

Vail Water Company

TEST REPORT

Service Address _____

Business or Customer Name _____

Property Representative Authorizing Test _____

PHONE NO. _____ NEW BFA PERMIT NO. _____

WATER METER NO. _____ WATER METER READING _____

MANUFACTURER _____ MODEL _____

SIZE _____ SERIAL NO. _____ DATE INSTALLED _____

TYPE OF DEVICE _____ DEVICE LOCATION _____

	CHECK #1 VALVE DC _____ PSID	CHECK #2 VALVE DC _____ PSID	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
INITIAL TEST	1. LEAKED _____ PSID <input type="checkbox"/> RP _____ PSID 2. CLOSED TIGHT _____ <input type="checkbox"/>	1. LEAKED _____ <input type="checkbox"/>	OPENED AT _____ PSID REDUCED PRESSURE DID NOT OPEN _____ <input type="checkbox"/>	AIR INLET OPENED AT _____ PSID DID NOT OPEN _____ <input type="checkbox"/>
R E P A I R S	CLEANED _____ <input type="checkbox"/> REPLACED _____ <input type="checkbox"/> DISC _____ <input type="checkbox"/> SPRING _____ <input type="checkbox"/> PIN RETAINER _____ <input type="checkbox"/> HINGE PIN _____ <input type="checkbox"/> SEAT _____ <input type="checkbox"/> DIAPHRAM _____ <input type="checkbox"/> OTHER DESCRIBE _____ <input type="checkbox"/>	CLEANED _____ <input type="checkbox"/> REPLACED _____ <input type="checkbox"/> DISC _____ <input type="checkbox"/> SPRING _____ <input type="checkbox"/> PIN RETAINER _____ <input type="checkbox"/> HINGE PIN _____ <input type="checkbox"/> SEAT _____ <input type="checkbox"/> DIAPHRAM _____ <input type="checkbox"/> OTHER, DESCRIBE _____ <input type="checkbox"/>	CLEANED _____ <input type="checkbox"/> REPLACED _____ <input type="checkbox"/> DISC _____ <input type="checkbox"/> UPPER _____ <input type="checkbox"/> LOWER _____ <input type="checkbox"/> SPRING _____ <input type="checkbox"/> DIAPHRAM _____ <input type="checkbox"/> LARGE _____ <input type="checkbox"/> UPPER _____ <input type="checkbox"/> LOWER _____ <input type="checkbox"/> SMALL _____ <input type="checkbox"/> SEAT _____ <input type="checkbox"/> UPPER _____ <input type="checkbox"/> LOWER _____ <input type="checkbox"/> SPACER _____ <input type="checkbox"/> LOWER _____ <input type="checkbox"/> OTHER, DESCRIBE _____ <input type="checkbox"/>	CHECK VALVE: CLOSED TIGHT _____ <input type="checkbox"/> CLEANED _____ <input type="checkbox"/> REPLACED _____ <input type="checkbox"/> AIR INLET _____ <input type="checkbox"/> DISK _____ <input type="checkbox"/> CHECK DISK _____ <input type="checkbox"/> AIR INLET _____ <input type="checkbox"/> SPRING _____ <input type="checkbox"/> CHECK SPRING _____ <input type="checkbox"/> OTHER, DESCRIBE _____ <input type="checkbox"/>
	FINAL TEST	RP _____ PSID CLOSED TIGHT	CLOSED TIGHT	OPENED AT _____ PSID REDUCED PRESSURE

INITIAL TEST BY: _____ CERTIFIED TESTER NO. [] [] [] [] [] DATE [] [] [] PASS FAIL

REPAIRED BY: _____ DATE [] [] []

FINAL TEST BY: _____ CERTIFIED TESTER NO. [] [] [] [] [] DATE [] [] [] PASS FAIL

COMMENTS: _____

TESTING FIRM NAME and ADDRESS _____ THE ABOVE DEVICE IS OPERATING PROPERLY: _____
Signature of Tester _____