



TOWN OF TROUTMAN

CROSS CONNECTION CONTROL, BACKFLOW AND HYDRANT INSPECTION

Date: _____ New Installation: _____ Retrofit: _____ Connection Number: _____

Business/Customer Name: _____

Address: _____ City _____ State _____ Zip _____

Contact Person: _____ Phone: _____

Type of Hazard: _____

Recommended Device: AG: _____ DCA: _____ RPA: _____

Size: _____ Physical Location of Device: _____

To be installed by: City: _____ Contractor: _____

TO BE COMPLETED BY INSTALLER/INSPECTOR

Installation Date: _____ Make: _____ Model: _____

Connection #: _____ Serial #: _____ Inspected by: _____

Approved: _____ Not Approved: _____

Remarks: _____

	REDUCED PRESSURE DEVICES			PRESSURE VACUUM BREAKER	
	Double Check Devices		Relief Valve	Air Inlet	Check Valve
	1 st Check	2 nd Check		Opened at _____ PSID	_____ PSID
Initial Test	DC-Closed Tight <input type="checkbox"/> RP- _____ PSID Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ PSID	Did not open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Repairs & Materials Used					
Test after Repairs	DC-Closed Tight <input type="checkbox"/> RP- _____ PSID	Closed Tight <input type="checkbox"/>	Opened at _____ PSID	Opened at _____ PSID	_____ PSID

Pass <input type="checkbox"/>
Fail <input type="checkbox"/>

Certified Tester: _____

Cert. Tester No.: _____ Date: _____

Billing Information:
 Route/Seq.: _____ / _____ Account No.: _____
 Billed: _____ Initials: _____

RETURN COMPLETED FORM TO:

MAIL: Town of Troutman; PO Box 26; Troutman, NC 28166

Fax: 704-528-7605 **Email** info@troutmannnc.gov