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Cross Connection Control Device Annual Test Certification Form

Customer Name _____ Account No. _____
 Service Address _____ Borough _____
 Contact Person _____ Phone _____

Customer Mailing Address (if different than service address)
 Address _____ City _____ State _____ Zip _____

Device Type _____ Serial # _____ Size _____
 Manufacturer _____ Model # _____ **Meter #** _____
 Type of Service: Domestic Fire Protection Irrigation Other _____

Reduced Pressure Principle Backflow Prevention Assembly (RPZ)			
Double Check Valve Backflow Prevention Assembly			
Static Line Pressure: _____PSID	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve
Initial Test of Device Date ____/____/____	Leaked Closed Tight _____PSID (RPZ)	Leaked Closed Tight	Opened at ____PSID Did Not Open
Maintenance of Device (Describe Repair) Date ____/____/____	Cleaned Repaired	Cleaned Repaired	Cleaned Repaired
	Material Used:	Material Used:	Material Used:
Changed or New Device Installed (must be tested on line)	DC		RPZ
	Size _____ Model _____ Serial # _____ Manufacturer _____		Size _____ Model _____ Serial # _____ Manufacturer _____
Final Test of Device Date ____/____/____	Closed Tight _____PSID (RPZ)	Closed Tight	Opened at ____PSID

Remarks: _____

I hereby certify the above data to be correct and that the above device was tested (and/or repaired and tested) and is in proper operating condition.

Tester (signature) _____ Test Date ____/____/____
 Print Name _____ Certification No. _____
 Company _____ Phone: (____) ____ - ____
 Company Address _____
 Test Kit Used _____ Date Gauge Calibrated ____/____/____

All applicable information must be typed or clearly printed. Failure to complete this form accurately and completely will result in rejection of the form and possible service termination. No other forms will be accepted. Please attach a copy of your certification.