## COMBINED CONSUMERS SUD

P.O. Box 2829 Quinlan, Texas 75474 903-356-3321 Fax 903-356-3322 PWS LD. #1160052

Name of Customer:

Location of Service:

I \_\_\_\_\_\_, upon inspection of the private plumbing facilities connected to the aforementioned public water supply do hereby certify that, to the best of my knowledge:

1)	No direct connection between the public drinking water supply and a potential source of contamination exists. Potential sources of contamination are isolated from the public water system by an air gap or an appropriate backflow prevention	Compliance	Non-Compliance
	assembly in accordance with commission regulations.		
2)	No cross-connection between the public drinking water supply and a private water system exists. Where an actual air gap is not maintained between the public water supply and a private water supply, an approved reduced pressure-zone backflow prevention assembly is properly installed and a service agreement exists for annual		
	inspection and testing by a certified backflow prevention device tester.		
3)	No connection exists which would allow the return of water used for condensing, cooling or industrial processes back to the public water supply.		
4)	No pipe or pipe fitting which contains more than 8.0% lead exists in private plumbing facilities installed on or after July 1, 1988.		
5)	No solder or flux which contains more than 0.2% lead exists in private plumbing facilities installed on or after July 1, 1988.		

Water service shall not be provided or restored to the private plumbing facilities until the above conditions are determined to be in compliance.

I further certify that the following materials were used in the installation of the plumbing facilities:						
Service lines	Lead 🗖	Copper 🗖	PVC 🗆	Other 🗖		
Solder	Lead 🗖	Lead Free 🗖	Solvent Weld 🗖	Other $\Box$		

## **I** I hereby verify that a manufactured home or a mobile home will be placed at this location.

□ I hereby verify this water service will not be used at this time in residential or commercial use. If construction occurs in the future I understand I am required to furnish a properly executed form to Combined Consumers SUD.

I recognize that this document shall become a permanent record with Combined Consumers Special Utility District and that I am legally responsible for the validity of the information I have provided.

Signature of Inspector

Registration Number

Customer Signature

Distribution Manager

Title

Type of Registration

Date