

# **Cross-Connection Test Report System Quick Reference Guide**



# Cross-Connection Test Report (CCTR) System Use

This guide provides a general understanding of test report system functionality. This guide does not cover all CCTR system scenarios and should only be utilized by a Principal Master or their approved designee. For more information, contact us at 301-206-4004 or by email at [CrossConnectionControlProgram@wsscwater.com](mailto:CrossConnectionControlProgram@wsscwater.com).

[Access the CCTR system](#)

[Purchase test reports](#)

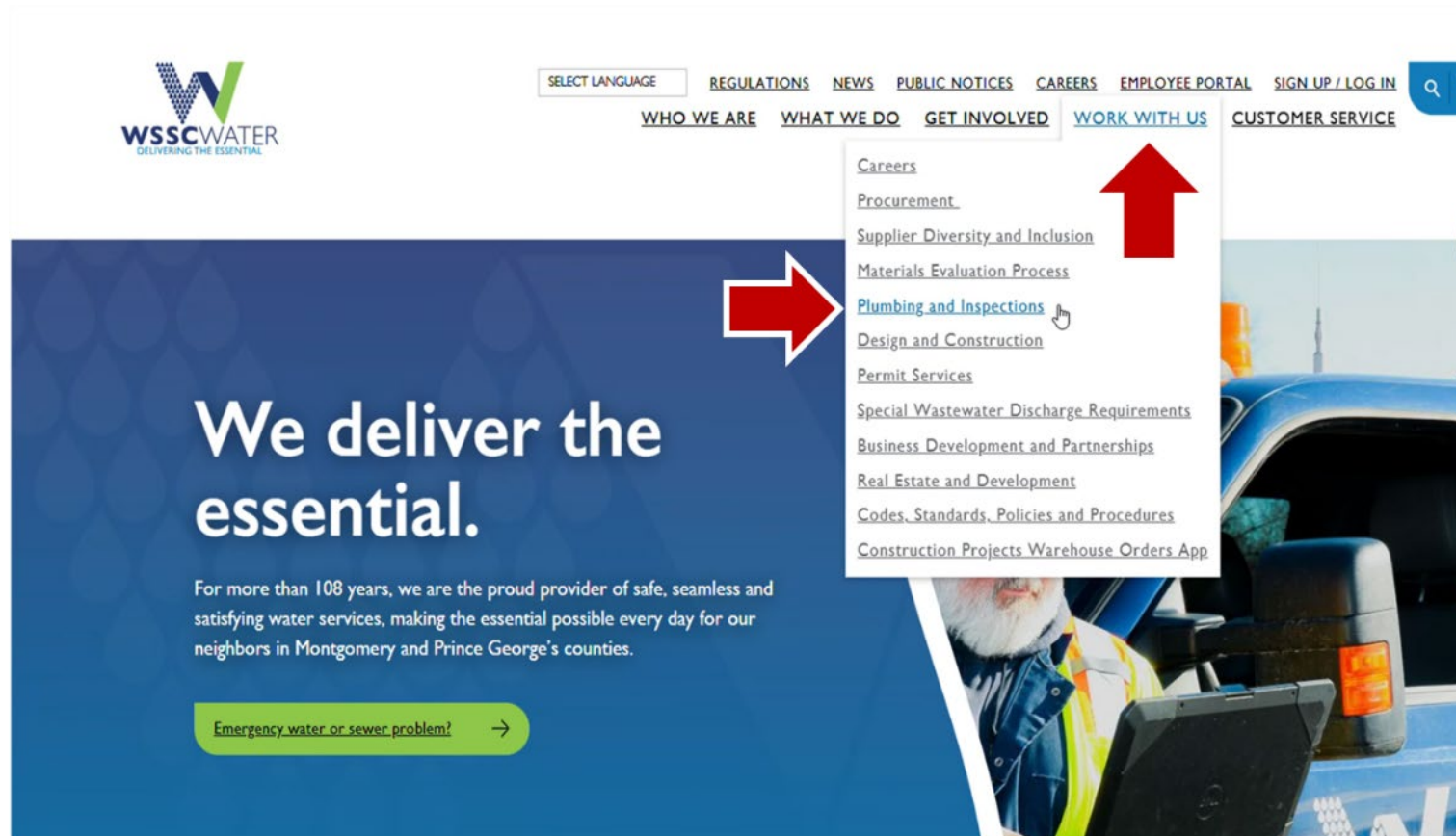
[Access used, unused,  
expired, & cancelled Test Reports](#)

# Test Report Data Entry

- Step 1** ● Violation Info, Cross-Connection Technician License/Tester ID, Serial Number, & Field Test Type
- Step 2** ● Verifying Testable Assembly Information, Permit Number & Old Serial Number (if applicable)
- Step 3** ● Entering or Verifying Facility and Mailing Addresses
- Step 4** ● Entering Assembly Field Test Information for the [ASSE 1013](#), [ASSE 1015](#), [ASSE 1020](#), and [ASSE 1056](#)
- Step 5** ● Test Kit Info, Date Tested, Tester Acceptance, and Remarks
- Step 6** ● Final Verification, Review, and Final Submission

