



(830) 997-7521

126 W. MAIN ST.  
P.O. BOX 111  
FREDERICKSBURG, TEXAS 78624

New Installation   
Annual Test   
Semiannual Test

Water Meter # \_\_\_\_\_

WATER AND WASTEWATER UTILITY  
CROSS CONNECTION SECTION  
TEST AND MAINTENANCE REPORT

Address \_\_\_\_\_

Owner/Business Name \_\_\_\_\_ Phone# \_\_\_\_\_

Model Number \_\_\_\_\_ Size \_\_\_\_\_

Device Location \_\_\_\_\_ Serial Number \_\_\_\_\_

Manufacturer \_\_\_\_\_

Reason Device is Installed \_\_\_\_\_

	REDUCED PRESSURE PRINCIPLE ASSEMBLY		PRESSURE VACUUM BREAKER		
	DOUBLECHECK ASSEMBLY		relief valve	air relief	check valve
	1st check	2nd check			
initial test	DC closed <input type="checkbox"/> tight <input type="checkbox"/> leaked <input type="checkbox"/> p.s.i. _____ RPZ p.s.i.d.	closed <input type="checkbox"/> tight <input type="checkbox"/> leaked <input type="checkbox"/> p.s.i. _____	opened at p.s.i.d.	opened at p.s.i.d. did not open <input type="checkbox"/>	closed at p.s.i.d. did not close <input type="checkbox"/>
materials and repairs					
test after repairs	DC closed <input type="checkbox"/> tight <input type="checkbox"/> p.s.i. _____ RPZ p.s.i.d.	closed <input type="checkbox"/> tight <input type="checkbox"/> p.s.i. _____	opened at p.s.i.d.	opened at p.s.i.d.	closed at p.s.i.d.

The above is certified to be true.

Gauge sr. # \_\_\_\_\_

Property Owner/occupant \_\_\_\_\_

Certified Tester \_\_\_\_\_

Mailing Address \_\_\_\_\_

Tester Name \_\_\_\_\_ signature

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tester Cert # \_\_\_\_\_ print

Owner/Contact \_\_\_\_\_

Date \_\_\_\_\_