

4. APPENDIX—WATER FLOOD TEST VERIFICATION FORM

Name of Project:

Project Address: _____

City, State, Zip: _____

Test Location: _____

Date:

Test Began: _____(Date) _____(Time)

Test Ended: _____(Date) _____(Time)

Test Duration: _____

Test Conditions:

Minimum Height of Water: _____ Inches

Maximum Height of Water: _____ Inches

Remarks: _____

Test Results:

No Leakage
Leakage Detected Describe Location: _____

Retest Necessary

Witnesses:

The following individuals representing the indicated companies witnessed either a portion of or all of the above described water flood test and attest that the representations made here are true and accurate:

Name:	Representing:	Signature:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____