

Submit all original test forms to:
P.O. BOX 1266
Montgomery, TX
77356



Customer Service Inspection Certificate

Name of PWS Montgomery Trace Water System

PWS I.D.#

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Location of Service _____

Reason for Inspection:

- New Construction _____
- Existing service where contaminant hazards are suspected _____
- Major renovation or expansion of distribution facilities _____

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

Compliance

Non-compliance

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 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 reduce pressure-zone backflow prevention assembly is properly installed and a service agreement exists for annual inspection and testing by a certified backflow assembly 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 water distribution facilities installed on or after July 1, 1988.

5. No solder or flux which contains more than 0.2% lead exists in private water distribution facilities installed on or after July 1, 1988.

I further certify that the following materials were used in the installation of the private water distribution facilities:

- Service lines Lead Copper PVC Other
- Solder Lead Lead-free Solvent weld Other

I recognize that this document shall become a permanent record of the aforementioned Public Water System and that I am legally responsible for the validity of the information I have provided.

Remarks:

Signature of Inspector

Registration Number

Title

Type of Registration

Date