

Date:	
Property Owner(s):	
Property Address:	
Contractor Installing Meter:	

Note: Installed meters must conform to the most recent edition of the City's approved products. This list can be found on the City's website.

METER INFORMATION

Model/Manufacturer:	
Meter Size:	
Register Serial Number:	
Body Serial Number:	
Initial Reading:	
Meter Location:	
Date Installed:	
Number of Services:	

By signing below, you acknowledge that the water meter installation has been completed in accordance with the approved design, AWWA and MMCD and City standards, has insured that the meter is properly functioning and is requesting that the City take ownership of the new meter.

Name:		Signature:	
Company:		Position:	
Address:		Date:	
		Phone:	

For City Use Only - Confirmation of installation and operation by City crews to accept ownership of meter

Signature		Position	
Name:		Date	
Comments:			
GPS Co-ordinates:	X:		Y: Z:
Date Entered into Cartegraph:			
Initials:			

ADDRESS OF DEVICE		OCCUPANT		CONTACT		PHONE NUMBER ()			
OWNER		ADDRESS OF OWNER			POSTAL CODE		PHONE NUMBER ()		
SERIAL NUMBER		MAKE		MODEL		SIZE		INSTALL DATE YYYY MM DD	
REPLACES SERIAL #		BUILDING		LOCATION OF ASSEMBLY (ie. ROOM NUMBER)					
TYPE OF TEST <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> REPAIR		INSTALLED ON <input type="checkbox"/> PREMISE ISOLATING DEVICE <input type="checkbox"/> INTERNAL DEVICE		INSTALLED ON WHAT SYSTEM <input type="checkbox"/> DOMESTIC <input type="checkbox"/> FIRE <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER _____					
TESTER'S BCWWA NUMBER		TESTER'S EQUIPMENT NUMBER		TESTER'S NAME				PHONE NUMBER ()	
BUSINESS NAME		BUSINESS ADDRESS			POSTAL CODE		FAX NUMBER ()		

T E S T	<input type="checkbox"/> AAG (2X Dia.)	<input type="checkbox"/> RP/ASSEMBLY	CHECK VALVE 2	CHECK VALVE 1	<input type="checkbox"/> DCVA, DCVAF, SCVAF	<input type="checkbox"/> PVB / SRPVB ASSEMBLY		SHUT OFF VALVES		
		<input type="checkbox"/> RELIEF VALVE FAILED TO OPEN	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	CHECK VALVE 1	CHECK VALVE 2	AIR INLET VALVE	CHECK VALVE	#1	#2
	Outlet Dia. in _____mm	PRESSURE DIFFERENTIAL ACCROSS 1 ST CHECK VALVE (no flow) A _____ Psi kPa			<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure Drop _____ Psi kPa	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure Drop _____ Psi kPa	<input type="checkbox"/> FAILED TO OPEN <input type="checkbox"/> OPENED	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure Drop _____ Psi kPa	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED
	AG Size in _____mm	BUFFER (3 psi or greater) A – B = C =C _____ Psi kPa			STATIC INLET PRESSURE AT TIME OF TEST _____ kPa Psi		TEST RESULT <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED		RE-TEST DATE YYYY MM DD	

If the device fails the initial test for any reason, complete the selections below, noting the repairs and re-test results.

CHECK APPLICABLE VALVES(S) RELIEF VALVE CHECK VALVE #1 CHECK VALVE #2 AIR INLET VALVE SHUT OFF VALVE

CHECK APPLICABLE REPAIR CLEANED; REPLACED: DISC SPRING DIAPHRAM SEAT GUIDE O-RING POPPET REPAIR KIT

R E S E T	<input type="checkbox"/> AAG (2X Dia.)	<input type="checkbox"/> RP/ASSEMBLY	CHECK VALVE 2	CHECK VALVE 1	<input type="checkbox"/> DCVA, DCVAF, SCVAF	<input type="checkbox"/> PVB / SRPVB ASSEMBLY		SHUT OFF VALVES		
		<input type="checkbox"/> RELIEF VALVE FAILED TO OPEN	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	CHECK VALVE 1	CHECK VALVE 2	AIR INLET VALVE	CHECK VALVE	#1	#2
	Outlet Dia. in _____mm	PRESSURE DIFFERENTIAL ACCROSS 1 ST CHECK VALVE (no flow) A _____ Psi kPa			<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure Drop _____ Psi kPa	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure Drop _____ Psi kPa	<input type="checkbox"/> FAILED TO OPEN <input type="checkbox"/> OPENED	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure Drop _____ Psi kPa	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED
	AG Size in _____mm	BUFFER (3 psi or greater) A – B = C =C _____ Psi kPa			STATIC INLET PRESSURE AT TIME OF TEST _____ kPa Psi		TEST RESULT <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED		RE-TEST DATE YYYY MM DD	

I certify the above device has been tested in accordance with the City of Campbell River Water Regulations Bylaw 3216, and the AWWA Cross Connection Control Manual

SIGNATURE OF CERTIFIED TESTER	DATE YYYY MM DD	SIGNATURE OF OWNER/TENANT	DATE YYYY MM DD
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REMARKS/COMMENTS

FOR OFFICE USE ONLY	TESTING FREQUENCY <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> TRI-ANNUAL	INSPECTOR'S SIGNATURE/COMMENTS	DATE YYYY MM DD
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