



**NORTH CAROLINA SECTION OF THE AMERICAN
WATER WORKS ASSOCIATION
TEST AND MAINTENANCE REPORT**



CUSTOMER: _____

STREET ADDRESS: _____

LOCATION OF ASSEMBLY: _____

TYPE OF ASSEMBLY: RP DC PVB SIZE _____

MANUFACTURER: _____ MODEL: _____ SERIAL NO. _____

RELIEF VALVE	CHECK VALVE #1	CHECK VALVE #2	PRESSURE VACUUM BREAKER
OPENED AT _____ PSID BUFFER _____ PSID DID NOT OPEN <input type="checkbox"/>	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE _____ PSID	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE _____ PSID	AIR INLET OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/> CHECK VALVE: LEAKED <input type="checkbox"/> HELD AT _____ PSID
<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> RV ASSEMBLY <input type="checkbox"/>	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>
OPENED AT _____ PSID BUFFER _____ PSID	<input type="checkbox"/> CLOSED TIGHT _____ PSID	<input type="checkbox"/> CLOSED TIGHT _____ PSID	AIR INLET _____ PSID CHECK VALVE _____ PSID
INITIAL TEST: SHUT OFF VALVE #2 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		FINAL TEST: SHUT OFF VALVE #2 <input type="checkbox"/> CLOSED TIGHT	

NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN THIRTY DAYS.

REMARKS: _____

I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE ASSEMBLY.

INITIAL TEST BY _____ CERTIFIED TESTER NO. _____ DATE: _____

REPAIRED BY: _____ DATE: _____

FINAL TEST BY: _____ CERTIFIED TESTER NO. _____ DATE: _____

DOMESTIC FIRE LAWN IRRIGATION NEW TEST RECERTIFICATION TEST

WATER METER NUMBER: _____ PLUMBING PERMIT NUMBER _____

TEST KIT DIFFERENTIAL ELECTRONIC LINE PRESSURE _____

TIME OF DAY: _____ AM PM SIGNATURE OF TESTER _____