<u>Choose</u>: WATER <u>OR</u>

PASCO COUNTY UTILITIES RECLAIMED WATER <u>OR</u> MAIN PRESSURE TEST REPORT

WASTE WATER FORCE

Date:	Permit No.:		
Project Name:	Name: Project No.:		
Inspector:		Developer:	
Engineer:		Contractor:	
Location of Test:			
Tested from Station #		to Station #	
	LINE #1	Size of Pipe Being Tested in Inches Type of Pipe Being Tested Length of Pipe Being Tested in Feet Allowable Loss in Gallons	
	LINE #2	Size of Pipe Being Tested in Inches Type of Pipe Being Tested Length of Pipe Being Tested in Feet Allowable Loss in Gallons	
	LINE #3	Size of Pipe Being Tested in Inches Type of Pipe Being Tested Length of Pipe Being Tested in Feet Allowable Loss in Gallons	
	LINE #4	Size of Pipe Being Tested in Inches Type of Pipe Being Tested Length of Pipe Being Tested in Feet Allowable Loss in Gallons	
Time at Start of T	est·	PSI at Start:	
Time at End of Test: PSI at End:			
Total Allowable L	oss for T	est in Gallons:	
Make-Up Water F	Required	After Test in Gallons:	
TEST: Pas	sed <u>O</u>	R Failed	
Comments:			
		ATTENDEES	
Name: Firm:			
Engineer or Engineer Representative's Signature:			Date:
PCU Inspector Signature:			Date:

(WCAG: 2/6/20)