DEPARTMENT OF PUBLIC WORKS
WATER RESOURCES AND UTILITIES
Pressure Testing Form

PROJECT NAME: ____________________________________________________________
CONTRACTOR: ____________________________________________________________
PROJECT LOCATION: _______________________________________________________

<table>
<thead>
<tr>
<th>GAUGE LOCATION</th>
<th>DATE OF TEST</th>
<th>TIME @ START</th>
<th>TIME @ END</th>
<th>START PSI</th>
<th>END PSI</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOCATION OF GAUGE 1:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOCATION OF GAUGE 2:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOCATION OF GAUGE 3:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

COMPUTATION FOR ALLOWABLE LEAKAGE:

\[ L = \left[ \frac{(SD\sqrt{P})}{133,200} \right] \]

D = nominal diameter of pipe (inches)
S = length of pipe tested (feet)
P = average test pressure (psi)
L = allowable (gal. per hour)

TOTAL ALLOWABLE LEAKAGE PER HOUR: _______________________________________

VOLUME USED TO REGAIN TEST PRESSURE: ___________________________________

TEST RESULT (CIRCLE ONE): PASS / FAIL

This form certifies that the:

_________________________ Water Main (150 psi for 2 hours)
_________________________ Low Pressure Sewer (100 psi for 2 hours)
_________________________ Sewer Force Main (100 psi for 2 hours)
_________________________ Re-use Main (150 psi for 2 hours)

was pressure tested to AWWA specifications.

REMARKS / COMMENTS

________________________________________________________________________
________________________________________________________________________

ENGINEERING REPRESENTATIVE
NAME: __________________________________________ Volusia County Inspector
NAME: __________________________________________
SIGNATURE: ___________________________________ SIGNATURE: ________________