

TAPPING SADDLE 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) 608-5135

PRIVATE WATERLINE TEST? YES NO

SIZE OF SADDLE

TYPE OF TAPPING SADDLE

TYPE OF MAIN BEING TAPPED

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: _____