



GILA COUNTY COMMUNITY DEVELOPMENT DIVISION

WASTEWATER

WATERTIGHTNESS TEST

SITE ADDRESS: _____ APN: _____

OWNER: _____ PHONE: _____

MAILING ADDRESS: _____

TEST CONDUCTED BY:

NAME: _____ PHONE: _____

COMPANY: _____ PHONE: _____

ADDRESS: _____

TEST RESULTS: PASS: _____ FAIL: _____

SIGNATURE: _____ DATE: _____

WATER TEST RECORDING:

INITIAL FILL: DATE: _____ TIME FULL: _____

TEST: DATE: _____

MEASURE AND RECORD EITHER:

depth of water = bottom of tank to water level

or

depth to water = **top** of tank to water level

	TIME	DEPTH OF WATER	DEPTH TO WATER
START			
END			
	WATER LEVEL DROP OVER 1 HR		