

HYDROSTATIC TESTS	ALL NEW UNDERGROUND PIPING HYDROSTATICALLY TESTED AT _____ PSI FOR _____ HOURS		
LEAKAGE TEST	TOTAL AMOUNT OF LEAKAGE MEASURED _____ GALS. OVER _____ HOURS		
	ALLOWABLE LEAKAGE _____ GALS. OVER _____ HOURS		
HYDRANTS	NUMBER INSTALLED	TYPE AND MAKE	ALL OPERATE SATISFACTORILY <input type="checkbox"/> YES <input type="checkbox"/> NO
CONTROL VALVES	WATER CONTROL VALVES LEFT WIDE OPEN IF NO, STATE REASON		<input type="checkbox"/> YES <input type="checkbox"/> NO
	HOSE THREADS OF FIRE DEPARTMENT CONNECTIONS AND HYDRANTS INTERCHANGEABLE WITH THOSE OF FIRE DEPARTMENT ANSWERING ALARM		<input type="checkbox"/> YES <input type="checkbox"/> NO
REMARKS	DATE LEFT IN SERVICE		
SIGNATURES	NAME OF INSTALLING CONTRACTOR		
	TESTS WITNESSED BY		
	FOR PROPERTY OWNER (SIGNED)	TITLE	DATE
	FOR INSTALLING CONTRACTOR (SIGNED)	TITLE	DATE

ADDITIONAL EXPLANATIONS AND NOTES