

**TEST and MAINTENANCE REPORT FORM
DC – DOUBLE CHECK VALVE ASSEMBLY - DC**

PLEASE COMPLETE THE FOLLOWING:

NAME: _____

DUE DATE: _____

ACCOUNT #: _____

DEVICE TYPE: _____

WATER METER: _____

SERIAL#: _____

MANUFACTURER: _____

MODEL# _____

SIZE: _____

INSTRUCTIONS TO APPROVED TESTERS: All applicable information must be typed or clearly printed. Please use “Y” or “N” to respond to YES or NO questions. Failure to complete this form accurately will result in rejection of the test form and possibly result in water service termination. **PLEASE ATTACH A COPY OF YOUR CERTIFICATION.**

INITIAL TEST OF DEVICE

	#1 Closed Tight	#1 Leaked	#2 Closed Tight	#2 Leaked
Check Valve	_____	_____	_____	_____
Passed: _____	Tester: _____		Certificate: _____	
Date: ____/____/____	Remarks: _____			

MAINTENANCE OF DEVICE

Check Valve #1	Cleaned _____	Repaired _____
Check Valve #2	Cleaned _____	Repaired _____
Repairs: _____		
Date: ____/____/____		
Repaired by: _____		

CHANGED or NEW DEVICE INSTALL (must be tested on line)

Date: ____/____/____	Device Type: _____	Serial _____
Assembly _____	Size _____	Manufacturer _____
Installed by _____	Model _____	Remarks _____

FINAL TEST OF DEVICE (must be completed)

Closed Tight	#1 _____	#2 _____
Passed: _____	Tester: _____	
Certificate: _____		
Date: ____/____/____	Remarks: _____	

Additional Comments: _____

The above report is certified true.

Signature of approved tester

Print name as above

**PLEASE RETURN TO:
RICHLAND TOWNSHIP MUNICIPAL AUTHORITY
2012 KRAMER ROAD
GIBSONIA, PA 15044-9632
724-443-9100 fax 724-443-9140**