VALVE LEAKAGE TEST

CERTIFICATE OF ACCEPTANCE		NRCA-MCH-08-A
Valve Leakage Test		(Page 1 of 2)
Project Name:	Enforcement Agency:	Permit Number:
Project Address:	City:	Zip Code:
System Name or Identification/Tag:	System Location or Area Served:	

Note: Submit one Certificate of Acceptance for each system that must demonstrate compliance.	Enforcement Agency Use: Checked by/Date

Intent:	*Ensure that control valves serving variable flow systems are designed to withstand the pump pressure over the full range of operation.*

A. Construction Inspection

1. Instrumentation to perform test includes, but not limited to:
   - a. Calibrated differential pressure gauge
   - b. Pump curve submittals showing the shut-off head
2. Installation
   - a. Valve and piping arrangements were installed per the design drawings

B. Functional Testing			Results
1. Pump Tag (Id):			
Step 1: Determine pump dead head pressure			
a.	Close pump discharge isolation valve		Y / N
b.	Measure and record the differential pump pressure	Ft. W.C. =	
c.	Record the shut-off head from the submittal	Ft. W.C. =	
d.	The measurement across the pump in step 1b is within 5% of the pump submittal in step 1c		Y / N
e.	Open pump discharge isolation valve		Y / N
Step 2: Automatically close all valves on the systems being tested. If 3-way valves are present, close off the bypass line(s).			
a.	The 2 way valves automatically close		Y / N
b.	Measure and record the differential pump pressure in feet of water column	Ft. W.C. =	
c.	The measurement across the pump in step 2b is within 5% of the measurement in step 1b		Y / N
Step 3: System returned to initial operating conditions		Y / N	

C. Testing Results	PASS / FAIL	
Step 1: Pressure measurement is within 5% of submittal data for all pumps	☐	☐
Step 2: Pressure measurements are within 5%	☐	☐

D. Evaluation

☐ PASS: All **Construction Inspection** responses are complete and all **Testing Results** responses are "Pass"

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DOCUMENTATION AUTHOR'S DECLARATION STATEMENT

1. I certify that this Certificate of Acceptance documentation is accurate and complete.

Documentation Author Name:	Documentation Author Signature:
Documentation Author Company Name:	Date Signed:
Address:	ATT Certification Identification (If applicable):
City/State/Zip:	Phone:

FIELD TECHNICIAN'S DECLARATION STATEMENT

I certify the following under penalty of perjury, under the laws of the State of California:

1. The information provided on this Certificate of Acceptance is true and correct.
2. I am the person who performed the acceptance verification reported on this Certificate of Acceptance (Field Technician).
3. The construction or installation identified on this Certificate of Acceptance complies with the applicable acceptance requirements indicated in the plans and specifications approved by the enforcement agency, and conforms to the applicable acceptance requirements and procedures specified in Reference Nonresidential Appendix NA7.
4. I have confirmed that the Certificate(s) of Installation for the construction or installation identified on this Certificate of Acceptance has been completed and signed by the responsible builder/installer and has been posted or made available with the building permit(s) issued for the building.

Field Technician Name:	Field Technician Signature:	
Field Technician Company Name:	Position with Company (Title):	
Address:	ATT Certification Identification (if applicable):	
City/State/Zip:	Phone:	Date Signed:

RESPONSIBLE PERSON'S DECLARATION STATEMENT

I certify the following under penalty of perjury, under the laws of the State of California:

1. I am the Field Technician, or the Field Technician is acting on my behalf as my employee or my agent and I have reviewed the information provided on this Certificate of Acceptance.
2. I am eligible under Division 3 of the Business and Professions Code in the applicable classification to accept responsibility for the system design, construction or installation of features, materials, components, or manufactured devices for the scope of work identified on this Certificate of Acceptance and attest to the declarations in this statement (responsible acceptance person).
3. The information provided on this Certificate of Acceptance substantiates that the construction or installation identified on this Certificate of Acceptance complies with the acceptance requirements indicated in the plans and specifications approved by the enforcement agency, and conforms to the applicable acceptance requirements and procedures specified in Reference Nonresidential Appendix NA7.
4. I have confirmed that the Certificate(s) of Installation for the construction or installation identified on this Certificate of Acceptance has been completed and is posted or made available with the building permit(s) issued for the building.
5. I will ensure that a completed, signed copy of this Certificate of Acceptance shall be posted, or made available with the building permit(s) issued for the building, and made available to the enforcement agency for all applicable inspections. I understand that a signed copy of this Certificate of Acceptance is required to be included with the documentation the builder provides to the building owner at occupancy.

Responsible Acceptance Person Name:	Responsible Acceptance Person Signature:	
Responsible Acceptance Person Company Name:	Position with Company (Title):	
Address:	CSLB License:	
City/State/Zip:	Phone:	Date Signed: