

Lower Valley Water District 0710154

Last Test: _____

Status: _____

Annual Test Form

Test Month: _____

Customer Information

Owner's Name: _____
Business Name: _____
Mailing Address Street: _____
Premise Address Street: _____
Customer Representative: _____

Meter #: _____ Account #: _____

Email: _____
Business Email: _____
City: _____ State: _____ Zip: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Current Assembly Information

Manufacturer: _____ Model: _____
Serial Number: _____ Size: _____

Containment

Domestic Fire Protection Lawn Irrigation

Isolation

Isolation

Describe specific physical location of assembly:

Detector Serial Number

CF Gal

Detector Meter Reading

Final Reading _____
Initial Reading _____

Removed Assembly Information

Manufacturer _____
Model _____
Size _____
Serial Number _____

Test Gauge Information ID

Manufacturer _____
Model _____
Size _____
Serial Number _____

Test Results

Pass Fail

RP

CV1 AR _____
RV _____
CV2 Tight? Yes No
CV1 CR _____
CV2 _____
Buffer _____

DC

CV1 _____
CV2 _____
 PVB SVB
AIV _____
CV _____

Additional Requirements

Thermal Expansion Control Present? Yes N/A
 No Unknown
LVWD requirements known? Yes No N/A

Adequate Freeze Protection Present? Yes No N/A
LVWD requirements known? Yes No N/A

Comments

Test Type Initial Annual Repair

The assembly detailed on this report has been tested and maintained as required by TCEQ and is certified to be operating within acceptable parameters. I also certify that I tested this assembly and the test results are true.

Technician Name

Signature

Date