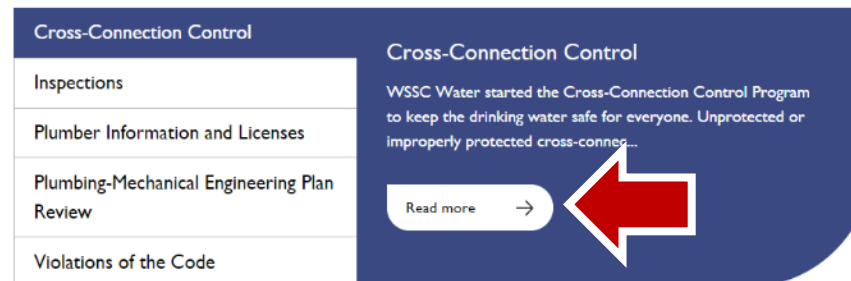
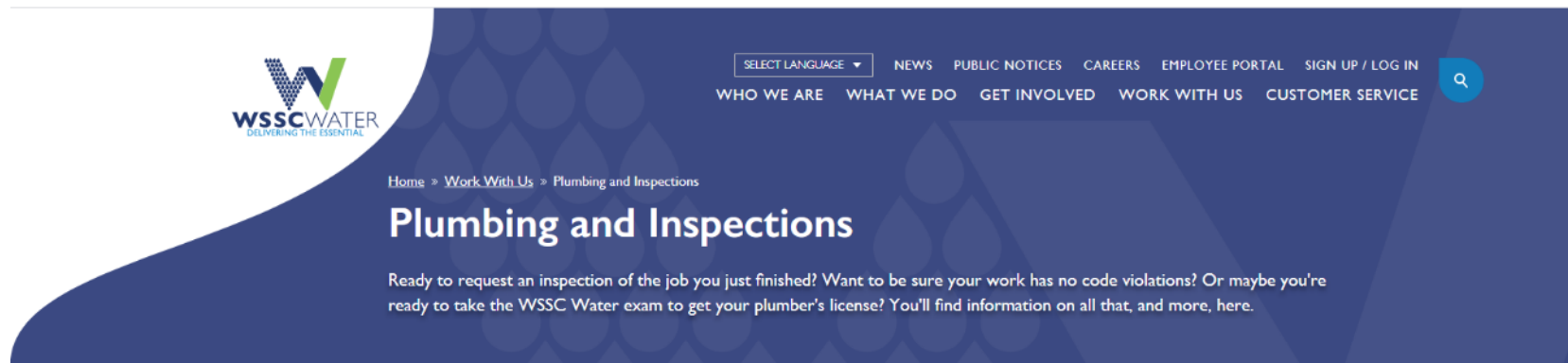
# Finding the CCTR System (1 of 3)

On the wsscwater.com home page, select "Work With Us" in the main navigation menu and select "Plumbing and Inspections" from the dropdown menu.



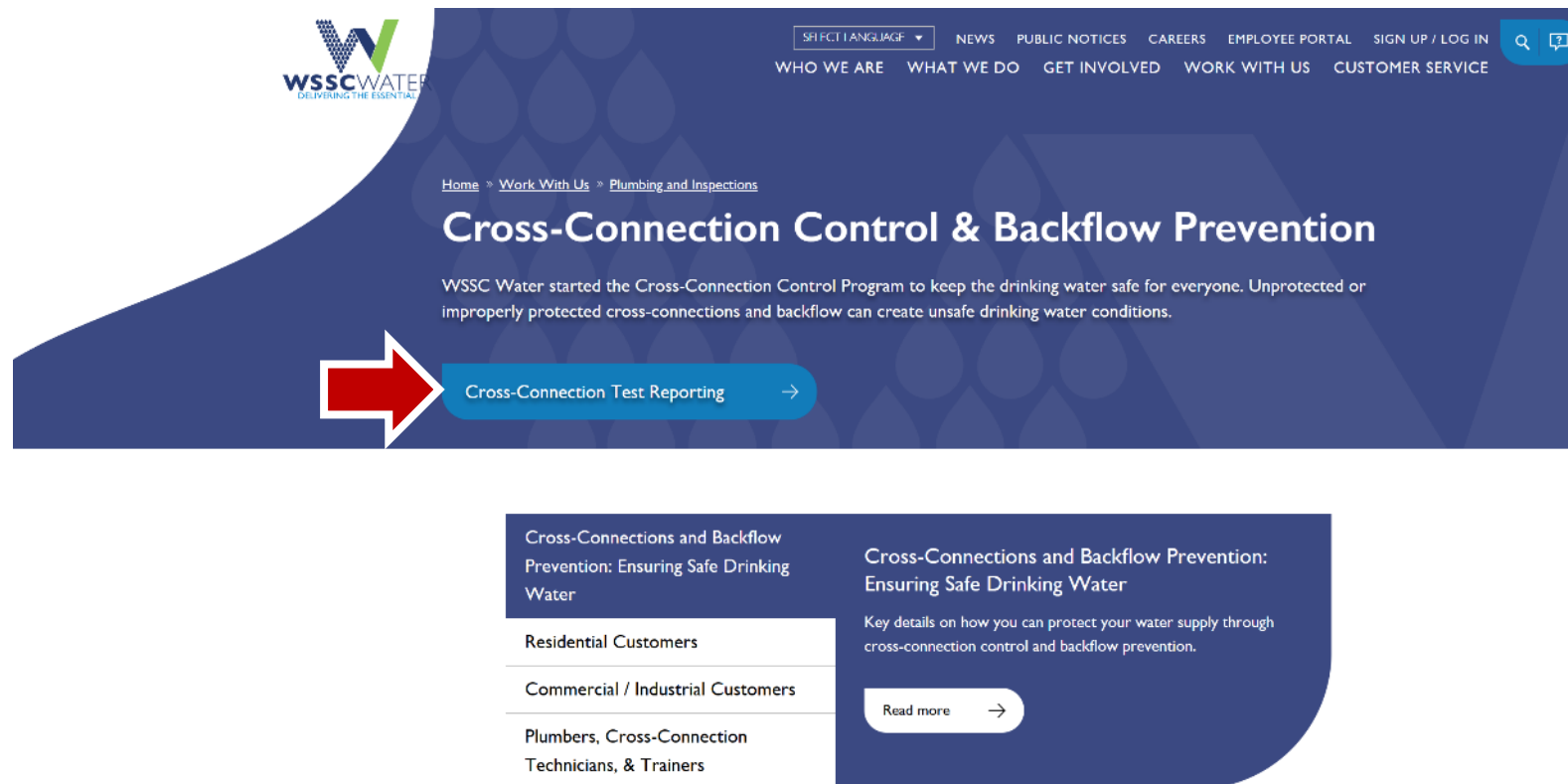
# Finding the CCTR System (2 of 3)

On the “Plumbing and Inspections” page, select “Read More” under the “Cross-Connection Control” option.



# Finding the CCTR System (3 of 3)

On the “Cross-Connection Control & Backflow Prevention” webpage, select “Cross-Connection Test Reporting” from the page heading section.



