

# PRESSURE TEST REQUEST FOR FORCE MAIN/REUSE

**City of Melbourne**  
Wastewater Collection



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

UTILITY TO BE TESTED    FORCE MAIN     REUSE

**CONTRACTOR: Complete the information above and fax it to (321) 674-5750**

PRIVATE FORCEMAIN TEST?    YES     NO

PIPE LENGTH

SIZE OF PIPE

TYPE OF PIPE

	Number of Valves
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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 _____		
<input type="checkbox"/> TEST ACCEPTED <input type="checkbox"/> TEST <u>NOT</u> ACCEPTED		
TESTED BY: _____		