

Low-Pressure Air Test Form

Project Name: _____

Contractor: _____

Location			Pipe		Test	Test Pressure			Pass/ Fail
Line ID	Starting Manhole	Ending Manhole	Dia. (in.)	Length (ft.)	Time (min.)	Groundwater Adj. (psig)	Start (psig)	Drop (psig)	

Minimum test pressure = 3.5 psig + groundwater adjustment (add 0.43 psig/foot groundwater head), max test pressure = 9.0 psig

I, _____, (engineer or engineer's representative), certify the following:
(Printed Name)

- I have witnessed all pressure testing.
- All testing was performed in accordance with Metropolitan Sewer Subdistrict requirements.
- The information on this form is true and accurate.

(Signature)

Witnessed by Contractor: _____
(Printed Name)

Date: _____

(Signature)

Mandrel Test Form

Project Name: _____

Contractor: _____

Line ID	Location		Pipe		Pass/Fail	Failure Station Number
	Starting Manhole	Ending Manhole	Dia. (in.)	Length (ft.)		

I, _____, (engineer or engineer's representative), certify the following:
(Printed Name)

- 1. I have witnessed all mandrel testing.
- 2. All testing was performed in accordance with Metropolitan Sewer Subdistrict requirements.
- 3. The information on this form is true and accurate.

(Signature)

Witnessed by Contractor: _____
(Printed Name)

Date: _____

(Signature)

Force Main Pressure Test Form

Project Name: _____ Contractor: _____

$$\text{ALLOWABLE LEAKAGE (gals/hr)} = \frac{L * D * \sqrt{P}}{133,200}$$

L = Length of Force Main (feet)
D = Nominal Diameter of Pipe (inches)
P = Average Test Pressure (psi)

FIRST HOUR

Start Time:		L (ft):		Start Pressure :(psi) (P1)	
Stop Time:		D (inches):		Stop Pressure (psi) (P2)	
Refill Gallons:				Avg Pressure (psi) = (P1+P2)/2	

SECOND HOUR

Start Time:		L (ft):		Start Pressure :(psi) (P1)	
Stop Time:		D (inches):		Stop Pressure (psi) (P2)	
Refill Gallons:				Avg Pressure (psi) = (P1+P2)/2	

Actual Leakage (gal):		Pass/Fail:	
Allowable Leakage (gal):		Comments:	

I, _____, (engineer or engineer's representative), certify the following:
(Printed Name)

- I have witnessed all pressure testing.
- All testing was performed in accordance with Metropolitan Sewer Subdistrict requirements.
- The information on this form is true and accurate.

(Signature)

Date: _____

Witnessed by Contractor: _____
(Printed Name)

(Signature)