

PRESSURE TEST REQUEST FOR WATERLINE

City of Melbourne
Water Distribution



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

DATE RECEIVED

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

PRIVATE WATERLINE TEST? YES NO

PIPE LENGTH

SIZE OF PIPE

TYPE OF PIPE

	Number of Hydrants
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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 _____

TEST ACCEPTED TEST NOT ACCEPTED

TESTED BY: _____