

CROSS CONNECTION CONTROL ACCURACY VERIFICATION REPORT

HALIFAX WATER

450 Cowie Hill Road, PO Box 8388, RPO CSC

Halifax, Nova Scotia, B3K 5M1

Phone: (902) 490-6918 Fax: (902) 490-1584

Email: EngineeringApprovals@HalifaxWater.ca

Appl	icant Information					
Date:						
Name	:			Email:		
Phone Number: ()			Fa	Fax Number: ()		
•						
City:		Postal Code:				
Test	ers					
Name:		Certification Number:				
Name:		Certification Number:				
Name	:	Certification Number:				
Name	:	Certification Number:				
Diffe	rential Pressure	Gauge				
Make	:	Model:		Serial Number:		
Com	pleted by Testing	a Agency				
	1 psi/6.9 kPa	3 psi/13.8 kPa	7 psi/48.3 kPa	15 psi/103.4 kPa	Other	7
	Gauge Increments: Major Graduations:			Minor Graduations:		
	Control Tes	: Valves (Check Tightness): A		_ в с	;	
•						
Comp	any Name:					
Address:						
City:		Postal Code:				
Calibrate By:						
Signature:						
Date:						