

PRESSURE TEST REQUEST FOR WATERLINE

City of Melbourne
Water Distribution



Project Name			City Project No.			
Physical Address					DATE RECEIVED	
Test Location						
Contractor						
Contact Person						
Address						
City, State, Zip						
Phone	()	Fax	()			

CONTRACTOR: Complete the information above and fax it to (321) 674-5766

PRIVATE WATERLINE TEST? YES NO

PIPE LENGTH

SIZE OF PIPE

TYPE OF PIPE

Number of Hydrants

FOR CITY USE ONLY

TEST # _____ **DATE OF TEST** ____/____/____ **TIME:** _____ **AM / PM**

TEST START TIME: _____ **PRESSURE READING:** _____

TEST FINISH TIME: _____ **PRESSURE READING:** _____

GALLONS ALLOWED TO RE-GAIN PRESSURE _____

TEST ACCEPTED **TEST NOT ACCEPTED**

TESTED BY: _____