

ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED.

Property Name: _____

Property Address: _____ Zip Code: _____

Contact Name: _____ Phone Number: (____) _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Water Meter #: _____

Inspector: _____ Date of Inspection: _____

License Type: _____ License Number: _____

Alternative Water Type (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Condensate | <input type="checkbox"/> Rainwater | <input type="checkbox"/> Spray aerobic OSSF |
| <input type="checkbox"/> Gray Water | <input type="checkbox"/> Reclaimed Water | <input type="checkbox"/> Well Water |
| <input type="checkbox"/> Lake/River Water | <input type="checkbox"/> Re-Irrigation | |
| <input type="checkbox"/> Other: (please explain) _____ | | |

Did you contact SSD prior to the inspection? Yes No Whom did you contact? _____

Did you perform a visual system inspection per the approved COA plumbing code? Yes No

Did you perform the CCT per the approved COA plumbing code? Yes No

Did you request an alternate method of compliance? Yes No Was it Approved? Yes No
(if yes, please attach an approved alternate method form)

How long was the potable water off? ____hrs ____min How long was the alternative water off? ____hrs ____min

Does the alternative water enter the building? Yes No

All connections between the AW potable water supply and an alternative water system are protected by an air gap or an appropriate approved backflow prevention assembly properly installed at the connection between the AW potable water supply and the alternative water system.	Compliant <input type="checkbox"/>	Non-compliant <input type="checkbox"/>
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An appropriate approved backflow prevention assembly is properly installed Immediately downstream of all service connections.	Compliant <input type="checkbox"/>	Non-compliant <input type="checkbox"/>
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Was a cross connection discovered? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, was the procedure in the COA approved plumbing code followed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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CROSS CONNECTION TEST FORM
WATER SYSTEM ID #2270001

Notes: _____

I certify that all information on this report is true and correct.

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? Yes No

Cross Connection Test Status: Pass Fail

Print Name

Date

Signature

<p>Forward this report to: City of Austin Special Services Division 3907 South Industrial Drive, Ste. 100 Austin, TX 78744-1070</p>	<p>Office Hours: 8:00 am - 3:30 pm Phone # (512) 972-1060 Fax # (512) 972-1260 www.austintexas.gov/department/special-services-water-protection</p>
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