

Cross Connection Control Device Registration



Water/Wastewater Department
201 E. 6th – PO Box 426
Newton, KS 67114-0426

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|--|---|
| Account Number: <input style="width: 100%;" type="text"/> | Property Owner: <input style="width: 100%;" type="text"/> |
| Service Address: <input style="width: 100%;" type="text"/> | Mailing Address: <input style="width: 100%; height: 100%;" type="text"/> |
| Location: <input style="width: 100%;" type="text"/> | |
| Manufacturer: <input style="width: 100%;" type="text"/> | |
| Model #: <input style="width: 100%;" type="text"/> | |
| Size: <input style="width: 100%;" type="text"/> | |
| Serial #: <input style="width: 100%;" type="text"/> | |

INITIAL INSTALLATION
 RE-INSPECTION
 OVERHAUL

| | | | | | | | | | |
|----------------------|--|-------|------|------------------------|------------|---------------|-----------------|---------------|--|
| Alarm Company | | Phone | | Reference | | Date/Time Off | | Date/Time On | |
| Location of Assembly | | | | Service Type-Class-Use | | | Meter/Acct # | | |
| Device Manufacturer | | Model | Size | Type | Serial No. | | Date of Install | New Install | |
| Guage Manufacturer | | Model | Type | Purchase Date | | Serial No. | Date Calibrated | Next Date Due | |

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|--------------|--|--|--|--|
| | REDUCED PRESSURE PRINCIPLE ASSEMBLY | | | PRESSURE VACCUUM BREAKER |
| | DOUBLE CHECK VALVE ASSEMBLY | | DIFFERENTIAL PRESSURE RELIEF VALVE | |
| | CHECK VALVE #1 | CHECK VALVE #2 | | |
| INITIAL TEST | <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Pressure drop Across check valve _____ psi | <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Pressure drop Across check valve _____ psi | <input type="checkbox"/> Did not open Opened at _____ psi | <input type="checkbox"/> Did not open <input type="checkbox"/> Air Inlet Opened at _____ psi |
| REPAIRS | <input type="checkbox"/> Cleaned REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Diaphragm <input type="checkbox"/> CV Assm. <input type="checkbox"/> Other _____ | <input type="checkbox"/> Cleaned REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Diaphragm <input type="checkbox"/> CV Assm. <input type="checkbox"/> Other _____ | <input type="checkbox"/> Cleaned REPLACED Disc: <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spring Large Diaphragm: <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Small Diaphragm Seat: <input type="checkbox"/> Upper <input type="checkbox"/> Lower Spacer: <input type="checkbox"/> Lower <input type="checkbox"/> Other _____ | <input type="checkbox"/> Check Valve Check held at _____ psi <input type="checkbox"/> Leaked <input type="checkbox"/> Cleaned REPLACED <input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Check Disc Air Inlet: <input type="checkbox"/> Spring <input type="checkbox"/> Check Spring <input type="checkbox"/> Other _____ |
| FINAL TEST | <input type="checkbox"/> Closed Tight Pressure drop Across check valve _____ psi | <input type="checkbox"/> Closed Tight Pressure drop Across check valve _____ psi | Opened at _____ psi | <input type="checkbox"/> Air Inlet Opened at _____ psi <input type="checkbox"/> Check Valve Check held at _____ psi |

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|--------------------|-----------------------|
| Comments: | |
| Final Test By: | Certified Tester No.: |
| Registration Date: | Device Pass or Fail: |