



WATER CUSTOMER INFORMATION	ASSEMBLY INFORMATION
CUSTOMER NAME: _____	TYPE: _____ SIZE: _____ MFG: _____
CARE OF (MGMT): _____	MODEL: _____ SERIAL NO.: _____
MAILING ADDRESS: _____	<input type="checkbox"/> EXISTING ⇨ REFERENCE NO.: _____
CITY, STATE, ZIP: _____	<input type="checkbox"/> REPLACEMENT ⇨ OLD ASSEMBLY SERIAL NO.: _____
PHONE #: _____	<input type="checkbox"/> NEW ⇨ PLUMBING PERMIT NO.: _____
	TYPE OF SERVICE: DOMESTIC <input type="checkbox"/> IRRIGATION <input type="checkbox"/> FIRE <input type="checkbox"/>

MAILING ADDRESS CORRECTION REQUESTED

WATER SERVICE LOCATION

BUSINESS NAME: _____

SERVICE ADDRESS: _____ CITY: _____

WATER PURVEYOR: CITY OF WINTERS IS DEVICE LOCATED AT METER Yes or No

ASSEMBLY LOCATION: _____ METER SERIAL # _____

(Please use dimensions and reference – Lot Lines, Curb, or other permanent features.)

INTERNAL _____

(Please provide location, name of room, room number, unit number, or suite number if the device is an internal assembly.)

TEST RESULTS INFORMATION

	DOUBLE CHECK VALVE ASSEMBLY			PRESSURE VACUUM BREAKER	
	REDUCED PRESSURE PRINCIPLE ASSEMBLY			AIR INLET VALVE	CHECK VALVE
	CHECK VALVE NO.1	CHECK VALVE NO. 2	DIFFERENTIAL RELIEF VALVE		
INITIAL TEST	HELD AT: _____ PSID LEAKED <input type="checkbox"/>	HELD AT: _____ PSID CLOSED TIGHT (RP) <input type="checkbox"/> LEAKED <input type="checkbox"/>	OPENED AT: _____ PSID OPENED UNDER 2.0 PSID OR DID NOT OPEN <input type="checkbox"/>	OPENED AT: _____ PSID OPENED UNDER 1.0 PSID OR DID NOT OPEN <input type="checkbox"/>	HELD AT: _____ PSID LEAKED <input type="checkbox"/>
R E P A I R	1) CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> 2) EXERCISED <input type="checkbox"/> REPLACED: <input type="checkbox"/> 3) DISC(S) <input type="checkbox"/> 4) SPRING <input type="checkbox"/> 5) DIAPHRAGM(S) <input type="checkbox"/> 6) SEAT(S) <input type="checkbox"/> 7) O-RING(S) <input type="checkbox"/> 8) MODULE <input type="checkbox"/> 9) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> 1) DISC <input type="checkbox"/> 3) DIAPHRAGM <input type="checkbox"/> 4) FLOAT <input type="checkbox"/> 5) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> 1) DISC <input type="checkbox"/> 1) MODULE <input type="checkbox"/> 4) OTHER <input type="checkbox"/>
TEST AFTER REPAIR	HELD AT: _____ PSID	HELD AT: _____ PSID CLOSED TIGHT (RP) <input type="checkbox"/>	OPENED AT: _____ PSID	OPENED AT: _____ PSID	HELD AT: _____ PSID

INITIAL TEST	TEST AFTER REPAIR
START TIME: _____	START TIME: _____
END TIME: _____	END TIME: _____
DATE: _____	DATE: _____

COMMENTS: _____

ASSEMBLY: PASSED FAILED RE-TEST TAG NO. _____

If FAILED, please mail the test report and notify City of Winters Public Works within 24 hours!

MAIL COPY TO:	ATTN: CROSS-CONNECTION CONTROL
OR FAX TO:	318 FIRST STREET
530-795-4935	WINTERS CA 95694
	(530) 794-6715

AWWA TESTER NO.: _____

PLEASE PRINT YOUR NAME: _____

SIGNATURE: _____