# Logging in to the CCTR System

- Username must match Principal Master ePermitting CSS email
- Password is set by the Principal Master Plumber



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## Log In

### Log into an Existing Account

Username \*

Username \*

Password \*

Password \*

Log In

[Forgot Password?](#)

[Change Username \(Email Address\)](#)

### Create a New Account

Customers can:

- Pay bills
- View account information
- Enter meter reading
- Sign up for e-Bill

Watershed Users can:

- Apply for a recreation permit

Register

### Other WSSC Water Systems

[Bidder Registration System »](#)

# Accessing the CCTR System

- Select the “Start” button under the “Cross Connection” service tab under “Other Services
- If the Cross Connection tab is missing, email [Licensing@wsscwater.com](mailto:Licensing@wsscwater.com)
- Only Registered Principal Master Plumbers may access the CCTR System

## My WSSC Water

### Your Accounts

You currently have no accounts with WSSC Water!

Add an account to register your water account. You will then be able to pay your bill and view your balance and payment history.

[+ Add Another Water Account](#)

### Other Services

#### Watershed Permits

Acquire permits for using WSSC Watershed Recreational Areas.

[Start >>](#)

#### Cross Connection

Purchase and submit Cross Connection Test Reports.

[Start >>](#)

#### Plumbing Cards

Search and view plumbing cards.

[Start >>](#)

#### WERI Registration (Official use only)

Engineering/Technical records access

[Start >>](#)

#### Billed Work

Billed

# Reviewing Test Reports

- Select the “View Test Reports” button to review unused, expired, and cancelled test reports
- Select the “Purchase Test Reports” button to purchase new test reports



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## WSSC Water Cross Connection Test Reports

### Licensee Information:

Reminder: A Cross Connection Test Report number expires one year from date of purchase, without benefit of refund

|               |                                |                       |                              |
|---------------|--------------------------------|-----------------------|------------------------------|
| Licensee ID:  | 00000                          | License Expired Date: | Sat Dec 02 19:00:00 EST 2023 |
| Company Name: | Plumbing Company, Inc - Master | Insurance Expires:    | Sat Feb 27 19:00:00 EST 2021 |
| First Name:   | Plumber First                  | License Status:       | GOOD STANDING                |
| Last Name:    | Plumber Last                   | Address:              | Street Address               |
| City:         | Plumber City                   | State:                | MD                           |
| Zip Code:     | Plumber Zip Code               | Phone:                | 301-555-1212                 |

[View Test Reports](#)

[Purchase Test Reports](#)

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# Purchasing Test Reports

- Enter the number of test reports to be purchased
- Complete Steps 2-4 to complete the transaction
- Access purchased reports through the Test Reports menu, “Unused Test Reports” option

## WSSC Water Cross Connection Test Reports

My WSSC Water

### Purchase Test Reports - Step 1 of 4

Licensee ID: 00000

Licensee Name: Plumber First Name then

Company Name: Name of Plumbing Company here - Master

#### Enter Payment Information:

Price per Test Report: \$

Number of Test Reports: \*

Continue

Cancel

If you selected “Purchase Test Reports” from the previous screen, you will arrive at this screen

# Selecting Test Reports

- Select “Report Type” dropdown and choose from the options used, unused, expired or canceled
- Select the “Search” button

## Cross Connection Test Reports

### Search Test Reports

*View Test Reports*

a. Search by Test Report  
Number:

b. Search by Date Purchased and Report Type:

Start Date

End Date

Report Type

Select Report Type



Clear

Back

Search

- Select Report Type
- Used Test Report
- UnUsed Test Report
- Expired Test Report
- Canceled Test Report

# Viewing Selected Reports

Test reports will be displayed  
in date order

## Cross Connection Test Reports

[My WSSC Water](#)

### Search Test Reports

[Test Report Demo](#)

*View Test Reports*

a. Search by Test Report  
Number:

b. Search by Date Purchased and Report Type:

Start Date

End Date

Report Type

UnUsed Test Report ▼

Clear

Back

Search

Back Flow Form

Report Number

Date Purchased

Show

Report #'s appear here

Thu Jul 24 14:39:12 EDT 2025

Show

Thu Jul 24 14:39:12 EDT 2025

Show

Thu Jul 24 14:39:12 EDT 2025

Show

Thu Jul 24 14:39:12 EDT 2025

Show

Thu Jul 24 14:39:12 EDT 2025

# Step 1

Violation Info, Cross-Connection Technician  
License/Tester ID, Serial Number, & Field Test Type



# Completing Step 1

- If you selected the “Show” button in “Unused Test Report,” you will arrive at this screen
- You must complete these fields, marked as required with an asterisk:
  - Answer the violation question
  - Enter the WSSC Cross-Connection Technician license number for the individual who performed the field test
  - Enter the assembly serial number
  - Enter the field test type
  - Select the “Next” button

## Cross Connection Test Reports

### Backflow Test Report - Step 1 of 6

Test Report Number: 0000 (CO./ORG. Master PLBR.WSSC LIC#)

#### Please Enter Report Information:

Is it because of Violation? \*

☐ Yes  
☐ No

Install/Tester ID \*

Serial Number \*

Field Test Type \*

☐ New Installation ☐ Annual/Retest  
☐ Replacement

WSSC Water Account Number

Violation Number

Cancel

Next

# Step 2

Verifying Testable Assembly Information,  
Permit Number & Old Serial Number (if applicable)



# Completing Step 2: Field Test Types

- If you selected “New Installation” or “Replacement” in Step 1, you need a valid WSSC permit number; enter the full permit number including the three letters preceding the permit number and the permit listed year after the permit number
- If you selected “Annual/Retest” with known serial numbers, the system will auto-populate all known information; complete any fields that remain blank and select the “Next” button
- If you selected “Replacement,” enter the old assembly’s serial number in the “Old Serial Number” field

## Cross Connection Test Reports

My WSSC Water

### Backflow Test Report - Step 2 of 6

[Help](#)

Test Report Number: 0000722157 (CO./ORG. Master PLBR.WSSC LIC#: 950)

You may contact the Cross-Connection Program at (301)-206-4004 to discuss and request updates OR you may propose changes to information displayed in the Step #5 Remarks field OR complete [this form](#) and email to [carroll.matthews@wsscwater.com](mailto:carroll.matthews@wsscwater.com).

