

CROSS-CONNECTION PERMIT APPLICATION
TOWN OF EMMITSBURG
300A South Seton Avenue, Emmitsburg, MD 21727
www.emmitsburgmd.gov · (301) 600-6300



Permit Instructions:

- All applications must be completed in full along with the signature of the owner or the owner's duly authorized representative or agent.
- Commercial & industrial uses (high hazard) – The property owner shall submit to the Town, every two years, a Town cross-connection permit application with associated fee and an approved backflow device test report from a certified backflow device tester.
- Residential uses (low hazard) – The property owner shall submit to the Town, every ten years, a Town cross-connection permit application and an approved backflow device test report from a certified backflow device tester.

Permit Fees:

- Fee
 - High hazard
 - \$25.00 - initial / new installation permits
 - \$15.00 – permit renewal
 - Low hazard
 - None
- Payment may be made by cash, check, or credit card (add \$5 fee for credit card processing).
- Fees are subject to change by policy, resolution, or ordinance by the Mayor and Board of Commissioners.

Please Note:

- Permits are subject to revocation and become immediately revoked if the owner should so change the type of cross-connection or degree of hazard associated with the service.
- Any backflow preventer that fails during a periodic test shall be repaired or replaced. When repairs are necessary, upon completion of the repair, the device will be re-tested at the owner's expense to insure correct operation.
- The cross-connection control device detailed hereon has been tested and maintained as required in Town Code Title 13, Chapter 13.17 – Cross-Connection Control Program, and is certified to comply with these rules and regulations.
- The owner or the owner's duly authorized representative or agent hereby agrees to comply with all applicable Town codes, laws, ordinances, and regulations, and in accordance with all State and Federal regulations. The property owner alone bears the responsibility of ensuring their work does not violate other laws, regulations, or the rights of neighbors and other parts. I hereby certify the information with this application to be true and correct, and I further agree to pay all costs as stated in the Town's fee schedule. The application is being made with full knowledge of the landowner and the applicant is authorized by the owner to act on his or her behalf.

Applicant Print Name: _____ Signature: _____ Date: _____

Owner Print Name: _____ Signature: _____ Date: _____

Phone #: _____ Email: _____

CROSS-CONNECTION PERMIT APPLICATION

- Retest
- Replace
- New Installation

Associated Permit Number: _____

NAME OF PREMISES _____

SERVICE ADDRESS _____

LOCATION OF DEVICE _____

ASSE # Manufacturer Model Size Serial #

LINE PRESSURE AT TIME OF TEST PRESSURE DROP ACROSS FIRST CHECK VALVE
LBS LBS

	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL PRESSURE RELIEF VALVE
INITIAL TEST	1. Leaked <input type="checkbox"/>	1. Leaked <input type="checkbox"/>	1. Opened at _____ lbs. reduced pressure
	2. Closed tight <input type="checkbox"/>	2. Closed tight <input type="checkbox"/>	2. Did not open <input type="checkbox"/>
R E P A I R S	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>
	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>
	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Disc upper <input type="checkbox"/>
	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Disc lower <input type="checkbox"/>
	Guide <input type="checkbox"/>	Guide <input type="checkbox"/>	Spring <input type="checkbox"/>
	Pin retainer <input type="checkbox"/>	Pin retainer <input type="checkbox"/>	Diaphragm, large <input type="checkbox"/>
	Hinge pin <input type="checkbox"/>	Hinge pin <input type="checkbox"/>	Upper <input type="checkbox"/>
	Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	Lower <input type="checkbox"/>
	Diaphragm <input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Diaphragm, small <input type="checkbox"/>
	Upper <input type="checkbox"/>		Upper <input type="checkbox"/>
Lower <input type="checkbox"/>		Lower <input type="checkbox"/>	
Space <input type="checkbox"/>		Space <input type="checkbox"/>	
Other describe <input type="checkbox"/>		Other describe <input type="checkbox"/>	
FINAL TEST	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ lbs. reduced pressure

Remarks: _____

THE ABOVE REPORT IS CERTIFIED TO BE TRUE

Return within Fifteen (15) Days to:

Town of Emmitsburg
300A South Seton Avenue
Emmitsburg, MD 21727

TESTED BY _____

REPAIRED BY OR REPLACED BY _____

FINAL TEST BY _____

CERTIFICATION NO. _____

DATE: _____

SIGNATURE _____

PRINT NAME _____

Permit # _____

Town Use Only

Date _____

Approved

Hazard Classification: High Hazard Low Hazard (Circle One)

Denied

Fee \$ _____ Cash Check # _____ Credit Card

Signature of Water Department Superintendent: _____