

Air Gap Inspection Report

Public Water System (PWS) No.: 2544260

PWS Name: City of Palatka Water System

Customer's Name/Address: _____

Service Connection No.: _____

Service Connection Address: _____

Service Connection Category: non-residential residential

Service Connection Subcategory: standard irrigation fire

Location of Air Gap at/for Service Connection: _____

Comments:

I certify that the air gap at/for the above identified service connection complies with the requirements of the above identified PWS and has not been bypassed or otherwise been made ineffective.

Inspector's Signature: _____ Date: _____

Inspector's Printed Name: _____

Inspector's Qualification:* _____

* The inspector's plumbing contractor certification or registration number or the inspector's backflow preventer tester certification organization and number.