

Return Affidavit of Compliance to:

CITY OF MANITOWOC
BUILDING INSPECTION DEPARTMENT
900 QUAY STREET
MANITOWOC, WI 54220

Inspection Frequency (circle one)

2-YR

6-YR

10-YR

**CITY OF MANITOWOC
AFFIDAVIT OF COMPLIANCE
NON-RESIDENTIAL CROSS CONNECTION
CONTROL PROGRAM**

I, _____
(Print Name of Wisconsin Licensed / Certified Individual)

- Wisconsin Certified Cross Connection Control Device Tester
 Wisconsin ASSE Series 500 Cross Connection Control Professional
 Wisconsin Licensed Master Plumber

(License / Certification Number)

Expiration Date

Certify that the plumbing system associated with,

(MPU Water Customer Name)

(Site Address)

Is in compliance with the Wisconsin Department of Natural Resources regulation NR 810.15, Cross Connections and Interconnection.

(Signature)

(Date of Inspection)