

Low-Pressure Air Test Form

Project Name:					Contractor:				
Location			Pipe		Test	est Test Pressure		e	
Line I	D Starting Manhole	Ending Manhole	Dia. (in.)	Length (ft.)	Time (min.)	Groundw Adj. (psig)		Drop (psig)	Pass/ Fail
Minimu	ım test pressure	2 = 3.5 psig +	groundwa	ter adjustn	nent (add 0	.43 psig/foo	at groundwate	er head), m	nax test
I, 1. I 2. A	re = 9.0 psig	rinted Nam sed all press	, e) sure testi	(engineer ng.	or engine	er's repres	entative), ce	ertify the f	
	rhe information		orm is tru			Contractor	:		
(Signature) Date:				*****		23 40.01	(Prin	ted Name	

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Mandrel Test Form

Pro	ject Name:			Contractor:				
	Location	1	F	Pipe	Pass/	Failure		
Lin ID		Ending Manhole	Dia.	Length	Fail	Station		
LID	Mannoie	Mannoie	(in.)	(ft.)		Number		
l,	(Printed Na	, (engi	neer or enginee	er's representative), certify the fo	ollowing:		
_	The second all of							
1.	I have witnessed all m	_	with Matrona	litan Carron Crib	diatwist			
2.	All testing was performequirements.	med in accordance	with Metropo	nitan Sewer Sub	uistrict			
3.	The information on th	is form is true and	accurate.					
			Witnessed	by Contractor:				
	(Signature)				(Printed Nar	ne)		
Data								
Date	:	_			(Signature	<u> </u>		

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Force Main Pressure Test Form

Project Name:				_Contractor:			
ALLOWABLE LEAKA	GE (gal	$s/hr) = \frac{L*}{13}$	$\frac{*D*\sqrt{P}}{33,200}$				
L = Length of Force Main (feet) D = Nominal Diameter of Pipe (inches) P = Average Test Pressure (psi)							
FIRST HOUR		L (ft):	<u> </u>				
Start Time:	art Time:			Start Pressure :(psi) (P1)			
Stop Time:	op Time:		thes):	Stop Pressure (psi) (P2)			
Refill Gallons:				Avg Pressure (psi) = (P1+P2)/2			
SECOND HO	UR	l .		1 %			
Start Time:	art Time:			Start Pressure :(psi) (P1)			
Stop Time:	p Time:		ches):	Stop Pressure (psi) (P2)			
Refill Gallons:				Avg Pressure (psi) = (P1+P2)/2			
Actual Leakage (gal): Pass/Fail:							
Actual Leakage (gal): Allowable Leakage (gal):			Comments:				
I,, (engineer or engineer's representative), certify the following: (Printed Name)							
1. I have witnesse	d all pre	essure test	ing.				
2. All testing was performed in accordance with Metropolitan Sewer Subdistrict requirements.							
3. The information on this form is true and accurate.							
Witnessed by Contractor:							
(Signature)			VVICITES:	(Printed Name)			
Date:				(Signature)			

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