#### Device Information

|                    |                                    |                   |                      |
|--------------------|------------------------------------|-------------------|----------------------|
| Permit Number      | <input type="text"/>               | Old Serial Number | <input type="text"/> |
| Serial Number *    | <input type="text" value="40145"/> | Model *           | LF008PCQT            |
| Make *             | Watts                              | ASSE# *           | 1056                 |
| Size *             | 0.5                                | Preventer *       | SVB                  |
| Type of Premises * | Commercial                         |                   |                      |

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# Completing Step 2: Manufacturer

- New Installation, Replacement, and Serial Numbers not stored; require selection of manufacturer
- Select the assembly manufacturer name from the “Make” dropdown menu
- If any information is unknown, such as make or model number, call the Cross Connection Program at 301-206-4004 for assistance

## Cross Connection Test Reports

### Backflow Test Report - Step 2 of 6

Test Report Number: 0000: (CO./ORG. Master PLBR.WSSC LIC#: )

#### Device Information

|                    |                                                                                                                          |                   |
|--------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------|
| Permit Number      | <input type="text"/>                                                                                                     | Old Serial Number |
| Serial Number *    | <input type="text" value="40145AAA"/>                                                                                    | Model *           |
| Make *             | <div>--Select the Make--</div>        | ASSE# *           |
| Size *             | <div>--Select the Make--<br/>ARI<br/>Ames<br/>Apollo<br/>Apollo/Conbraco<br/>Backflow Direct<br/>Beeco<br/>Caleffi</div> | Preventer *       |
| Type of Premises * | <input type="radio"/> WSSC Facility                                                                                      |                   |

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# Completing Step 2: Assembly Size

Select the assembly size from the dropdown menu

## Cross Connection Test Reports

### Backflow Test Report - Step 2 of 6

Test Report Number: 0000. (CO./ORG. Master PLBR.WSSC LIC#:

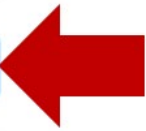
#### Device Information

|                    |                                                                                                         |                   |
|--------------------|---------------------------------------------------------------------------------------------------------|-------------------|
| Permit Number      | <input type="text"/>                                                                                    | Old Serial Number |
| Serial Number *    | <input type="text" value="40145AAA"/>                                                                   | Model *           |
| Make *             | <input type="text" value="Wilkins"/>                                                                    | ASSE# *           |
| Size *             | <div><div>SELECT</div><div>SELECT<br/>1/4<br/>3/8<br/>1/2<br/>3/4<br/>1<br/>1 1/4<br/>1 1/2</div></div> | Preventer *       |
| Type of Premises * |                                                                                                         |                   |

# Completing Step 2: Assembly Model

- Select the exact assembly model from the dropdown menu; verify prefix and suffix letters for accuracy
- If model number is unknown, call the Cross Connection Program at 301-206-4004 for assistance.

Old Serial Number

Model \*  

ASSE# \*

Preventer \*

**Model \* Dropdown Menu:**

- SELECT
- 350
- 350A
- 350ADA
- 350ADAR
- 350AR
- 350ARXL
- 350AST

# Completing Step 2: ASSE Number

- Select the ASSE number from the dropdown menu: 1013 – RP, 1015 – DCVA, 1020 – PVB, 1047 – RPDA, 1048 – DCDA, 1056 – SVB
- Preventer type will auto-populate
- ASSE 1047 and ASSE 1048 field tests require two test report numbers
- Complete one test report for the primary line and complete one test report for the bypass line (Type 1 assembly or Type 2 device)

|                   |                                                                                                                        |
|-------------------|------------------------------------------------------------------------------------------------------------------------|
| Old Serial Number | <input type="text"/>                                                                                                   |
| Model *           | <input type="text" value="350ASTR"/>                                                                                   |
| ASSE# *           | <input type="text" value="SELECT"/>                                                                                    |
| Preventer *       | <div><div>SELECT</div><div>1013</div><div>1015</div><div>1020</div><div>1047</div><div>1048</div><div>1056</div></div> |



# Completing Step 2: Permit and Serial Numbers

- Permit number is required for replacements or new installations
- Old serial number is required for replacements
- Once all fields with a red asterisk are completed, select “Next”

## Backflow Test Report - Step 2 of 6

 [Help](#)

Test Report Number: 0000

(CO./ORG. Master PLBR.WSSC LIC#:

### Device Information

Permit Number

Serial Number \*

Old Serial Number

Model \*

# Step 3

Entering or Verifying Facility and Mailing Addresses



# Completing Step 3: Sections

- For New Installation, complete all required fields. For Replacement, stored information will be displayed, complete any required fields where blank.
- **Section 1:** Enter Facility Address Information, Location of Assembly at Facility, and the Downstream Process (Water Use). If assembly serves as system containment, select domestic containment from dropdown. See WSSC Plumbing and Fuel Gas Code for containment information.
- **Section 2:** Enter Customer Mailing Address Information
- Once all fields with a red asterisk are completed, select “Next”

## Cross Connection Test Reports

My WSSC Water

### Backflow Test Report - Step 3 of 6

Test Report Number: 0000 (CO./ORG. Master PLBR.WSSC LIC#:

#### Facility Address Information

|                                                              |                                               |
|--------------------------------------------------------------|-----------------------------------------------|
| Facility Name *                                              | Facility County *<br><a href="#">Select</a> ▼ |
| Facility Street Number *                                     | Facility Street Name *                        |
| Facility Apt/Suite#                                          | Facility City *                               |
| Facility Zip *                                               | Location of Assembly *                        |
| Downstream Process (Water Use) *<br><a href="#">SELECT</a> ▼ |                                               |

#### Customer Mailing Address Information

☐ Check this box if Facility Address and Customer Mailing Address are the same.

|                          |                                                                   |
|--------------------------|-------------------------------------------------------------------|
| Business/Customer Name * | Contact Person *                                                  |
| Street Number *          | Street Name *<br>Include Suite, Unit, Bldg., or Room number, etc. |
| City *                   | State *<br><a href="#">--Select the state--</a> ▼                 |
| Zip Code *               | Contact Phone *                                                   |
| Contact Email            |                                                                   |

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# Completing Step 3: Facility Address

- Use dropdown selector for street number and street name
- If selections do not include your street number or street name, enter the information manually

## Cross Connection Test Reports

My WSSC Water

### Backflow Test Report - Step 3 of 6

Test Report Number: 0000 (CO./ORG. Master PLBR.WSSC LIC#:

#### Facility Address Information

Facility Name

Facility County \*

PG



Facility Street Number \*

145

- 14573
- 14547
- 14530
- 14550
- 14527
- 14570
- 14593
- 14507

Facility Street Name \*

Facility City \*

Location of Assembly \*

#### Customer Mailing Address Information

☐ Check this box if Facility Address and Customer Mailing Address are the same.

