**Location**

|  |
| --- |
| Street Name: Click to enter |
| From: Click to enter | To: Click to enter |
| Contractor: Click to enter | Contract No: Click to enter |
| Date of Test: Enter a date |
| Test Commenced (hh:mm): Click to enter | Test Ended (hh:mm): Click to enter  |
| Duration of Test (for leakage calculation) (hh:mm): Click to enter |
| Pressure at Commencement (kPa/psi): Click to enter | Pressure At End (kPa/psi): Click to enter |
| Swabbing completed as per Watermain Commissioning Plan: Choose |

**Hydrostatic Testing/Leakage Calculation**

As a minimum, the hydrostatic test pressure of 1035 kPa (150psi) will be applied to all points of the watermain within the test section, including high points.

| Point | Street Name | Station (0+xxx) | Elevation (m) | Pressure (kPa/psi) | Pipe Diameter (mm) | Length of Test Section (m) |
| --- | --- | --- | --- | --- | --- | --- |
| Test Pressure Application Point | Enter | Enter | Enter | Enter | Enter | Enter |
| High Elevation Point | Enter | Enter | Enter | Enter | Enter | Enter |
| Low Elevation Point | Enter | Enter | Enter | Enter | Enter | Enter |
| Leakage Calculation | Enter |

**Total Allowable Leakage (duration \* total allowable rate = litres):**

|  |  |  |
| --- | --- | --- |
| Enter hrs (duration) | \* Enter (Total allowable rate) | = Enter litres |
| Actual Leakage Measure: Enter litres. |

|  |  |
| --- | --- |
| Test Performed By: Enter | Licenced Operator |
| Test Witnessed By: Enter | City Inspector/City Operator |
| Test Approved By: Enter | Licenced Operator |
| Licence No.: Enter |

|  |
| --- |
| **HIGH CHLORINE TEST RECORD (CONTINUOUS FEED CHART)** |
| Location  | Test Start | Initial Chlorine Residual | Min. Initial Free Cl2 Res. | Test End | Test End Cl2 Res. | Maximum Allowable Decrease in Chlorine | Elapsed Time – must meet minimum contact time in next column | Minimum Time | Pass/Fail | Time system returned to normal (start of 16 hr stagnation) |
| Station (0+xxx) | (yy/mm/dd-hh:mm + initials) | (mg/L + initials) | (mg/L) | (yy/mm/dd-hh:mm + initials) | (mg/L + initials) |  | (Test End minus Test Start hh:mm + initials) |  | (pass/fail + initials) | (hh:mm + initials) |
|  |  |  | Target residual as indicated on the commissioning plan  |  |  | 40% of the Initial Chlorine Residual to a Maximum of a 50 mg/L decrease. |  | 24 hours |  |  |
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