



TOWN OF JUPITER WATER SYSTEM CROSS-CONNECTION CONTROL PROGRAM TEST AND MAINTENANCE REPORT

FILE NO.

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NAME OF PREMISE _____

STREET ADDRESS _____

MAILING ADDRESS _____

LOCATION OF ASSEMBLY _____

NEW INSTALLATION **ANNUAL TEST** **METER NUMBER** _____

MANUFACTURER: _____ **MODEL:** _____ **SERIAL NO:** _____ **SIZE:** _____

TYPE: **RP** **DCVA** **PVB** **AVB** **AG**

PURPOSE: **ISOLATION CONTAINMENT** **TEST DATE:** _____ **LINE PRESSURE:** _____

| | CHECK VALVE #1 | CHECK VALVE #2 | DIFFERENTIAL PRESSURE RELIEF VALVE | PRESSURE VACUUM BREAKER |
|---------------------|--|---|---|---|
| INITIAL TEST | CLOSED TIGHT LEAKED GAUGE PRESSURE ACROSS CHECK VALVE _____ PSI | CLOSED TIGHT LEAKED GAUGE PRESSURE ACROSS CHECK VALVE _____ PSI | OPENED AT _____ PSI DID NOT OPEN | AIR INLET OPENED AT _____ PSI DID NOT OPEN HELD AT _____ PSI |
| REPAIRS | CLEANED <input type="checkbox"/> REPLACED: RUBBER PARTS KIT <input type="checkbox"/> C.V. ASSEMBLY <input type="checkbox"/> OR DISC <input type="checkbox"/> O-RINGS <input type="checkbox"/> SEAT <input type="checkbox"/> SPRING <input type="checkbox"/> STEM/GUIDE <input type="checkbox"/> RETAINER <input type="checkbox"/> LOCK NUTS <input type="checkbox"/> OTHER <input type="checkbox"/> | CLEANED REPLACED: RUBBER PARTS KIT C.V. ASSEMBLY OR DISC O-RINGS SEAT SPRING STEM/GUIDE RETAINER LOCK NUTS OTHER | CLEANED REPLACED: RUBBER PARTS KIT R.V. ASSEMBLY OR DISC DIAPHRAGM SEAT SPRING GUIDE O-RINGS OTHER | CHECK VALVE _____ PSI LEAKED CLEANED REPLACED: C.V. ASSEMBLY DISC. AIR INLET DISC. C.V. SPRING RETAINER GUIDE O-RING OTHER |
| | CLOSED TIGHT <input type="checkbox"/> | CLOSED TIGHT | OPENED AT _____ LBS. REDUCED PRESSURE | SATISFACTORY |

ALL REPAIRS/REPLACEMENT SHALL BE COMPLETED WITHIN TEN (10) DAYS.

REMARKS: _____

I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE UNIT.

CERTIFIED TESTING COMPANY _____

| | | | | | | | | | | | | |
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| INITIAL TEST BY _____ | CERTIFIED TESTER NO. <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | DATE |
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| MONTH | DAY | YEAR | | | | | | | | | | |
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| REPAIRED BY _____ | CERTIFIED TESTER NO. <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | DATE |
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