



# 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:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

	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?	Held at: _____ psid  Leaked: <input type="checkbox"/>	Held at: _____ psid  Leaked: <input type="checkbox"/> Closed Tight: <input type="checkbox"/>	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:** \_\_\_\_\_