

TOWNSHIP OF LANGLEY
WATERMAIN PRESSURE TEST AND DISINFECTION RECORD

(To be submitted on all projects where contractors
are performing work for Developers)

Location of Project: _____

Municipal Project Number: _____

PRESSURE TEST

Tested by: _____ (please print) Firm: _____

Date of Test: _____

Lines cleaned and flushed prior to Pressure Test: Yes: _____ No: _____

Test Pressure: _____ Duration of Test: _____

Allowable Loss: _____ Actual Loss: _____ Pass: _____ Fail: _____

Witnessed by: _____ Consultant: _____

(Required if done by developer's contractor)

DISINFECTION TEST

Chlorinated by: _____ (please print) Firm: _____

Date of test: _____ Chlorine Level: _____ (ppm, Mg/ l)

Service connections, hydrants, etc. treated: Yes _____ No _____

Residual chlorine level after 24 hr. contact time: _____ (ppm, Mg/ l)

(If less than 25 ppm re-chlorination is required)

Date line flushed: _____ Firm: _____

(Bacteriological samples are not to be taken for minimum of 16 hrs. after flushing)

Date sample taken for bacteriological test 1: _____ Time: _____

Date sample taken for bacteriological test 2: _____ Time: _____

Firm sample taken by: _____

(Two consecutive sets of acceptable bacteriological samples taken 24 hrs. apart shall be submitted from the new water main)

Witnessed by: _____ Consultant: _____

(Required for any testing, sampling or flushing done by developer's contractor)

Sample locations are to be collected every 366m (1,200ft) of new water main, plus one set from the end of the line and one set from each branch as per AWWA C651, Section 5.1.1.

Note: All testing to be in accordance with Section 02666 of M.M.C.D.

Submit bacteriological test results with this completed form.

Obtain Hydrant/ Water Use Permit and utilize approved backflow prevention device prior to commencing any testing.

Engineer's Seal

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Signed for consultant