

WHITE COUNTY WATER and SEWERAGE AUTHORITY

PIPE PRESSURE 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.	Pressure Test Accepted (Yes / No)
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____

If Pressure Test not accepted, list station numbers and describe actions to correct pipe or joint. _____

WCW&SA Inspector Signature: _____ Date: _____