



SQUAW VALLEY PUBLIC SERVICE DISTRICT

305 Squaw Valley Road
 Post Office Box 2026
 Olympic Valley, CA 96146-2026 Phone: (530) 583-4692 Fax: (530) 583-6228

**Please Fill Out Completely
 And Return To
 Squaw Valley P.S.D.**

Property Owner's Name & Mailing Address:

The cross-connection control assembly detailed hereon has been tested and maintained as required by Title 17 of the California Administration Code and is certified to comply with these regulations.

Is this a new device: _____
 If yes, has this device replaced an old device: _____
 If yes, please provide serial # of old device: _____

Type Of Service:	
Hydronics <input type="checkbox"/>	Irrigation <input type="checkbox"/>
Fire <input type="checkbox"/>	Other _____

Manufacturer: _____
 Model Number: _____
 Size: _____

Number of devices @ this property: _____

Physical address & description of device location:

Serial Number: _____

Buffer _____ psid 3 psid minimum	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
A.R. _____ passed/ failed?	3 psid BUFFER Held at: _____ psid Leaked: <input type="checkbox"/>	Held at: _____ psid Leaked: <input type="checkbox"/> Closed Tight: <input type="checkbox"/>	2 psid min Opened at: _____ psid Did Not Open: <input type="checkbox"/>	Opened at: _____ psid Did Not Open: <input type="checkbox"/>	Held at: _____ psid Leaked: <input type="checkbox"/>
Repairs and Materials Used					
Final Test passed/ failed?	Held at: _____ psid	Held at: _____ psid Closed Tight: <input type="checkbox"/>	Opened at: _____ psid	Opened at: _____ psid	Held at: _____ psid

Office use only	Work Order #:
Inspection #:	

Test date: _____

Time of test: _____

Comments: _____

The above is certified to be true.

Certified Tester: _____

Firm Name & Address: _____ Tester Cert. No: _____ Expiration Date: _____

Test Unit No: _____ Expiration Date: _____