

City of Rock Hill - Cross Connection Control Program

New Installations - send form to:

Planning & Development Dept.
155 Johnston St., Room 300
P.O. Box 11706
Rock Hill, SC 29731-1706
Ph: 803-329-5590 Fax: 803-329-7228

Renewals - send 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 TEST REPORT FORM

Account No.: _____

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	(Mark One) Leaked _____ Closed Tight _____	(Mark One) Leaked _____ Closed Tight _____	Opened at _____ lbs	(Mark One) Leaked _____ Closed Tight _____	(Mark One) Leaked _____ Closed Tight _____
	Drop Across	Drop Across	Differential Pressure		
Repairs and Key Materials					
Test After Repairs	(Mark One) Leaked _____ Closed Tight _____	(Mark One) Leaked _____ Closed Tight _____	Opened at _____ lbs	(Mark One) Leaked _____ Closed Tight _____	(Mark One) Leaked _____ Closed Tight _____
	Drop Across	Drop Across	Differential Pressure		

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: _____