Return Legible and Satisfactory Report to:

ANTRIM COUNTY BLDG DEPT.
P.O. BOX 188
BELLAIRE, MI 49615
(231) 533-8373 FAX (231) 533-6041

- ▫ NEW INSTALL
- ▫ EXISTING INSTALL
- ▫ REPLACEMENT
  OLD ASSY. SERIAL NUMBER

Please use a separate form for each device.

ASSEMBLY MANUFACTURER	MODEL	SERIAL NUMBER	SIZE

OWNER/CONTROLLER NAME

Owner/controller MAILING ADDRESS

CONTACT NAME

FACILTIY NAME

SERVICE ADDRESS

LOCATION OF ASSEMBLY

DOWNSTREAM PROCESS

AREA SERVED ___ DOMESTIC WATER SERVICE ____ IRRIGATION SERVICE
____ FIRE SERVICE ____ OTHER _____

	INITIAL TEST RESULTS	TEST AFTER REPAIRS OR CLEANING
RPBA	LINE PRESSURE AT TIME OF TEST _____ PSIG PRESSURE DROP ACROSS #1 CHECK VALVE _____ PSID RELIEF VALVE OPENED AT _____ PSID NO. 1 CHECK ▫ CLOSED TIGHT ▫ LEAKED NO. 2 CHECK ▫ CLOSED TIGHT ▫ LEAKED PASSED TEST ▫ YES ▫ NO APPROVED AG? ▫ YES ▫ NO	PRESSURE DROP ACROSS #1 CHECK VALVE _____ PSID RELIEF VALVE OPENED _____ PSID NO. 1 CHECK: ▫ CLOSED TIGHT ▫ LEAKED NO. 2 CHECK: ▫ CLOSED TIGHT ▫ LEAKED PASSED TEST ▫ YES ▫ NO
DCVA	LINE PRESSURE AT TIME OF TEST _____ PSIG NO. 1 CHECK ▫ CLOSED TIGHT _____ PSID ▫ LEAKED NO. 2 CHECK ▫ CLOSED TIGHT _____ PSID ▫ LEAKED PASSED TEST ▫ YES ▫ NO	NO. 1 CHECK: ▫ CLOSED TIGHT _____ PSID ▫ LEAKED NO. 2 CHECK: ▫ CLOSED TIGHT _____ PSID ▫ LEAKED PASSED TEST ▫ YES ▫ NO
PVB	LINE PRESSURE AT TIME OF TEST _____ PSIG AIR INLET: OPENED AT _____ PSID ▫ FAILED TO OPEN CHECK VALVE: HELD TICHT AT _____ PSID ▫ LEAKED PASSED TEST ▫ YES ▫ NO	AIR INLET: OPENED AT _____ PSID ▫ FAILED TO OPEN CHECK VALVE: HELD TIGHT AT _____ PSID ▫ LEAKED PASSED TEST ▫ YES ▫ NO
AG	APPROVED AIR GAP SEPERATION PROVIDED? ▫ YES ▫ NO (Physical Separation = 3 x Diameter of Supply Pipe to Overflow Rim)	**PLEASE RECORD REPAIR OR CLEANING INFORMATION IN REMARKS SECTION BELOW.**

PROPER INSTALLATION? ▫ YES ▫ NO

WATER SERVICE RESTORED? ▫ YES ▫ NO

RECORD DETECTOR METER READING – WHEN APPLICABLE

REMARKS:

INITIAL TEST BY (PRINTED NAME):	CERT NO.	DATE
REPAIRED BY (PRINTED NAME):		DATE
FINAL TEST BY (PRINTED NAME):	CERT NO.	DATE

TEST KIT MAKE	MODEL	SN#	CAL. DATE

TESTER'S SIGNATURE:		
(I CERIFY THAT I USED WAC 24B-190-490 APPROVED TEST METHODS AND DIFFERENTIAL PRESSURE TEST EQUIPMENT)	TESTER'S COMPANY NAME	TESTER'S PHONE

FAILED, INCOMPLETE AND ILLEGIBLE TEST REPORTS WILL NOT BE ACCEPTED – PLEASE CHECK YOUR TESTERS REPORTS