

HYDROSTATIC TESTS	ALL NEW UNDERGROUND PIPING HYDROSTATICALLY TESTED AT _____ PSI FOR _____ HOURS		
LEAKAGE TEST	TOTAL AMOUNT OF LEAKAGE MEASURED _____ GALS. OVER _____ HOURS		
	ALLOWABLE LEAKAGE _____ GALS. OVER _____ HOURS		
HYDRANTS	NUMBER INSTALLED	TYPE AND MAKE	ALL OPERATE SATISFACTORILY <input type="checkbox"/> YES <input type="checkbox"/> NO
CONTROL VALVES	WATER CONTROL VALVES LEFT WIDE OPEN IF NO, STATE REASON		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	HOSE THREADS OF FIRE DEPARTMENT CONNECTIONS AND HYDRANTS INTERCHANGEABLE WITH THOSE OF FIRE DEPARTMENT ANSWERING ALARM		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
REMARKS	DATE LEFT IN SERVICE		
SIGNATURES	NAME OF INSTALLING CONTRACTOR PRIORITY FIRE PROTECTION, INC.		
	TESTS WITNESSED BY		
	FOR PROPERTY OWNER (SIGNED)	TITLE	DATE
	FOR INSTALLING CONTRACTOR (SIGNED)	TITLE	DATE

ADDITIONAL EXPLANATIONS AND NOTES