EXHIBIT A

FAIRFAX COUNTY WATER AUTHORITY

METER TEST RESULTS

ACCOUNT/SERVICE NUMBER: _____ DATE: _____

CUSTOMER NAME: _____ TIME: IN _____ OUT _____

ADDRESS: _____ TESTED BY: _____

_____

METER INFORMATION

Size: _____" Make: _____ Readings: Reg 1 _____/_____

Serial Number: _____ (before/after) Reg 2 _____/_____

Lay Length (including spool piece): _____" Reg 3 _____/_____

Type: ☐ compound ☐ disc ☐ turbine ☐ other _____

REPAIRS/REMARKS: _____

_____

_____

_____

	GPM	REGISTRATION (GALLONS) REG 1	REG 2	REG 3	TOTAL REGISTRATION	TEST METER REGISTRATION	ACCURACY (%)
BEFORE							
AFTER							

WHITE – MERRIFIELD OFFICE CANARY – CONTRACTOR PINK – METER SHOP