



Compliance Statement

Water Supply Cross Connection

Survey Date

Return signed/completed form to:

Plumbing Inspector ♦ Town of Grand Chute ♦ 1900 W. Grand Chute Blvd. ♦ Grand Chute, WI 54913

Building/Site Information

Address	Business Name/Occupant
Occupancy Type/Use	

Property Owner

Licensed Master Plumber

Name	Licensed Plumber	License No.
Phone Number	Company Name	Phone No.
Address	Address	
City, State, Zip	City, State, Zip	

Number of Testable Assemblies Onsite _____ Number _____ and Size of Meter(s) _____

Make	Model No.	Serial No.	Regulated Object No.	Size	Standard	Date Tested

Number of Violations Found _____ Description of Violations and Corrective Action Taken

Statement of Compliance: To the best of my knowledge and belief, based on onsite observation, installation of the water system from municipal connection to the last flowing tap or end use device, have been completed in compliance with State of WI Plumbing Code pertaining to Cross Connections.

Owner/Facility Manager Signature Date

Licensed Master Plumber Signature Date

