Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

This File Contains Personal Identifiable Information of Private Citizen(s).

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- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 470.01 LOT 16 QUALIFICATION CODE _____ ADDRESS (SITE) 595 BRICK BLVD PERMIT NO. 22-0150

CONSTRUCTION PERMIT APPLICATION

22-000019

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: WAWA - 595 BRICK BOULEVARD
2. Name of Owner in Fee: WAWA, INC
   Tel. _____ e-mail _____
   Address 260 W BALTIMORE PIKE (street) WAWA PA (municipality) 19063 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: ACTION PLUMBING Tel. (856) 985-9909
   Address 7 EAST STOW ROAD e-mail _____
   MARLTON, NJ 08053
   License No. OR, if new home, Builder Reg. No. 10300 Exp. Date 06/30/2021
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. 223457434 FAX: (856) 985-2570
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun ACTION PLUMBING
   Tel. (856) 985-9909 FAX: (856) 985-2570

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing	150 ✓		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$ 1 ~		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 151 ✓		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

- ☒ Minor Work — Backflow
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☒ Plumbing	698								
☐ Fire Protection									
☐ Elevator									
TOTAL COST	$698								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale _____ _____
   Gained, Rental _____ _____
   Lost, Sale _____ _____
   Lost, Rental _____ _____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Presen Select Group

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature_____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(X) Check if contractor.

Agent Name ACTION PLUMBING INC.

Address 7 EAST STOW ROAD

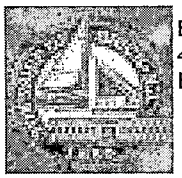
MARLTON, NJ 08053

Telephone (856) 985-9909

Signature Michael T. O'Hara

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 03/03/2022
Control Number C-22-000019
Permit Number 22-0150
Permit Issue Date 01/18/2022
Certificate Number 22-0150

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 595 BRICK BLVD. Brick Township, NJ Block: 470.01 Lot: 16 Qual:

Owner in Fee: WAWA, INC

Owner Address: 260 W BALTIMORE PIKE WAWA PA 19063

Telephone:

Contractor ACTION PLUMBING

Address 7 EAST STOW ROAD MARLTON NJ 08053

Telephone: (856) 985-9909 Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: BACKFLOW PREVENTER

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

David J. Newman Jr.

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 03/03/2022

U.C.C. F260 (rev. 08/05)

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 1/18/22
Control # 22-0150
Date Issued
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 470.01 Lot 16 Qualification Code

Work Site Location WAWA - 595 BRICK BOULEVARD
BRICK, NJ 08723

Owner in Fee: WAWA, INC

Tel. e-mail

Address 260 W BALTIMORE PIKE (street) WAWA (municipality) PA 19063 (zip code)

Contractor: ACTION PLUMBING Tel. (856) 985-9909

Address 7 EAST STOW ROAD e-mail
MARLTON, NJ 08053

Contractor License No. 10300 Exp. Date 06/30/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223457434 FAX: (856) 985-2570

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 698

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 2-2-22
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	2-2-22		2-2-22	

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner or record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: MICHAEL F. O'HARA

