



City of Georgetown Water Utilities

Date: _____

Account Name/Business Name: _____

Account Address: _____

Account Number: _____ Meter Number: _____

Device Name: _____ Model Number: _____

Serial Number: _____ Size: _____

Device Location: _____

Tested by (Print): _____

	Check No.1.	Check No. 2	Differential Pressure Relief Valve	#1 Gate or Ball (Circle One)	#2 Gage or Ball (Circle One)
Test Before Repairs	(Mark One) Leaked _____ Closed Tight _____ Drop Across	(Mark One) Leaked _____ Closed Tight _____ Drop Across	Opened at _____ lbs. Differential Pressure	(Mark One) Leaked _____ Closed Tight _____	(Mark One) Leaked _____ Closed Tight _____
Repairs and New Materials					
Test After Repairs	(Mark One) Leaked _____ Closed Tight _____ Drop Across	(Mark One) Leaked _____ Closed Tight _____ Drop Across	Opened at _____ lbs. Differential Pressure	(Circle One) Gate or Ball (Mark One) Leaked _____ Closed Tight _____	(Circle One) Gate or Ball (Mark One) Leaked _____ Closed Tight _____

Above data certified to be correct.

Tester Signature: _____ CERTIFICATION NUMBER: _____

CATEGORY General _____ Limited _____ Inspector Tester _____

METHOD OF TESTING _____ TEST KIT USED _____

COMMENTS: _____