



Field Testing & Maintenance Report

Return to: Greenville Water
Attn: Engineering Dept.
P O Box 687
Greenville, SC 29602
(864) 241-6100

GreenvilleWater

Account Name: _____ Date: _____

Account Address: _____

Account Number: _____ Customer Number: _____ Device Number: _____ Meter Number: _____

Device Name: _____ Model Number: _____ Meter Reading: _____

Serial Number: _____ Device Size: _____

Device Location: _____

Tested By (Print Name): _____

	Check Valve # 1	Check Valve # 2	Relief Valve Or Air-Inlet	# 1 Gate or Ball (Circle One)	# 2 Gate or Ball (Circle One)
Initial Test	(Mark One) Leaked _____ Closed Tight _____	(Mark One) Leaked _____ Closed Tight _____	Opened at _____ LBS. Differential Pressure	(Mark One) Leaked _____ Closed Tight _____	(Mark One) Leaked _____ Closed Tight _____
	Drop Across	Drop Across			
Repairs And New Materials					
	Check Valve # 1	Check Valve # 2	Relief Valve Or Air-Inlet	# 1 Gate or Ball (Circle One)	# 2 Gate or Ball (Circle One)
Test After Repairs	(Mark One) Leaked _____ Closed Tight _____	(Mark One) Leaked _____ Closed Tight _____	Opened at _____ LBS. Differential Pressure	(Mark One) Leaked _____ Closed Tight _____	(Mark One) Leaked _____ Closed Tight _____
	Drop Across	Drop Across			

Above Date Certified to be Correct

**** (Forms Must be Returned to Greenville Water System within 7 Days of Test) ****

Tester Signature: _____ Certification Number: _____

Company Name: _____ Company Phone Number : _____

Test Category: General _____ Limited _____ Inspector Tester _____

Method of Testing: _____ Test Kit Used: _____

Comments: _____
