

PIPE LEAK TEST RECORD

DATE OF TEST: _____

TEST NO: _____

RETEST: YES _____ NO _____

CONTRACTOR: _____

PROJECT: _____

JOB NO.: _____ PIPELINE IDENTIFICATION: _____

LOCATION OF TEST: _____

TEST FROM: _____ TO: _____

TEST SPECIFICATION: _____ TEST FLUID: _____

START PRESSURE: _____ PSI	FINISH PRESSURE: _____ PSI
TEST START TIME: _____	TEST FINISH TIME: _____
TEST DURATION: _____ MINUTES/HOURS	TEST: PASS _____ FAIL _____

REMARKS: _____

CONTRACTOR CERTIFICATION:

WTMA REPRESENTATIVE:

SIGNATURE

SIGNATURE

TITLE

TITLE

STANDARD DETAIL
PIPE LEAK
TEST RECORD

WASHINGTON TOWNSHIP MUNICIPAL AUTHORITY

DATE	REVISIONS
SCALE NO SCALE	DWG. NO. P-9