

**Brookville Municipal Authority**

18 Western Avenue, Suite A

Brookville, PA 15825

Phone (814)849-5320 Fax (814)849-4964

**Test & Maintenance Field Data – Double Check Valve Assembly**

Owner: \_\_\_\_\_ Size: \_\_\_\_\_

Service Number: \_\_\_\_\_ Assembly Number: \_\_\_\_\_ Meter: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Serial Number: \_\_\_\_\_ Model: \_\_\_\_\_

**Initial Test**

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

**Maintenance**

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

**Final Test**

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

NOTE: All information must be typed or clearly printed.

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_**The above report is certified to be true**\_\_\_\_\_  
Signature of Certified Tester