Business/Customer Name \*

Contact Person \*

Street Number \*

Street Name \*

Include Suite, Unit, Bldg., or Room number, etc.

City \*

State \*

--Select the state--



Zip Code \*

Contact Phone \*

Contact Email

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# Completing Step 3: Downstream Use

- Unknown downstream uses should be addressed in the field and clarified in advance of submitting test report results
- The Tester should affirm what water use is downstream of the assembly prior to submitting the test report
- Accurate downstream use is critical, and the Cross-Connection Technician is required by the WSSC Plumbing & Fuel Gas Code for accurate generation of data.

## Cross Connection Test Reports

My WSSC Water

### Backflow Test Report - Step 3 of 6

Test Report Number: 0000722157 (CO./ORG. Master PLBR.WSSC LIC#: 950)

#### Facility Address Information

Facility Name

Facility County \*

Facility Street Number \*

Facility Street Name \*

Facility Apt/Suite#

Facility City \*

Facility Zip \*

Location of Assembly \*

Downstream Process (Water Use) \*

SELECT

SELECT

Animal Wash Tub

Aspirator, Hydro

Aspirator, Medical

Aspirator, Mortician

Aspirator, Weedicide

Auto Shampoo & Wax

Autoclave ...

name.

Contact Person \*

Street Name \*

Include Suite, Unit, Bldg., or Room number, etc.

City \*

State \*

Zip Code \*

Contact Phone \*

Contact Email

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Next



# Completing Step 3: Required Information

- If facility address and customer mailing address are identical, selecting the check box will transfer the facility address information into the customer mailing address fields
- Contact person name and contact phone number fields are required
- Contact person is the individual at the facility that is responsible for assembly testing & maintenance – **not** the plumbing contractor
- Customer email required if final assembly test status is Fail
- Once all fields with a red asterisk are completed, select “Next”

## Cross Connection Test Reports

My WSSC Water

### Backflow Test Report - Step 3 of 6

Test Report Number: 0000722157 (CO./ORG. Master PLBR.WSSC LIC#: 950)

#### Facility Address Information

Facility Name

Facility County \*

PG

Facility Street Number \*

14501

Facility Street Name \*

SWEITZER LN

Facility Apt/Suite#

Facility City \*

Laurel

Facility Zip \*

2070

Location of Assembly \*

1st Floor Mech Room

Downstream Process (Water Use) \*

SELECT

- SELECT
- Animal Wash Tub
- Aspirator, Hydro
- Aspirator, Medical
- Aspirator, Mortician
- Aspirator, Weedicide
- Auto Shampoo & Wax
- Autoclave ...

name.

Contact Person \*

Street Name \*

Include Suite, Unit, Bldg., or Room number, etc.

State \*

--Select the state--

City \*

Zip Code \*

Contact Phone \*

Contact Email

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# Step 4

Entering Assembly Field Test Information for the  
ASSE 1013, ASSE 1015, ASSE 1020, and ASSE 1056



# Completing Step 4: Submitting ASSE 1013 Field Test Results (1 of 3)

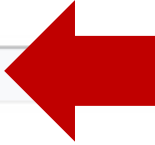
- **Initial Test (Required Section)**
  - Enter Field Test Status as Passed or Failed
  - Valve No. 1 PSID is the actual reading for Check Valve No. 1
  - Valve No. 1 Record as Leaked or Closed Tight
  - Valve No. 2 Record backpressure test results as Leaked or Closed Tight
  - RPZA Relief Opened at PSID is the relief valve opening point
  - Note: Differential for Check Valve #2 is not entered

### Backflow Test Report - Step 4 of 6

[Help](#)

Test Report Number: 0000722157 (CO./ORG. Master PLBR.WSSC LIC#: 950)

#### Device Test Information



| Initial Test                 |                                    |                                    |
|------------------------------|------------------------------------|------------------------------------|
| Status *                     | Valve No.1 *                       | Valve No.2 *                       |
| <input type="radio"/> Passed | <input type="radio"/> Leaked       | <input type="radio"/> Leaked       |
| <input type="radio"/> Failed | <input type="radio"/> Closed Tight | <input type="radio"/> Closed Tight |
| Valve No.1 PSID *            | RPZA Relief Opened At PSID *       |                                    |
| <input type="text"/>         | <input type="text"/>               |                                    |

| Test After Repairs                    |                                       |                      |
|---------------------------------------|---------------------------------------|----------------------|
| Status                                | DCVA/RPZA Valve No.1                  | Valve No.1 PSID      |
| <input type="radio"/> Passed          | <input type="checkbox"/> Closed Tight | <input type="text"/> |
| <input type="radio"/> Failed          |                                       |                      |
| DCVA/RPZA Valve No.2                  | RPZA Relief Opened At PSID            |                      |
| <input type="checkbox"/> Closed Tight | <input type="text"/>                  |                      |

| Inspection Details                                               |
|------------------------------------------------------------------|
| Air Gap Inspection: Required minimum Air gap? *                  |
| <input type="radio"/> Yes <input type="radio"/> No               |
| Line Pressure                                                    |
| <input type="text"/>                                             |
| Please enter Line Pressure values as xx.x                        |
| (Minimum accepted value for line pressure 15.0 to Maximum 200.0) |

# Completing Step 4: Submitting ASSE 1013 Field Test Results (2 of 3)

**Test After Repairs:** Only required if Initial  
Test failed

### Backflow Test Report - Step 4 of 6

[Help](#)

