

# CONCORD ROBBINS

## WATER SUPPLY CORPORATION

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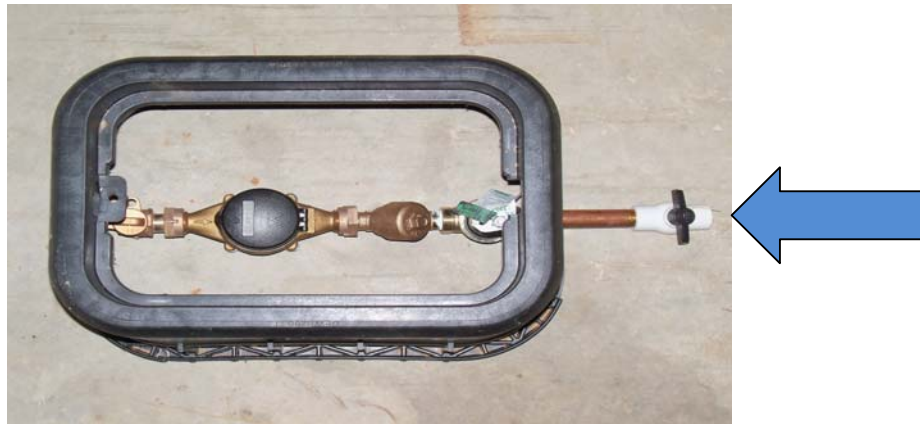
Ph. 903-626-4330  
Fax 903-626-4377  
customerservice@concordrobbins.com

### CUSTOMER SERVICE INSPECTION INSTRUCTIONS

Once your meter is installed you will need to have a C.S.I. completed within 10 days. **Owner must be present for inspection unless previous arrangements have been made.**

*Here are the things that must be in place before you call:*

Install a shut off valve outside and within 24 inches of meter box.



Must have permanently installed Hose Bibbs (Atmospheric Vacuum Breakers) on every outside faucet. These can be purchased from a hardware store or from Concord Robbins WSC at cost.



Call 903-626-4330 to set up your appointment.

**If inspection finds anything not within state compliance, water will be turned off until corrected this includes a cross connection or multiple residents on one meter.**

# CUSTOMER SERVICE INSPECTION CERTIFICATION

Name and Number of PWS Location of Service \_\_\_\_\_

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.	<input type="checkbox"/>	<input type="checkbox"/>
(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.	<input type="checkbox"/>	<input type="checkbox"/>
(3) No connection exists which would allow the return of water used for condensing, cooling or industrial processes back to the public water supply.	<input type="checkbox"/>	<input type="checkbox"/>
(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 and prior to January 4, 2014.	<input type="checkbox"/>	<input type="checkbox"/>
(5) Plumbing installed after January 4, 2014 bears the expected labeling indicating ≤0.25% lead content. If not properly labeled, please provide written comment.	<input type="checkbox"/>	<input type="checkbox"/>
(6) No solder or flux which contains more than 0.2% lead exists in private water distribution facilities installed on or after July 1, 1988.	<input type="checkbox"/>	<input type="checkbox"/>

Water service shall not be provided or restored to the private water distribution 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 water distribution facilities:

Service lines	Lead <input type="checkbox"/>	Copper <input type="checkbox"/>	PVC <input type="checkbox"/>	Other <input type="checkbox"/>
Solder	Lead <input type="checkbox"/>	Lead Free <input type="checkbox"/>	Solvent Weld <input type="checkbox"/>	Other <input type="checkbox"/>

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

CI  
 Registration Number

Inspector  
 Title \_\_\_\_\_

CSI  
 Type of Registration

\_\_\_\_\_  
 Date

**ACKNOWLEDGMENT**

I \_\_\_\_\_, acknowledge the receipt, and fully understand that I must comply with the instructions outlined on the Customer Service Inspection Sheet.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Service Address

\_\_\_\_\_  
Date