



To: Charleston Water System
Cross-Connection Control Department
TEST SUBMITTAL FAX: 843-579-6852
TEST SUBMITTAL EMAIL: CRCfax@charlestoncpw.com
INQUIRY EMAIL: backflow@charlestoncpw.com

Date: _____

of Sheets (including cover)

Attn: _____

From: Company Name: _____
Contact Name: _____
Phone #: _____
Fax #: _____
Email Address: _____

Tests must be submitted within seven (7) days of the test date. All forms submitted must be filled out accurately and completely. Testers not on the approved tester list or in compliance with the CWS Program cannot perform tests. Tests will be reviewed and entered within 48 hours of receipt. There is no reason to call for verification until after that time period. If tests are not acceptable, you will be contacted by a Cross-Connection Compliance Inspector.

Enter an identifying mark (account #, address, customer name or assembly serial number) for each test being transmitted. Make every attempt to keep tests in order of list. Fax is limited to 30 sheets. For submittals for more than 29 tests, break submittal into two transmittals. On accounts with multiple assemblies, each assembly should have a line . . . one line for each test!

- 1 _____ 11 _____ 21 _____
2 _____ 12 _____ 22 _____
3 _____ 13 _____ 23 _____
4 _____ 14 _____ 24 _____
5 _____ 15 _____ 25 _____
6 _____ 16 _____ 26 _____
7 _____ 17 _____ 27 _____
8 _____ 18 _____ 28 _____
9 _____ 19 _____ 29 _____
10 _____ 20 _____

Comments:
[Empty box for comments]