CITY OF WINTERS
california
Est. 1875

WATER CUSTOMER INFORMATION	ASSEMBLY INFORMATION
CUSTOMER NAME: _____	TYPE: _____ SIZE: _____ MFG: _____
CARE OF (MGMT): _____	MODEL: _____ SERIAL NO.: _____
MAILING ADDRESS: _____	☐ EXISTING ⇨ REFERENCE NO.: _____
CITY, STATE, ZIP: _____	☐REPLACEMENT ⇨ OLD ASSEMBLY SERIAL NO.: _____
PHONE #: _____	☐ NEW ⇨ PLUMBING PERMIT NO.: _____
	TYPE OF SERVICE: DOMESTIC ☐ IRRIGATION ☐ FIRE ☐

MAILING ADDRESS CORRECTION REQUESTED

WATER SERVICE LOCATION

BUSINESS NAME: _____

SERVICE ADDRESS: _____ CITY: _____

WATER PURVEYOR: CITY OF WINTERS IS DEVICE LOCATED AT METER Yes or No

ASSEMBLY LOCATION: _____ METER SERIAL # _____

(Please use dimensions and reference – Lot Lines, Curb, or other permanent features.)

INTERNAL ☐ _____

(Please provide location, name of room, room number, unit number, or suite number if the device is an internal assembly.)

TEST RESULTS INFORMATION

	DOUBLE CHECK VALVE ASSEMBLY				
	REDUCED PRESSURE PRINCIPLE ASSEMBLY			PRESSURE VACUUM BREAKER	
	CHECK VALVE NO.1	CHECK VALVE NO. 2	DIFFERENTIAL RELIEF VALVE	AIR INLET VALVE	CHECK VALVE
INITIAL TEST	HELD AT: _____.____ PSID LEAKED ☐	HELD AT: _____.____ PSID CLOSED TIGHT (RP) ☐ LEAKED ☐	OPENED AT: _____.____ PSID OPENED UNDER 2.0 PSID OR DID NOT OPEN ☐	OPENED AT: _____.____ PSID OPENED UNDER 1.0 PSID OR DID NOT OPEN ☐	HELD AT: _____.____ PSID LEAKED ☐
REPAIR	1) CLEANED REPLACED ☐ 2) DISC ☐ 3) SPRING ☐ 4) GUIDE ☐ 5) SEAT ☐ 6) MODULE ☐ 7) OTHER ☐	1) CLEANED REPLACED ☐ 2) DISC ☐ 3) SPRING ☐ 4) GUIDE ☐ 5) SEAT ☐ 6) MODULE ☐ 7) OTHER ☐	1) CLEANED ☐ 2) EXERCISED ☐ REPLACED: ☐ 3) DISC(S) ☐ 4) SPRING ☐ 5) DIAPHRAGM(S) ☐ 6) SEAT(S) 7) O-RING(S) ☐ 8) MODULE ☐ 9) OTHER ☐	1) CLEANED REPLACED: ☐ 1) DISC ☐ 3) DIAPHRAGM ☐ 4) FLOAT ☐ 5) OTHER ☐	1) CLEANED REPLACED: ☐ 1) DISC ☐ 1) MODULE ☐ 4) OTHER ☐
TEST AFTER REPAIR	HELD AT: _____.____ PSID	HELD AT: _____.____ PSID CLOSED TIGHT (RP) ☐	OPENED AT: _____.____ PSID	OPENED AT: _____.____ PSID	HELD AT: _____.____ PSID

INITIAL TEST	TEST AFTER REPAIR
START TIME: _____	START TIME: _____
END TIME: _____	END TIME: _____
DATE:	DATE:

COMMENTS: _____

ASSEMBLY: PASSED ☐ FAILED ☐ RE-TEST ☐ TAG NO. _____

If FAILED, please email the test report and notify City of Winters Public Works within 24 hours!

EMAIL COPY TO: **Kristine.DeGuerre@cityofwinters.org**	CROSS-CONNECTION CONTROL (530) 794-6760

AWWA TESTER NO.: _____

SIGNATURE: _____

COMPANY: _____