Print name here: MICHAEL F. O'HARA

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

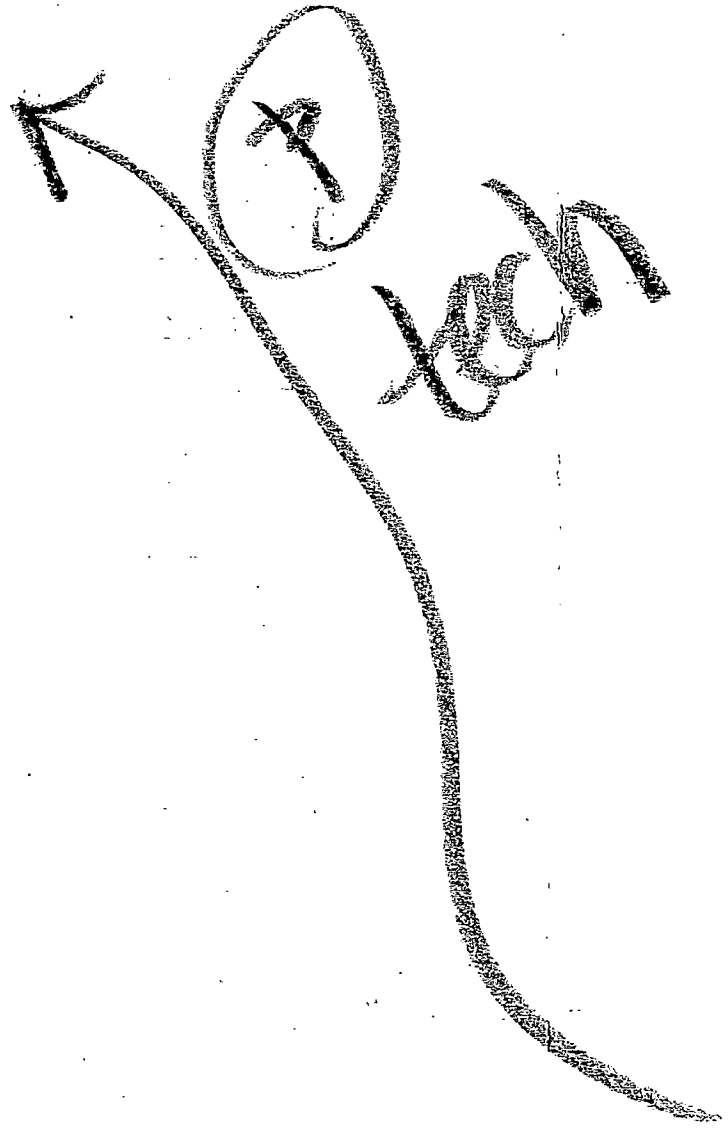
DESCRIPTION OF WORK
INSTALL, TEST & CERTIFY NEW (1) 1/2" BACK FLOW DEVICE UNDER 3BAY SINK.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

2-7-22
Need Backflow Certification
CRP



PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 1/18/22
Control # 22-0150
Date Issued
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 470.01 Lot 16 Qualification Code

Work Site Location WAWA - 595 BRICK BOULEVARD
BRICK, NJ 08723

Owner in Fee: WAWA, INC

Tel. e-mail

Address 260 W BALTIMORE PIKE (street) WAWA (municipality) PA 19063 (zip code)

Contractor: ACTION PLUMBING Tel. (856) 985-9909

Address 7 EAST STOW ROAD e-mail
MARLTON, NJ 08053

Contractor License No. 10300 Exp. Date 06/30/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223457434 FAX: (856) 985-2570

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 698

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: MICHAEL F. O'HARA

Print name here: MICHAEL F. O'HARA

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALL, TEST & CERTIFY NEW (1/2") BACKFLOW DEVICE UNDER 3BAY SINK.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Backflow Prevention Assembly Test and Maintenance Record

1st Defense Fire Protection
319 N Washington Avenue Unit 1
Moorestown, NJ 08057
Phone: 877-686-3473
Fax: 856-632-6202

Site Information

Name: Wawa 483
Address: 595 Brick Blvd
City, State, Zip: Brick NJ 08723
Contact: Phone: 732-431-0259
Date of Maint. 1/12/22 Technician: [illegible]

This Form To Be Completed By A Certified Technician

I. General Information

Work Order Number	Tracking Number

Location Of Assembly	Date Of Installation	Incoming Line Pressure
Mop sink	OK	90

Manufacturer	Model	Serial Number	Size	DS / FS / IS	DC / PVB	RP / SRVB
Watts	LF009QT	0288488	1/2"	DS		RP

II. Test Insrument Calibration Information

Type Of Instrument	Model	Serial Number	Date Of Purchase
Mid-West	845	07201358	7/30/2020

Calibrated By	Telephone Number	Registration Number	Calibration Date	Calibration Due
Gage-It	800-869-7294	138832	7/30/2020	7/30/2022 ~~7/30/2021~~

