



**Anchorage Water & Wastewater Utility**  
**Attn: Field Services**  
**3000 Arctic Blvd.**  
**Anchorage, AK 99503-3813**

**Phone: (907) 564-2762**  
**FAX: (907) 786-5001**  
**EMAIL: awwufieldservices@awwu.biz**

Existing     New     Replacement

Replaces SN# \_\_\_\_\_  
 Serial Number \_\_\_\_\_  
 MOA# \_\_\_\_\_  
 Assembly ID \_\_\_\_\_  
 Contact Name \_\_\_\_\_

**Test Due Date:**

**Assembly Location Information**

Facility Name \_\_\_\_\_ Location ID \_\_\_\_\_  
 Service Address \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Property Information**

Mailing Name \_\_\_\_\_  
 Address 1 \_\_\_\_\_  
 City/ST/Zip \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone \_\_\_\_\_

**Assembly Information**

Type: \_\_\_\_\_ Size: \_\_\_\_\_ Mfr: \_\_\_\_\_ Model: \_\_\_\_\_  
 Equip Location \_\_\_\_\_  
 Hazard Type \_\_\_\_\_  
 Water Turn Off Authorization: (Print) \_\_\_\_\_ Time: \_\_\_\_\_

Is the Assembly installed in accordance with manufacturers recommendations and/or local codes?  Yes  No

Test Date	Reduced Pressure Principal Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	Check Valve #1	Check Valve #2		Opened at _____ PSID	Held at _____ PSID
<b>Initial Test</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Opened at _____ PSID <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Did not Open	<input type="checkbox"/> Leaked
<b>Repairs and Materials Used</b>					
<b>Final Test</b> <input type="checkbox"/> Pass	Held at _____ PSID <input type="checkbox"/> Closed Tight	Held at _____ PSID <input type="checkbox"/> Closed Tight	Opened at _____ PSID	Opened at _____ PSID	Held at _____ PSID

Test Gauge Used: Manufacturer/Model: \_\_\_\_\_ SN: \_\_\_\_\_ Calib/Accur Date: \_\_\_\_\_

Remarks \_\_\_\_\_  
 USC 10th Edit.

**The above is certified to be true at the time of testing**    Service Restored:  Yes  No

Tester Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Company Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Tester Signature: \_\_\_\_\_ Certified Tester #: \_\_\_\_\_