Test Report Number: 0000722157 (CO./ORG. Master PLBR.WSSC LIC#: 950)

#### Device Test Information

| Initial Test                 |                                    |                                    |
|------------------------------|------------------------------------|------------------------------------|
| Status *                     | Valve No.1 *                       | Valve No.2 *                       |
| <input type="radio"/> Passed | <input type="radio"/> Leaked       | <input type="radio"/> Leaked       |
| <input type="radio"/> Failed | <input type="radio"/> Closed Tight | <input type="radio"/> Closed Tight |
| Valve No.1 PSID *            | RPZA Relief Opened At PSID *       |                                    |
| <input type="text"/>         | <input type="text"/>               |                                    |

| Test After Repairs                    |                                       |                      |
|---------------------------------------|---------------------------------------|----------------------|
| Status                                | DCVA/RPZA Valve No.1                  | Valve No.1 PSID      |
| <input type="radio"/> Passed          | <input type="checkbox"/> Closed Tight | <input type="text"/> |
| <input type="radio"/> Failed          |                                       |                      |
| DCVA/RPZA Valve No.2                  | RPZA Relief Opened At PSID            |                      |
| <input type="checkbox"/> Closed Tight | <input type="text"/>                  |                      |

| Inspection Details                                                                                               |
|------------------------------------------------------------------------------------------------------------------|
| Air Gap Inspection: Required minimum Air gap? *                                                                  |
| <input type="radio"/> Yes <input type="radio"/> No                                                               |
| Line Pressure                                                                                                    |
| <input type="text"/>                                                                                             |
| Please enter Line Pressure values as xx.x<br>(Minimum accepted value for line pressure 15.0<br>to Maximum 200.0) |

# Completing Step 4: Submitting ASSE 1013 Field Test Results (3 of 3)

- Air Gap Inspection and Water Service Restored questions are required when submitting ASSE 1013 field test results
- If line pressure is entered, ensure that the number entered represents the PSI of the water pressure at the inlet shut-off valve
- Once all fields with a red asterisk are completed, select “Next”

### Backflow Test Report - Step 4 of 6

[Help](#)

Test Report Number: 0000722157 (CO./ORG. Master PLBR.WSSC LIC#: 950)

#### Device Test Information

| Initial Test                 |                                    |                                    |
|------------------------------|------------------------------------|------------------------------------|
| Status *                     | Valve No.1 *                       | Valve No.2 *                       |
| <input type="radio"/> Passed | <input type="radio"/> Leaked       | <input type="radio"/> Leaked       |
| <input type="radio"/> Failed | <input type="radio"/> Closed Tight | <input type="radio"/> Closed Tight |
| Valve No.1 PSID *            | RPZA Relief Opened At PSID *       |                                    |
| <input type="text"/>         | <input type="text"/>               |                                    |

| Test After Repairs                    |                                       |                      |
|---------------------------------------|---------------------------------------|----------------------|
| Status                                | DCVA/RPZA Valve No.1                  | Valve No.1 PSID      |
| <input type="radio"/> Passed          | <input type="checkbox"/> Closed Tight | <input type="text"/> |
| <input type="radio"/> Failed          |                                       |                      |
| DCVA/RPZA Valve No.2                  | RPZA Relief Opened At PSID            |                      |
| <input type="checkbox"/> Closed Tight | <input type="text"/>                  |                      |

| Inspection Details                                                                                               |
|------------------------------------------------------------------------------------------------------------------|
| Air Gap Inspection: Required minimum Air gap? *                                                                  |
| <input type="radio"/> Yes <input type="radio"/> No                                                               |
| Line Pressure                                                                                                    |
| <input type="text"/>                                                                                             |
| Please enter Line Pressure values as xx.x<br>(Minimum accepted value for line pressure 15.0<br>to Maximum 200.0) |



# Addressing Step 4a

- Only enter Valve No.2 backpressure test results
- Differential for Check Valve #2 is not entered
- Valve No. 1 PSID is the actual reading for Check Valve Number 1
- RPZA Relief Opened at PSID is the relief valve opening point
- Error message information: If the following error message appears, verify the RV value submitted. If certain the value is correct, verify with the field tester. If field tester affirms the value, have the field tester follow the instructions provided.



RV reading submitted in excess of normal standards. Please review the field test worksheet provided by the field tester. Verify recorded RPZA or Relief Valve Opened at data and re-enter value provided by field tester. If the relief valve opening reading is in excess of 6.0 psi, please call the Cross-Connection office at (301)-206-4004

## Cross Connection Test Reports

My WSSC Water

### Backflow Test Report - Step 4 of 6

[Help](#)

Test Report Number: 0000722157 (CO./ORG. Master PLBR.WSSC LIC#: 950)

#### Device Test Information

##### Initial Test

Status \*

☐ Passed

☐ Failed

Valve No.1 \*

☐ Leaked

☐ Closed Tight

Valve No.2 \*

☐ Leaked

☐ Closed Tight

Valve No.1 PSID \*

RPZA Relief Opened At PSID \*

# Addressing Step 4b

- **Only** enter information in Test After Repairs if Initial Test was recorded as **Failed**
- After repair is complete, enter Test Results after repair
- Air Gap Inspection is a required entry
- Water Service Restored is always a required entry
- Line Pressure – measured upstream of Check Valve #1
- Line Pressure entry is optional

### Test After Repairs

Status

☐ Passed

☐ Failed

DCVA/RPZA Valve No.1

☐ Closed Tight

Valve No.1 PSID

DCVA/RPZA Valve No.2

☐ Closed Tight

RPZA Relief Opened At PSID

### Inspection Details

Air Gap Inspection: Required minimum  
Air gap? \*

☐ Yes ☐ No

Line Pressure

Please enter Line Pressure values as xx.x  
(Minimum accepted value for line pressure 15.0 to Maximum 200.0)

Water Service Restored \*

☐ Yes ☐ No

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Next

# Completing Step 4: Submitting ASSE 1015 Field Test Results

- Record Initial Test results for Check Valve No. 1 & Check Valve No. 2
- Only** enter information in Test After Repairs if Initial Test was recorded as **Failed**
- After repair is complete, enter test results after repair
- Line Pressure – measured upstream of Check Valve #1; Line Pressure entry is optional
- Water Service Restored is always a required entry
- Error message information: If the following message appears, verify the values submitted. If certain the values are correct, verify with the field tester. If field tester affirms the values, have the field tester follow the instructions provided.

