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| A. General Information |
| Water System Name | Click or tap here to enter text. |
| Project | Click or tap here to enter text. |
| Engineer | Click or tap here to enter text. |
| Contractor | Click or tap here to enter text. |
| Pipe Location | Click or tap here to enter text. |
| Installation Date | Click or tap to enter a date. |
| B. Pressure and Leakage Test |
| **Yes** | **No** |  |
|[ ] [ ]  Is the pipe partially backfilled? |
|[ ] [ ]  Did you allow the concrete thrust blocks to cure? |
|[ ] [ ]  Have you allowed water to sit in the pipe at least 24 hours prior to the beginning of the test? |
|[ ] [ ]  Have you made provisions to remove any trapped air? |
|[ ] [ ]  Did you cap and properly brace all test ends? |
| Test Procedure (APWA, AWWA, C-600, etc.) | Click or tap here to enter text. |
| Pipe Material | Click or tap here to enter text. |
| Pipe Class | Click or tap here to enter text. |
| Pipe Diameter | Click or tap here to enter text. |
| Length of Test Section | Click or tap here to enter text. |
| Maximum Test Pressure | Click or tap here to enter text. |
| Maximum Test Pressure | Click or tap here to enter text. |
| Rated Valve Working Pressure | Click or tap here to enter text. |
| **Allowable Leakage****Gallons/hour** | L = ND√ P\_ 7400 | **Where:** | **N =** Number of joints in pipe tested.**D =** Nominal pipe diameter in inches.**P =** Average pressure during test, PSI. |
| Duration of Test | Click or tap here to enter text. |
| Gallons of Water Used | Click or tap here to enter text. |
| I have reviewed the results of the pressure and leakage test and certify that there was no visible evidence of leakage during the test and procedures utilized and results obtained by the contractor comply with the requirements of the construction specifications approved by the Washington State Department of Health. |
| Engineer’s Signature  | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |

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| C. Disinfection and Bacteriological Test |
| Type of Disinfection | Click or tap here to enter text. |
| Amount of Disinfection | Click or tap here to enter text. |
| Volume of Pipe | Click or tap here to enter text. |
| Calculated Residual | Click or tap here to enter text. |
| Date Disinfection Added | Click or tap to enter a date. |
| Date Disinfection Flushed | Click or tap to enter a date. |
| Initial Residual | Click or tap here to enter text. |
| Final Residual | Click or tap here to enter text. |
| Lab Sample Number | Click or tap here to enter text. |
| Test Results (Attached) | Click or tap here to enter text. |
| **I have reviewed the disinfection procedures and results of the bacteriological test for this project and certify that they comply with the requirements of the construction specifications approved by the Washington State Department of Health.** |
| Engineer’s Signature  | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |



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