

CROSS-CONNECTION CONTROL SURVEY/INSPECTION REPORT
Meadville Area Water Authority, 16180 Rogers Ferry Road, Meadville, PA 16335
Tel: 814-724-6057 Fax: 814-337-3105

File by Service ID – Give COMPLETED Form to Yvonne Shaffer

Operator: _____ **File by Service ID:** _____
Date: _____ **Account No.:** _____
Backflow Installed: Yes No **Landlord Acct:** _____

Owner: _____
Service Address: _____
Mailing Address1: _____
Mailing Address2: _____
City, State, Zip: _____
Contact: _____
Telephone: _____
Email: _____

Existing Backflow Prevention Assembly Information:

Size of Backflow Device: _____

Type: RPZD DCT (Dual Check Testable) DC (Non-Testable)

Reason: Water Supply Fire Suppression

Bypass Valve: Yes No **Backflow Device on Bypass:** Yes No

Manufacturer:	_____
Serial No.:	_____
Model:	_____
Location:	_____
Last Test Date	_____

Needs Testing Yes No **Next Test Date** _____

Type of Business and Notes: _____

Reviewed by: _____ **Entered:** _____

Comments: _____