

City of Chestermere

CROSS CONNECTION CONTROL TEST REPORT E 1059 (R2014-09)

Mailing Address 105 Marina Road Chestermere, AB T1X 1V7

ADDRESS OF DEVICE, OCCUPANT, CONTACT, TELEPHONE NUMBER, OWNER, ADDRESS OF OWNER, POSTAL CODE, SERIAL NUMBER, MAKE, MODEL, SIZE, INSTALL DATE, REPLACES SERIAL #, BUILDING, LOCATION OF ASSEMBLY, TYPE OF TEST, INSTALLED ON, TESTER'S AWWA NUMBER, TESTER'S EQUIPMENT NUMBER, TESTER'S NAME, BUSINESS NAME, BUSINESS ADDRESS, POSTAL CODE, FAX NUMBER

TEST section with checkboxes for AAG, RP/RPF ASSEMBLY, CHECK VALVE 2, CHECK VALVE 1, DCVA, DCVAF, SCVAF, PVB/SRPVB ASSEMBLY, SHUT OFF VALVES, and fields for Outlet Dia., AG Size, and TEST RESULT.

REPAIR section with checkboxes for applicable valves and repairs, and a note: 'If the device fails the initial test for any reason, complete the sections below, noting the repairs and retest results.'

RETEST section with checkboxes for AAG, RP/RPF ASSEMBLY, CHECK VALVE 2, CHECK VALVE 1, DCVA, DCVAF, SCVAF, PVB/SRPVB ASSEMBLY, SHUT OFF VALVES, and fields for Outlet Dia., AG Size, and RETEST RESULT.

I certify the above device has been tested in accordance with The City of Calgary Water Services Bylaw 40M2006, and Cross Connection Control Manual WC AWWA.

SIGNATURE OF CERTIFIED TESTER, DATE, SIGNATURE OF OWNER / TENANT, DATE

REMARKS/COMMENTS

FOR OFFICE USE ONLY, TESTING FREQUENCY, INSPECTOR'S SIGNATURE / COMMENTS, DATE

DISTRIBUTION: COPY 1 - Water Services, Cross Connection Control Office COPY 2 - Certified Tester COPY 3 - Occupant or Owner, this copy shall be retained on-site and available to the City upon request.

The personal information on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act, Section 33(c), and is used solely for the purpose of information to record test details and results.

ISC: Unrestricted