



Existing New Replacement

City of Wyoming C/C Dept.
2350 Ivanrest Ave SW
Wyoming, MI 49418
Fax 616-261-3590
crossconnections@wyomingmi.gov

Replaces SN# _____
Serial Number _____
Map Page _____
Assembly ID _____
Contact Name _____

PWS ID: _____

Phone:(616) 261-3568

Assembly Location Information

Facility Name _____ Facility Code _____
Service Address _____ Zip: _____ Phone: _____

Property Information

Mailing Name _____
Address 1 _____
City/ST/Zip _____ ST: _____ Zip: _____ Telephone _____

Assembly Information

Type: _____ Size: _____ Mfg: _____ Model: _____

Equip Location _____

Hazard Type _____

Water Turn Off Authorization: (Print) _____ Time: _____

Is the Assembly installed in accordance with manufacturers recommendations and/or local codes? Yes No

Test Date	Reduced Pressure Principal Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	Check Valve #1	Check Valve #2		Opened at _____ PSID	Held at _____ PSID
Initial Test <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Opened at _____ PSID <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Did not Open	<input type="checkbox"/> Leaked
Repairs and Materials Used					
Final Test <input type="checkbox"/> Pass	Held at _____ PSID <input type="checkbox"/> Closed Tight	Held at _____ PSID <input type="checkbox"/> Closed Tight	Opened at _____ PSID	Opened at _____ PSID	Held at _____ PSID

Test Gauge Used: Manufacturer/Model: _____ SN: _____ Calib/Accur Date: _____

Remarks _____
 USC 10th Edit.

The above is certified to be true at the time of testing Service Restored: Yes No

Tester Name: _____ Company Name: _____

Company Address: _____ Phone #: _____

Tester Signature: _____ Certified Tester #: _____