 Submitted values for ASSE 1015 are in excess of standard. Call the applicable County Cross-Connection Control Office. Prince George's County - (301)-206-8601. Montgomery County - (301)-206-7932.

## Device Test Information

| Initial Test                 |                                    |                                    |
|------------------------------|------------------------------------|------------------------------------|
| Status *                     | Valve No.1 *                       | Valve No.2 *                       |
| <input type="radio"/> Passed | <input type="radio"/> Leaked       | <input type="radio"/> Leaked       |
| <input type="radio"/> Failed | <input type="radio"/> Closed Tight | <input type="radio"/> Closed Tight |
| Valve No.1 PSID *            | Valve No.2 PSID *                  |                                    |
| <input type="text"/>         | <input type="text"/>               |                                    |

| Test After Repairs                    |                                       |                      |
|---------------------------------------|---------------------------------------|----------------------|
| Status                                | DCVA/RPZA Valve No.1                  | Valve No.1 PSID      |
| <input type="radio"/> Passed          | <input type="checkbox"/> Closed Tight | <input type="text"/> |
| <input type="radio"/> Failed          |                                       |                      |
| DCVA/RPZA Valve No.2                  | Valve No.2 PSID                       |                      |
| <input type="checkbox"/> Closed Tight | <input type="text"/>                  |                      |

| Inspection Details                                               |
|------------------------------------------------------------------|
| Line Pressure                                                    |
| <input type="text"/>                                             |
| Please enter Line Pressure values as xx.x                        |
| (Minimum accepted value for line pressure 15.0 to Maximum 200.0) |

Water Service Restored \*

☐ Yes ☐ No

Back

Next

# Completing Step 4: Submitting ASSE 1020 & 1056 Field Test Results

- ASSE 1020: Pressure Vacuum Breaker
- ASSE 1056: Spill Resistant Vacuum Breaker
- Record the initial test results for the air inlet and check valve
- If the initial test failed, complete repairs, then enter final assembly test results in Test After Repairs section
- Water Service Restored is always a required entry

#### Device Test Information

**Initial Test**

Status \*

☐ Passed

☐ Failed

**SVB / PVBA / Other Device**

Air Inlet \*

Select Air Inlet

PSID

Check Valve \*

Select Check Valve

Check Valve PSID

**Test After Repairs**

Status

☐ Passed

☐ Failed

**After Repair PSID**

Air Inlet

PSID

Check Valve

PSID

Water Service Restored \*

☐ Yes ☐ No

[Back](#)[Next](#)

# Step 5

Test Kit Info, Date Tested, Tester Acceptance, and Remarks



# Completing Step 5

- Enter last accuracy check or calibration date for the field test equipment
- Enter the date the assembly was tested
- BFP Tester Name is prepopulated to match Tester ID entered in Step #1
- Enter any comments to be submitted with Test Report
- Selecting “Preview Report” generates a review copy in Step #6 where the user can verify all information as submitted. “Preview Report” does not submit the report but provides a confirmation screen to review all information submitted.

## Cross Connection Test Reports

My WSSC Water

### Backflow Test Report - Step 5 of 6

[Help](#)

Test Report Number: 0000

(CO./ORG. Master PLBR.WSSC LIC#:

#### Testing Information

Gauge Calibration Date \*

01/02/2025

Date BFP Tested \*

08/04/2025

BFP Tester Name

Tester Name  
Tester Name Is Displayed

BFP Tester Phone# \*

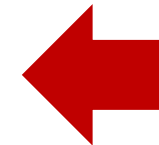
Tester Phone Is Displayed

Remarks

Back

Cancel

Preview Report



# Step 6

Final Verification, Review, and Final Submission



# Step 6 provides all information as entered in Steps 1 through 5

- Carefully review all information on this screen prior to submitting the report
- Tester must accept signature of the report
- Select “Back” to return to any step for data correction
- Selecting “Submit Report” transmits all entered information to WSSC Water electronically
- **Note:** Once the report is submitted, the test report and all associated submitted data ***cannot be changed*** without purchasing and submitting a new test report
- **Do not** submit the report if any information is inaccurate on this confirmation screen. Select “Back” to return to any step for data correction

⚠ By selecting Accept, you hereby affirm that the information entered is accurate. Once the report is submitted, data cannot be changed without submitting a new test report.

## Backflow Test Report Review - Step 6 of 6

This confirmation screen presents all information as entered. Carefully review entries, return to any step to edit and submit the report once all data is accurate. Once this Test Report is submitted, information cannot be altered without purchasing and submitting a new Test Report.

Test Report Number: 0000 'CO./ORG. Master PLBR.WSSC LIC#:

### Test Backflow Information

|                             |                 |                        |                  |
|-----------------------------|-----------------|------------------------|------------------|
| Is it because of Violation? | No              | Install/Tester ID      | 123456           |
| Permit Number               |                 | Installation Type      | EXISTING         |
| Serial Number               | 123456          | Make Of Assembly       | Watts            |
| Model                       | LF008PCQT       | Size                   | 0.5              |
| Preventer                   | SVB             | Tester's Name          | Tester Name      |
| Tester's Phone Number       | 3015551212      | Tester's Email         | Tester@email.com |
| Test Date                   | 08/04/2025      | Gauge Calibration Date | 01/02/2025       |
| ASSE#                       | 1056            | Type of Premises       | COMMERCIAL       |
| Remarks                     | Testing remarks |                        |                  |

### Facility Address Information

|                 |                       |                     |                               |
|-----------------|-----------------------|---------------------|-------------------------------|
| Facility Name   | Facility Name         | Facility County     | P                             |
| Contact Person  | Facility Contact Name | Contact Phone       | Facility Contact Phone        |
| Facility Street | Facility Street       | Facility App/Suite# | Facility Suite # (if entered) |
| Facility City   | Facility City         | Facility Zip        | Facility Zip Code             |

### Mailing Address Information

|                |                |                      |                    |
|----------------|----------------|----------------------|--------------------|
| Mailing Street | Mailing Street | Mailing City         | Mailing City       |
| Mailing State  | Mailing State  | Location of Assembly | Assembly Location  |
| Mailing Zip    | Mailing Zip    | Downstream Process   | Downstream Process |
| Customer Email |                | Customer Phone       | Customer Phone     |

### Test Results Information

|                       |      |                           |      |
|-----------------------|------|---------------------------|------|
| Initial Test Results  | PASS | PVBA air inlet position   | OPEN |
| PVBA air inlet psid   | 3    | PVBA check valve position | HELD |
| PVBA check valve psid | 3    |                           |      |
| Line Pressure         |      | Water Restored            | Yes  |

⚠ By selecting Accept, you hereby affirm that the information entered is accurate. Once the report is submitted, data cannot be changed without submitting a new test report.

