

Pittsboro Water Company
TEST FORM - TO BE COMPLETED BY CERTIFIED TESTER

	Check Valve #1	Check Valve #2	Pressure Differential Relief Value	Pressure Vacuum Breaker
Initial Test	Static Pressure Drop: _____ Check Valve Closed Tight? _____ Check Valve Leaked? _____ Actual Pressure Drop: _____ Apparent Press. Drop: _____	Static Pressure Drop: _____ Check Valve Closed Tight? _____ Check Valve Leaked? _____ No 2 Shutoff Valve Closed Tight? _____ Leaked _____	Opened At _____ <i>Reduced Pressure</i> lbs. Did Not Open _____	Air Inlet Opened At? _____ Did Not Open _____ Check Valve Held At? _____ Did Not Close _____
Repairs Made & Materials Used				
Final Test	Static Pressure Drop: _____ Check Valve Closed Tight? _____ Actual Pressure Drop: _____	Static Pressure Drop: _____ Check Valve Closed Tight? _____	Opened At _____ <i>Reduced Pressure</i>	lbs. Air Inlet Opened At? _____ Check Valve Held At? _____

The above report is certified to be true at the time of the test. Line pressure at the time of the test: _____ psi (Required) Calibration Date _____

Commercial: _____ **Fire Line:** _____ **Irrigation:** _____ **Other: (Explain)** _____

Passed _____ **Failed** _____

TESTED BY: (If tester is different for initial test, repair, or final test please check here _____ and include all other tester information on back of form.)

Tester Name: _____ Company: _____ Telephone: _____

Signature: _____ Address: _____ Fax: _____

Certificate #: _____

Initial Test: Date: _____ Time: _____

Repaired Date: _____ Time: _____

Final Test Date: _____ Time: _____

DEVICE INFORMATION:

Mnf/Model #:

Size:

Serial #:

Type:

LOCATION INFORMATION:

Name:

Service Address

City, State, Zip:

Premise #:

Meter #:

BFD Location:

RETURN THIS TEST FORM TO:

Town of Pittsboro

P.O. Box 185

Pittsboro, IN 46167