III. Test And Repair Information

	Check Valve Number 1		Check Valve Number 2		Differential Pressure Relief Valve
Initial Test	Leaked	Closed Tight	Leaked	Closed Tight	Opened at 2.0 PSID
	Pressure Drop Across The First Check Valve 8.0 PSID		Pressure Drop Across The Second Check Valve 1.7 PSID		Did Not Open

Repairs	Check Valve Number 1	Check Valve Number 2	Differential Pressure Relief Valve	Control Valve	Test Cock
	Replaced Rubbers	Replaced Rubbers	Replaced Rubbers	Replaced Ball Valve	3/8" X 1/4"
	Replaced Check Kit	Replaced Check Kit	Replaced Check Kit	Replaced OS&Y	1/4" X 1/4"
	Replaced Module	Replaced Module	Replaced Module	Replaced Butterfly	Other:

PVB/SRVB	Shutoff Valve 2	Check Valve	Air Inlet Valve	Repairs
	Leaking / Closed Tight	Leaking / Closed Tight	Failed to Open	
		Pressure drop across Check Valve # 1 ____ PSID	Opened At ____ PSID	

Final Test	Check Valve Number 1	Check Valve Number 2	Differential Pressure Relief Valve
	Leaked / Closed Tight	Leaked / Closed Tight	Opened at 2.0 PSID
	Pressure Drop 2.5 PSIG	Pressure Drop 1.7 PSIG	Did Not Open
	Control Valve # 2 Leaked / Closed Tight	Condition of Backflow: New / Good / Fair / Poor	Assembly Passed / Assembly Failed

IV. Approvals

Name Of Certified Backflow Tester	Company Telephone Number	Witness To assembly Test
Robert Riffert	856-488-6202	

	Signature	Certificate Number	Date
Initial Test	Robert Riffert	35326	1/12/22
Repairs	Robert Riffert	35326	1/12/22
Final Test	Robert Riffert	35326	1/12/22

Notes:

CONSTRUCTION PERMIT

Date Issued 1/13/22
Control # C-22-000019
Permit # 22-0150

IDENTIFICATION Block: 470.01 Lot: 16 Qualifier
Work Site Location: 595 BRICK BLVD. Brick Township, NJ
Owner in Fee WAWA, INC
260 W BALTIMORE PIKE WAWA PA 19063
Telephone:

Contractor ACTION PLUMBING
Address 7 EAST STOW ROAD MARLTON NJ 08053
Telephone: (856) 985-9909
Lic. No. or Bldrs. Reg. No. 10300
Federal Employee. No.

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☑ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
BACKFLOW PREVENTER

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$150
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$151
Check No.	4105
Cash	$0
Credit	$0
Collected By	

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $698

Construction Official Date 1/5/22

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR 2 CANARY - OFFICE **3 PINK - TAX ASSESSOR** 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☑ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☑ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

ACTION PLUMBING

NEWWA Backflow Prevention Device Assembly Test Report Form

OWNER OF PROPERTY Weiss
MAILING ADDRESS 595 Brick Blvd
Brick (TOWN) NJ 08723 (ZIP)

CONTACT PERSON
DEVISE ADDRESS
(TOWN) (ZIP)

EXACT DEVICE LOCATION Under 3 Bay
DEVICE IDENTIFICATION #
TEST KIT SERIAL # 08824148 CALIBRATION DATE 05-05-21

DATE 11-22-21 TIME 5:35
TESTED BY Mike Harris
CERTIFICATE # 40938
RPZ ☒ DCVA ☐ PVB ☐ SRVB ☐
MAKE Watts MODEL NO. LF009
SIZE 1/2" SERIAL NO. 265091
METER #

TEST AFTER INSTALLATION ☒
TEST AFTER REPAIR ☐
ANNUAL TEST ☐

REDUCED PRESSURE BACKFLOW PREVENTION DEVICE ASSEMBLY (RPZ)					PVB or SRVB	
CHECK VALVE NO. 1	CHECK VALVE NO. 2	STATIC FLOW CONFIRMED	RELIEF VALVE	CHECK VALVE NO. 2	CHECK VALVE	STATIC FLOW CONFIRMED
CLOSED TIGHT ☒	CLOSED TIGHT ☒	YES ☒	DID NOT OPEN ☐			YES ☐
LEAKED ☐	LEAKED ☐	NO ☐	OPENED AT			NO ☐
8.5 PSID		OTHER ☐	3.2 PSID	2.6 PSID	PSID	OTHER ☐

