



INMAN-CAMPOBELLO WATER DISTRICT

5 PROSPECT STREET
 INMAN, SOUTH CAROLINA 29349
 Fax Number: (864) 472-6812
 Telephone: (864) 472-2858

Cross Connection: **Kermit Johnson**

Facility Name :				ASSEMBLY INFORMATION						
Facility Address:				Serial Number :						
				Manufacturer :						
				Model Number :						
Contact Name:				Size :						
Telephone Number :			Type Device : <input type="checkbox"/> DC <input type="checkbox"/> DCDA <input type="checkbox"/> RP <input type="checkbox"/> RPDA <input type="checkbox"/> OTHER							
DATE INITIAL TEST PERFORMED: _____										
Test/Repair	Check No. 1	Check No. 2	Air-Inlet Valve or Relief Valve	PVB	Shut Off Valves					
						# 1	# 2			
Initial Test DATE	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Opened at _____ PSID	<input type="checkbox"/> Air Inlet Opened at _____ PSID	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Did not Open	<input type="checkbox"/> Did not Open				Leaked	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Open	<input type="checkbox"/> Check Held at _____ PSID						
Repairs and New Materials	<input type="checkbox"/> Cleaned	<input type="checkbox"/> Cleaned	<input type="checkbox"/> Cleaned	<input type="checkbox"/> Cleaned	Cleaned	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/> Replaced	<input type="checkbox"/> Replaced	<input type="checkbox"/> Replaced	<input type="checkbox"/> Replaced				Replaced	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____						
Final Test DATE	_____ PSID <input type="checkbox"/> Closed Tight	_____ PSID <input type="checkbox"/> Closed Tight	Opened at _____ PSID	Air Inlet _____ PSID CK Valve _____ PSID	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>			
Category: <input type="checkbox"/> General Tester <input type="checkbox"/> Limited Tester <input type="checkbox"/> Inspector Tester <input type="checkbox"/> Manufacturer's Agent										
Type of Test : <input type="checkbox"/> Annual <input type="checkbox"/> New Installation <input type="checkbox"/> Repair / Replacement										
METHOD OF TESTING : _____				TEST KIT USED : _____						
I hereby certify that the test or repairs was either performed by myself or under my direct supervision as duly certified by the South Carolina Department of Health and Environmental Control to perform such work as a Tester.										
Tester Signature		Tester Name (Print)		Company		Certificate #	Phone #			
Initial Test By:										
Final Test By:										
Repaired By:										

I hereby certify that the above device has been constant use at the location in conformance with the polices of the Inman-Campobello Water Distict. I further certify that during the entire time interval between successive tests of the device that it has not been by-passed or removed without notificaiton to and authorization by the Inman-Campobello Water District.

 Plant Manager / Engineer / Maintenance Director

 Date