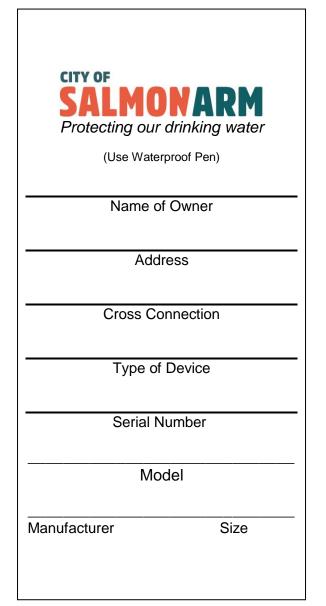
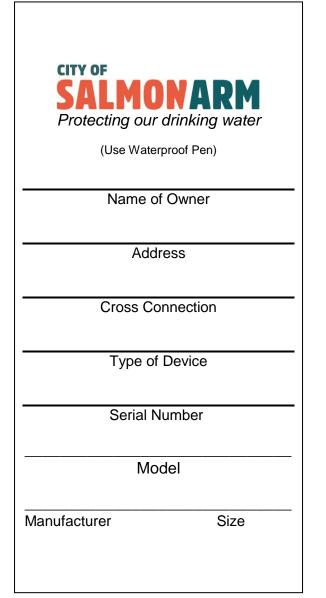
Test Date	Company Test by	Certification No.

Test Date	Company Test by	Certification No.

Test Date	Company Test by	Certification No.

## **FRONT**





CITY OF SALMONARM Protecting our drinking water  (Use Waterproof Pen)
(Use Waterproof Len)
Name of Owner
Address
Cross Connection
Type of Device
Serial Number
Model
Manufacturer Size