

**New installations:** Planning & Development Department

803-329-5590 / [permits@cityofrockhill.com](mailto:permits@cityofrockhill.com)



**Annual test results:** Utilities Department

803-329-7081 / [Austin.Beck@cityofrockhill.com](mailto:Austin.Beck@cityofrockhill.com)

**CROSS CONNECTION CONTROL TEST REPORT FORM**

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<br><input type="checkbox"/> Gate<br><input type="checkbox"/> Ball | #2 Shut-off<br><input type="checkbox"/> Gate<br><input type="checkbox"/> Ball |
|----------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Test Before Repairs</b>       | Leaked <input type="checkbox"/><br>Closed Tight <input type="checkbox"/> | Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> | Opened at _____ pounds of differential pressure | Leaked <input type="checkbox"/><br>Closed Tight <input type="checkbox"/>      | Leaked <input type="checkbox"/><br>Closed Tight <input type="checkbox"/>      |
|                                  | Drop Across                                                              | Drop Across                                                           |                                                 |                                                                               |                                                                               |
| <b>Repairs and Key Materials</b> |                                                                          |                                                                       |                                                 |                                                                               |                                                                               |
| <b>Test After Repairs</b>        | Leaked <input type="checkbox"/><br>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: \_\_\_\_\_