

WHITE COUNTY WATER and SEWERAGE AUTHORITY

PIPE MANDREL TEST REPORT

Development Name: _____

Development Location: _____

Contractor Name: _____

NOTE: Testing shall be performed when section of pipeline being tested has been completely backfilled and all compaction requirements have been met.

Does the WCW&SA have soil compaction test results? Yes _____ No _____

| Date | From Station No. / To Station No. | Mandrel Test Accepted (Yes / No) |
|-------|-----------------------------------|----------------------------------|
| _____ | _____ / _____ | _____ |
| _____ | _____ / _____ | _____ |
| _____ | _____ / _____ | _____ |
| _____ | _____ / _____ | _____ |
| _____ | _____ / _____ | _____ |
| _____ | _____ / _____ | _____ |
| _____ | _____ / _____ | _____ |
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| _____ | _____ / _____ | _____ |
| _____ | _____ / _____ | _____ |
| _____ | _____ / _____ | _____ |
| _____ | _____ / _____ | _____ |
| _____ | _____ / _____ | _____ |

If Mandrel Test not accepted, list station numbers and describe actions to correct deflected pipe. _____

WCW&SA Inspector Signature: _____ Date: _____