

# LAKESIDE WATER DISTRICT

10375 Vine Street  
Lakeside, CA 92040  
(619) 443-3805 • Fax (619) 443-3690

## CROSS-CONNECTION CONTROL DEPARTMENT

MANUFACTURER	SERIAL NUMBER	POST METER	YES / NO
NEW OR REPLACEMENT	MODEL	SN: REPLACED	ACCOUNT NUMBER
SERVICE ADDRESS:	BUSINESS	METER #	

LOCATION:

Note any Cross-Connections that might by-pass this device: \_\_\_\_\_

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
INITIAL TEST	1. LEAKED <input type="checkbox"/> 2. CLOSED TIGHT <input type="checkbox"/>	1. LEAKED <input type="checkbox"/> 2. CLOSED TIGHT <input type="checkbox"/>	OPENED AT _____ LBS. REDUCED PRESSURE DID NOT OPEN <input type="checkbox"/>	AIR INLET OPENED AT _____ PSI DID NOT OPEN <input type="checkbox"/>
R E P A I R S	CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> DISC <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> PIN RETAINER <input type="checkbox"/> HINGE PIN <input type="checkbox"/> SEAT <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> OTHER, DESCRIBE <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> DISC <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> PIN RETAINER <input type="checkbox"/> HINGE PIN <input type="checkbox"/> SEAT <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> OTHER, DESCRIBE <input type="checkbox"/>  ACTUAL _____ APPARENT _____	CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> DISC: <input type="checkbox"/> UPPER <input type="checkbox"/> LOWER <input type="checkbox"/> SPRING <input type="checkbox"/> DIAPHRAGM: <input type="checkbox"/> LARGE: <input type="checkbox"/> UPPER <input type="checkbox"/> LOWER <input type="checkbox"/> SMALL <input type="checkbox"/> SEAT: <input type="checkbox"/> UPPER <input type="checkbox"/> LOWER <input type="checkbox"/> SPACER: <input type="checkbox"/> LOWER <input type="checkbox"/> OTHER, DESCRIBE <input type="checkbox"/>	CHECK VALVE CLOSED TIGHT <input type="checkbox"/> DID NOT CLOSE <input type="checkbox"/>  CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> AIR INLET <input type="checkbox"/> DISC <input type="checkbox"/> CHECK DISC <input type="checkbox"/> AIR INLET <input type="checkbox"/> SPRING <input type="checkbox"/> CHECK SPRING <input type="checkbox"/> OTHER, DESCRIBE <input type="checkbox"/>  TIGHT AT PSI _____
	FINAL TEST	CLOSED TIGHT <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>	OPENED AT _____ LBS. REDUCED PRESSURE

TEST KIT \_\_\_\_\_ DATE OF CALIBRATION \_\_\_\_\_

The above report is certified to be true. Line Pressure at time of test \_\_\_\_\_

INITIAL TEST BY \_\_\_\_\_ CERTIFIED TESTER NO. 

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 DATE 

MO.	DAY	YR.

REPAIRED BY \_\_\_\_\_ DATE \_\_\_\_\_

FINAL TEST BY \_\_\_\_\_ CERTIFIED TESTER NO. 

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MO.	DAY	YR.