



**WASHINGTON COUNTY
DEPARTMENT OF PERMITS & INSPECTIONS**

Washington County Administrative Annex
80 West Baltimore Street
Hagerstown, Maryland 21740-6003
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**INSPECTION REPORT
CROSS-CONNECTION AND
BACKFLOW-PREVENTION
ASSEMBLY**

Name of Owner _____ PROJECT NO.: _____
 Mailing Address _____ ACTIVITY NO.: _____
 Name of Premises _____
 Street Address _____
 Location of Assembly _____ Install. Date _____
 Type of Assembly _____ Manufacturer _____ Size _____
 Model Number _____ Serial Number _____
 Tested by (Firm Name) _____ Licensed Tester's Number _____
 Business Address _____ Telephone _____
 Date of Test _____ Fault _____
 Reason for Failure (if apparent) _____
 Maintenance _____
 Date of Retest _____

I certify that I have tested the above assembly and that it meets the performance requirements of Washington County, Maryland.

(Signature Licensed Tester)

Line Pressure at Time of Test _____ psi. Drop Across Check Valve 1 _____ psid.

	Check Valve 1	Check Valve 2	Differential Pressure Relief Valve
Initial Test	1. Leaked _____ RP _____ psid 2. Closed Tight _____	1. Leaked _____ 2. Closed Tight _____	1. Opened at _____ psid reduced pressure 2. Did Not Open _____
R E P A I R S	_____ Cleaned: _____ Replaced: _____ Disc _____ Spring _____ Guide _____ Pin Retainer _____ Hinge Pin _____ Seat _____ Diaphragm _____ Other, describe _____ _____ _____	_____ Cleaned: _____ Replaced: _____ Disc _____ Spring _____ Guide _____ Pin Retainer _____ Hinge Pin _____ Seat _____ Diaphragm _____ Other, describe _____ _____ _____	_____ Cleaned: _____ Replaced: _____ Disc, upper _____ Disc, lower _____ Spring _____ Diaphragm, large _____ upper _____ lower _____ Diaphragm, small _____ upper _____ lower _____ Spacer, lower _____ Other, describe _____
Final Test	RP _____ psid Closed Tight _____	Closed Tight _____	Opened at _____ psid reduced pressure

Remarks: _____

NOTE: THIS FORM WILL BE RETURNED TO THE APPLICANT/TESTER IF IT IS NOT COMPLETED IN ITS ENTIRETY.

White: Office Copy

Yellow: Owner

Pink: Licensed Tester