BFP Tester Signature \*

☒ Accept ☐ Do Not Accept

Back

Cancel

Submit Report

# Confirmation & Report Output Access

- After report submission, this confirmation screen will be displayed. To view, save, or print a PDF copy of the submitted test report, select the hyperlinked test report number displayed to access the submitted test report PDF (See red arrow below).
- The test report will also be stored in the Master Plumber's Used Test Reports.
- The Cross-Connection Technician is responsible for ensuring that a copy of the submitted test report is on-site where the assembly is installed.

## Cross Connection Test Reports

My WSSC Water

### Backflow Prevention Report Successfully Submitted

[Help](#)

Click [0000999999](#) to download the Test Report PDF.



# Backflow Test Report Example

- This is an example of a submitted test report
- The test report will also be stored in the Master Plumber's used test reports

|  |               | Backflow Test Report      |                          | Report No: 999999 |
|------------------------------------------------------------------------------------|---------------|---------------------------|--------------------------|-------------------|
| <b>Test Report Information</b>                                                     |               |                           |                          |                   |
| Is it because of violation:                                                        | No            | Violation Number:         |                          |                   |
| Install/Tester ID:                                                                 | Tester Name   | WSSC Water Hazard ID:     |                          |                   |
| WSSC Water Account Number:                                                         |               | CO./ORG. Master PLLBR.# : | XXXXXXX                  |                   |
| Permit No:                                                                         |               | Field Test Type:          | Annual/Retest            |                   |
| Serial Number :                                                                    | 365122TST     | Old Serial Number:        |                          |                   |
| Make :                                                                             | Watts         | Model:                    | LF009M2QT                |                   |
| Size:                                                                              | 1             | ASSE#:                    | 1013                     |                   |
| Type of Premises:                                                                  | commercial    | Preventer:                | RPZA                     |                   |
| Tester Name :                                                                      | TEST          | Tester Phone#:            | 301-555-                 |                   |
| Tester Signature :                                                                 | ACCEPT        | Date Tested :             | 02/06/2023               |                   |
| Gauge Calibration Date :                                                           | 07/04/2023    |                           |                          |                   |
| Remarks                                                                            |               |                           |                          |                   |
| Testing                                                                            |               |                           |                          |                   |
| <b>Facility Address Information</b>                                                |               |                           |                          |                   |
| Facility Name :                                                                    |               | Facility County:          | MO                       |                   |
| Facility Street :                                                                  | 22230 TEST DR | Facility Apt/Suite# :     |                          |                   |
| Facility City :                                                                    | Gaithersburg  | Facility Zip:             | 20876                    |                   |
| Location of Assembly:                                                              | 1st Floor     | Downstream Process:       | Fluid System, Industrial |                   |
| <b>Mailing Address Information</b>                                                 |               |                           |                          |                   |
| Mailing Street:                                                                    | 22230 TEST DR | Business/Customer Name:   | Test Report              |                   |
| Mailing City:                                                                      | Gaithersburg  | Contact Person:           | Test                     |                   |
| Mailing Zip:                                                                       | 20876         | Contact Phone:            | 301-555-1212             |                   |
| Mailing State:                                                                     | MD            | Contact Email:            |                          |                   |
| <b>Test Results Information</b>                                                    |               |                           |                          |                   |
| Initial test:                                                                      |               | PASS                      |                          |                   |
| Valve1 position:                                                                   | CLOSED        | Valve1 psid:              | 8                        |                   |
| Valve2 position:                                                                   | CLOSED        | Valve2 psid:              |                          |                   |
| RPZA opened at psid:                                                               | 2.6           | #1 check psid:            |                          |                   |
| PVB/SVB air inlet position:                                                        |               | PVB/SVB air inlet psid:   |                          |                   |
| PVB/SVB check valve position:                                                      |               | PVB/SVB check valve psid: |                          |                   |
| Final test:                                                                        |               |                           |                          |                   |
| Valve1 closed tight psid:                                                          |               | Valve2 closed tight psid: |                          |                   |
| RPZA opened at psid:                                                               |               | #1 check psid:            |                          |                   |
| PVB/SVB air inlet psid:                                                            |               | PVB/SVB check valve psid: |                          |                   |
| Air Gap Inspection:                                                                |               | Yes                       | Line Pressure:           |                   |
| Water Service Restored:                                                            |               | Yes                       | Submitted Date:          | Date Submitted    |

Submitted  
test reports  
will be stored  
as report type  
“Used Test  
Reports”

## Cross Connection Test Reports

[My WSSC Water](#)

### Search Test Reports

[Test Report Demo](#)

*View Test Reports*

a. Search by Test Report Number:

b. Search by Date Purchased and Report Type:

Start Date

End Date

Report Type

Used Test Report



Clear

Back

Search

| Report Number | Report Number | Date Purchased               |
|---------------|---------------|------------------------------|
|               |               | Thu Jul 24 14:39:12 EDT 2025 |
|               |               | Thu Jul 24 14:39:12 EDT 2025 |



Used report numbers will display here

# Need Help? Contact Us

**Email: [CrossConnectionControlProgram@wsscwater.com](mailto:CrossConnectionControlProgram@wsscwater.com)**

**Inspection Services Support Phone: 301-206-4004**

**Montgomery County Program Office Phone: 301-206-7932**

**Prince George's County Program Office Phone: 301-206-8601**

