

PRESSURE TEST REQUEST FOR FORCE MAIN/REUSE

City of Melbourne
Wastewater Collection



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

UTILITY TO BE TESTED **FORCE MAIN** **REUSE**

CONTRACTOR: Complete the information above and fax it to (321) 608-5135

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: _____		