



Town of McBee
P O Box 248 ~ 38 W Juniper Ave
McBee SC 29101
Office 843-335-8474 ~ Fax 843-335-5163 ~ www.townofmcbeesc.com

Date: _____

Account name /Business Name: _____

Physical Location: _____

Account Number: _____

Device Name/ Type: _____

Serial Number: _____

Device Location: _____

Description: _____

Meter Number: _____

Model Number: _____

Size: _____

Tested By (print): _____

<u>TEST RESULTS</u>	Check No. 1	Check No. 2	Air-Inlet Valve or Relief Valve	#1 (Circle one) BALL / GATE	#2 (Circle one) BALL / GATE
Test Before Repairs	Leaked _____ Closed _____ Tight _____ Diff Press _____	Leaked _____ Closed _____ Tight _____ Diff Press: _____	Opened at _____ lbs. Diff. Pressure	Leaked _____ Closed _____ Tight _____	Leaked _____ Closed _____ Tight _____
Repairs and New Material	_____	_____			
Test After Repairs	Leaked _____ Closed _____ Tight _____ Diff Press _____	Leaked _____ Closed _____ Tight _____ Diff Press _____	Opened at _____ lbs. Diff. Pressure	Leaked _____ Closed _____ Tight _____	Leaked _____ Closed _____ Tight _____

I hereby certify the above information is correct and the test and repairs were performed by me as duly certified by the South Carolina Department of Health and Environmental Control as a General or Limited tester. I also certify this device has not been altered or by-passed without written permission from the Town of McBee.

Above data certified to be correct and true.

Tester Signature: _____

Certification Number: _____

Company Name: _____

Telephone Number: _____

Category : (Circle One) General Limited Inspector

Method of Testing: (circle one) Direction of Flow Differential

Test Kit Used: (circle one) Vertical Tube Differential. Model (Test Kit _____)

COMMENTS: _____