

City of Rock Hill- Cross Connection Control Program

Send change out form to:

Utilities Department

757 S. Anderson Rd.

P.O. Box 11706

Rock Hill, SC 29731-1706

Ph: 803-329-5500 Fax: 803-329-5616



www.cityofrockhill.com

CROSS CONNECTION CONTROL CHANGE OUT FORM

Account No.: _____

Mailing Address: _____

Service Address: _____

Previously Installed Backflow Prevention Assembly

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: _____

Reason for Change-out:

Newly Installed Backflow Prevention Assembly

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: _____

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: _____