



**CITY OF WENATCHEE**

P.O. BOX 519 • WENATCHEE, WASHINGTON 98807-0519 • (509) 888-3200

**DEPARTMENT OF PUBLIC WORKS, ENVIRONMENTAL DIVISION**

Attn: Cross Connection Control Specialist

Name of Business or Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Assembly Location: \_\_\_\_\_

Downstream Hazard: \_\_\_\_\_ Type: DCVA  RPBA  PVBA/SVBA  DCDA

New Install     Existing     Removed     Replacement     Old Serial # \_\_\_\_\_

Make of Assembly: \_\_\_\_\_ Model: \_\_\_\_\_ Size: \_\_\_\_\_ Serial # \_\_\_\_\_

WA State Approved Assembly?     Yes     No    Proper Installation?     Yes     No

Remarks: \_\_\_\_\_

	<u>DCVA</u>	<u>RPBA</u>	<u>PVBA/SVBA</u>
<b>Initial Test</b> <input type="checkbox"/> Passed <input type="checkbox"/> Failed	<b>Check Valve #1</b> <input type="checkbox"/> Leaked _____ Psid  <b>Check Valve #2</b> <input type="checkbox"/> Leaked _____ Psid	<b>Relief Valve</b> Opened at _____ Psid <input type="checkbox"/> Did not Open  <b>Check Valve #1</b> _____ Psid <input type="checkbox"/> Leaked  <b>Check Valve #2</b> <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked .....  <b>Approved Air Gap</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  Supply pipe measurement _____ Air gap measurement _____	<b>Air Inlet Valve</b> Opened at _____ Psid  <b>Opened Fully</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not Open  <b>Check Valve</b> <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked _____ Psid
Parts and Repairs	Clean    Replace    Part <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	Clean    Replace    Part <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	Clean    Replace    Part <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____
<b>Final Test</b> <input type="checkbox"/> Passed <input type="checkbox"/> Failed	<b>Check Valve #1</b> <input type="checkbox"/> Leaked _____ Psid  <b>Check Valve #2</b> <input type="checkbox"/> Leaked _____ Psid	<b>Relief Valve</b> Opened at _____ Psid <input type="checkbox"/> Did not Open  <b>Check Valve #1</b> _____ Psid <input type="checkbox"/> Leaked  <b>Check Valve #2</b> <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<b>Air Inlet Valve</b> Opened at _____ Psid  <b>Opened Fully</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not Open  <b>Check Valve</b> <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked _____ Psid

Meter Reading: \_\_\_\_\_ Meter Number: \_\_\_\_\_ Line Pressure \_\_\_\_\_ PSI

*I certify that I personally performed the field test using department approved test procedures and this form is true, complete and accurate.*

	Date	Printed Name	Signature	BAT #	Phone #
Initial Test					
Repairs					
Final Test					
Company					

Gauge #: \_\_\_\_\_ Model: \_\_\_\_\_ Calibration Date \_\_\_\_\_ Service Restored?     Yes     No

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