



CROSS CONNECTION CONTROL TEST REPORT FORM

New installations: Planning & Development Department - 803-329-5590/ permits@cityofrockhill.com

Annual test results: Utilities Department - 803-329-7081/ Austin.Beck@cityofrockhill.com

Account No.: _____

Mailing Address: _____

Service Address: _____

No.: _____ Manufacturer: _____ Model #: _____ Serial #: _____

Type of Service: Domestic Irrigation Fire Line Water Meter #: _____

Type of Assembly: RP DC PVB Size: _____ Residential Commercial

Location of Assembly: _____

Assembly: Passed Failed New Rebuild Change-out

	No. 1 Check Valve	No. 2 Check Valve	Differential Pressure Relief Valve	#1 Shut-off <input type="checkbox"/> Gate <input type="checkbox"/> Ball	#2 Shut-off <input type="checkbox"/> Gate <input type="checkbox"/> Ball
Test Before Repairs	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	Opened at _____ pounds of differential pressure	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>
	Drop Across	Drop Across			
Repairs and Key Materials					
Test After Repairs	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	Opened at _____ pounds of differential pressure	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>
	Drop Across	Drop Across			

Note: All repairs must be completed within 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: _____

Email Address: _____