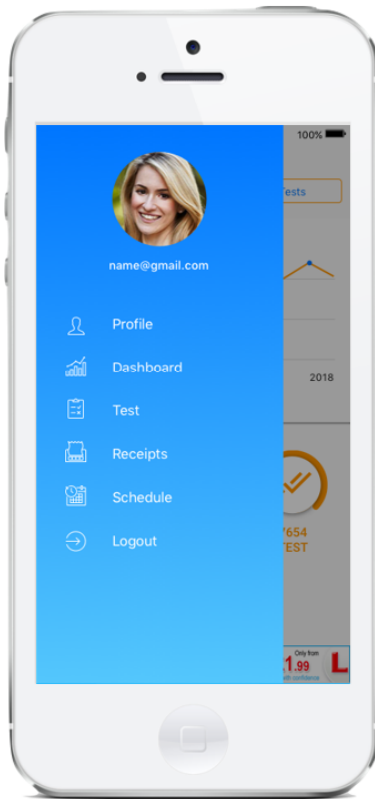
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Backflow Program Automation Goals

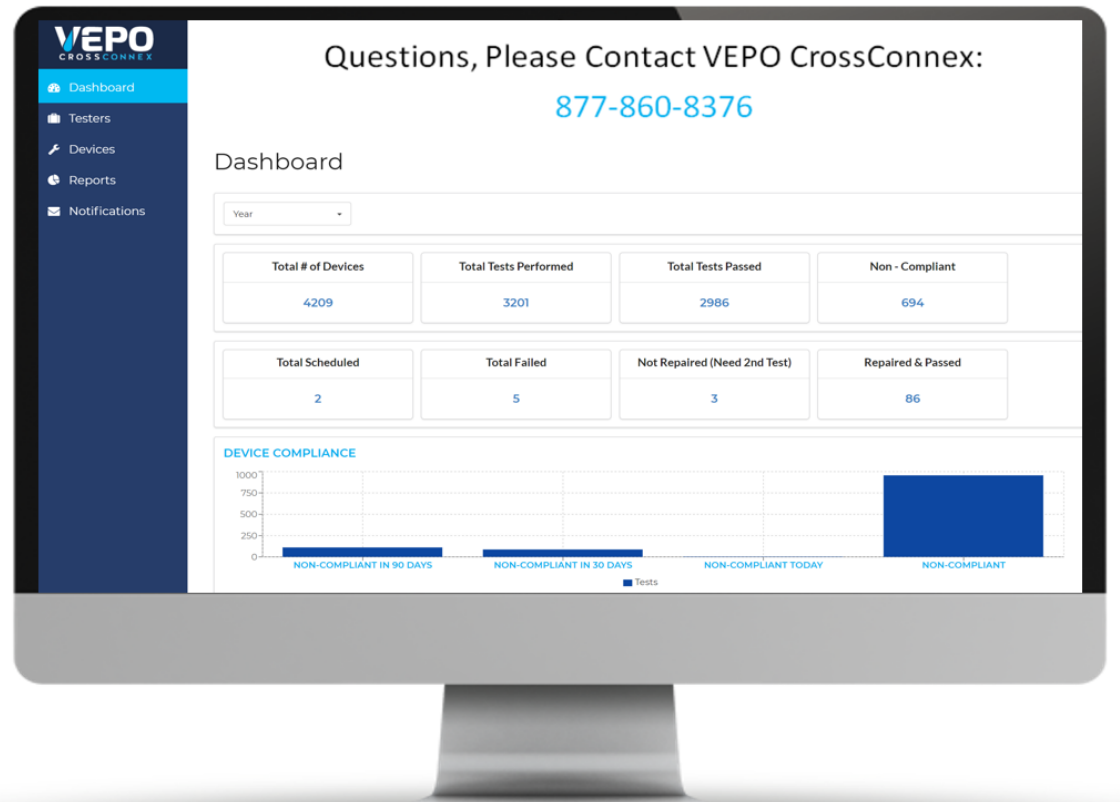
- Eliminate the paperwork transfer and storage
- Institute electronic notifications
- Increase user compliance
- Reduce administrative costs to administer program
- No costs to the Township



Mobile App



Utility Dashboard





Questions?