

TOWNSHIP OF LANGLEY
SANITARY LOW PRESSURE TEST RECORD SHEET

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

Location of Project: _____

Municipal Project Number: _____

Tested by: _____ Firm: _____

Date of Test: _____

M/ H NO: _____ TO M/ H NO.: _____ I.C. _____ CAP _____

Pipe Diameter: _____ Pipe Length: _____

Test Pressure: _____ Duration of Test: _____

PSI: Start _____ Stop: _____

Allowable Loss: _____ Actual Loss: _____

Pass: _____ Fail: _____

Comments: _____

Witnessed by: _____ Consultant: _____

(Required if done by developer's contractor)

Tested by: _____ Firm: _____

Date of Test: _____

M/ H NO: _____ TO M/ H NO.: _____ I.C. _____ CAP _____

Pipe Diameter: _____ Pipe Length: _____

Test Pressure: _____ Duration of Test: _____

PSI: Start _____ Stop: _____

Allowable Loss: _____ Actual Loss: _____

Pass: _____ Fail: _____

Comments: _____

Witnessed by: _____ Consultant: _____

(Required if done by developer's contractor)

Engineer's Seal

Signed for consultant