

City of Rock Hill Utilities Department
Cross Connection Control Program
P.O. Box 11706 or 349 Columbia Av.
Rock Hill, SC 29731-1706
Ph: 803-329-5500
Fax: 803-329-5616 -- website: www.cityofrockhill.com



Account: _____

Mailing Address: _____

Service Address: _____

Required Fields

No.: _____ Manufacturer: _____ Model #: _____ Serial #: _____
Type of Service: DOM: [] Irrigation: [] F.L. [] Water Meter #: _____
Type of Assembly: RP: [] DC: [] PVB: [] Size: _____ Res.: [] Comm.: []
Location of Assembly: _____
Assembly: Passed (___) or Failed (___) New (___) Rebuild (___) Change-out (___)

	Check No. 1		Check No. 2		Differential Pressure Relief Valve	#1 Gate or Ball (Circle One)	#2 Gate or Ball (Circle One)
Test Before Repairs	<i>(Mark One)</i>		<i>(Mark One)</i>		Opened at _____ lbs Differential Pressure	<i>(Mark One)</i>	
	Leaked _____		Leaked _____			Leaked _____	
	Closed Tight _____		Closed Tight _____			Closed Tight _____	
	Drop Across		Drop Across				
Repairs and Key Materials							
Test After Repairs	<i>(Mark One)</i>		<i>(Mark One)</i>		Opened at _____ lbs Differential Pressure	<i>(Mark One)</i>	
	Leaked _____		Leaked _____			Leaked _____	
	Closed Tight _____		Closed Tight _____			Closed Tight _____	
	Drop Across		Drop Across				

Note: All repairs must be completed within ten (10) days.

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

Company Name: _____ Phone #: _____

Certification Number: _____ Date: _____

Tester: _____ Time of Test: _____

KIT: DIFF [] DUPL [] ELEC [] Manufacturer: _____ Model: _____