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
LBS

PRESSURE DROP ACROSS FIRST CHECK VALVE
LBS

<table>
<thead>
<tr>
<th>CHECK VALVE NO. 1</th>
<th>CHECK VALVE NO. 2</th>
<th>DIFFERENTIAL PRESSURE RELIEF VALVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>INITIAL TEST</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Leaked</td>
<td>1. Leaked</td>
<td>1. Opened at _____________________ lbs. reduced pressure</td>
</tr>
<tr>
<td>2. Closed tight</td>
<td>2. Closed tight</td>
<td>2. Did not open</td>
</tr>
<tr>
<td>Cleaned</td>
<td>Cleaned</td>
<td>Cleaned</td>
</tr>
<tr>
<td>Replaced</td>
<td>Replaced</td>
<td>Replaced</td>
</tr>
<tr>
<td>Disc</td>
<td>Disc</td>
<td>Disc upper</td>
</tr>
<tr>
<td>Spring</td>
<td>Spring</td>
<td>Disc lower</td>
</tr>
<tr>
<td>Guide</td>
<td>Guide</td>
<td>Spring</td>
</tr>
<tr>
<td>Pin retainer</td>
<td>Pin retainer</td>
<td>Diaphragm, large</td>
</tr>
<tr>
<td>Hinge pin</td>
<td>Hinge pin</td>
<td>Upper</td>
</tr>
<tr>
<td>Seat</td>
<td>Seat</td>
<td>Lower</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>Diaphragm</td>
<td>Diaphragm, small</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Space</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other describe</td>
</tr>
<tr>
<td>FINAL TEST</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closed tight</td>
<td>Closed tight</td>
<td>Opened at _____________________ lbs. reduced pressure</td>
</tr>
</tbody>
</table>

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
□ Denied

Hazard Classification: High Hazard  Low Hazard  (Circle One)

Fee $______________  □ Cash  □ Check #_______  □ Credit Card

Signature of Water Department Superintendent: ____________________