DOUBLE CHECK VALVE DEVICE ASSEMBLY (DCVA)			AIR INLET VALVE
CHECK VALVE NO.1	CHECK VALVE NO.2	STATIC FLOW CONFIRMED	OPENED AT PSID
PSID	PSID	YES ☐ NO ☐ OTHER ☐	DID NOT OPEN ☐

AT THE TIME OF TEST, THE DOWNSTREAM SHUT-OFF VALVE WAS: CLOSED TIGHT ☒ LEAKED ☐ OTHER ☐

LINE PRESSURE 50 PSI | PROTECTION TYPE: SERVICE LINE ☐ FIRE SERVICE LINE ☐ INTERNAL DOMESTIC PLUMBING SYSTEM ☒

M. Harris
SIGNATURE OF CERTIFIED TESTER

PASS ☒ FAIL ☐ OTHER ☐

TEST WITNESSES BY:	REMARKS
WATER WORKS OFFICIAL:	
OWNER AGENT:	
STATE OFFICIAL:	SERVICE RESTORED ☒

ASSE International
18927 Hickory Creek Drive, Suite 220
Mokena, Illinois 60448
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www.asse-plumbing.org

Michael S. Harris
161 Chickahominy Trl
Medford Lakes, NJ 08055

Certification #: 40938

Congratulations on becoming ASSE Certified!

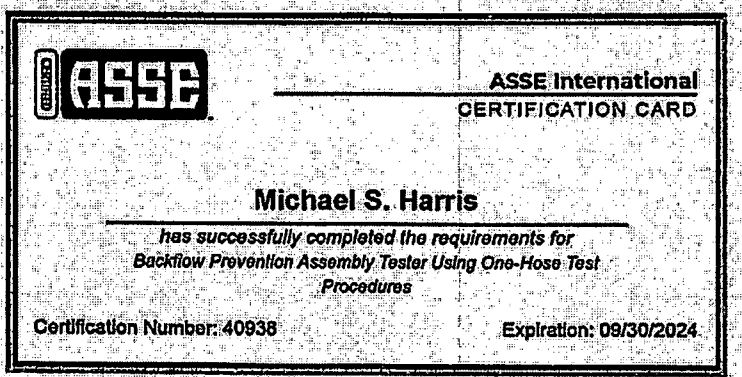
Attached is your ASSE certification card. Take careful notice of the expiration date on the card; you must renew your certification with ASSE International by that date.

Please note that being ASSE Certified does not mean that you are a member of ASSE International. However, if you are not currently a member, we strongly encourage you to join at www.assewebstore.com/membership.

As a member of ASSE International, you will belong to an organization represented by all disciplines of the plumbing and mechanical industries, including contractors, engineers, inspectors, journeymen, apprentices, manufacturers, etc. Together you'll form a platform to understand and solve industry problems relating to standards, codes, engineering, and business. Our mission is to continually improve the performance, reliability, and safety of plumbing and mechanical systems through our professional qualifications standards, professional certifications, product performance standards, and product listing programs. It is through the support and involvement of ASSE International members that we as an organization can continue to grow and promote the importance of our motto, "Prevention Rather Than Cure."

On a local level, members are able to attend their local chapter's monthly meetings, participate in chapter outings, serve on chapter boards, and receive local chapter publications. On a national level, members are eligible to participate in national committees, vote at Annual Meetings, and receive free subscriptions to ASSE International's publications – Working Pressure magazine (www.workingpressuremag.com) and the ASSE International eNewsletter. Members are also entitled to one free ASSE International standard per year and discounts on publications published by ASSE.

Rates are half-price for the first year of new membership. If you would like to become a member today, or if you would like further information about ASSE International, please visit www.asse-plumbing.org or call (708) 995-3019.



Visit ASSE International's website to view your certification in the ASSE Certified Professionals list:
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