



1801 Kutztown Road
 Reading Pennsylvania, 19604
 Phone: 610-406-6300
 Fax: 610-406-6307

Water Meter Test Form

Customer Name _____
 Address _____
 City _____, PA Zip _____

**Pictures must be taken by:
 Plumber/Maintenance Worker**
 Pictures must be sent via email to:
Info@ReadingAreaWater.com

Test Equipment:

Manufacturer: _____ Model# _____ Serial# _____
 Calibration Date: _____

Test Report

Size (circle one) 5/8" 5/8x3/4" 3/4" 1" 1 1/2" 2" 3" 4" 6" 8" Other _____

Meter Serial Number _____

_____ Meter Reading before Test

Type of Meter _____

(PD, Multi Jet, Turbine, Compound)

_____ Meter Reading after Test

PSI _____ By-Pass _____ Gate Valves _____

Meter Final Test Pass
 Performance Fail

Comments: _____

Rate of Flow					
Ending Reading					
Starting Reading					
Total Reading					
Test Meter Reading					
Percent Registered					

Person Completing Test _____ Date _____