

APPENDIX F

Appendix F

Mandrel Test Report

Development Name: _____

Contractor Name: _____

Note: Testing shall be performed when section of pipeline being tested has been completely backfilled and all compaction requirements have been met.

Does the LGWSD have soil compaction test results? Yes _____ No _____

Indicate inside diameter of pipe being tested. _____

Indicate outside diameter of mandrel being used. _____

Is mandrel size in accordance with size specification? Yes _____ No _____

Date	From Station No. / To Station No.	Mandrel Test Accepted (Yes / No)
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____

If Mandrel Test not accepted, list station numbers and describe actions to correct deflected pipe. _____

LGWSD Inspector Signature: _____ Date: _____

Appendix F

Pressure Test Report

Development Name: _____

Contractor Name: _____

Note: Testing shall be performed when section of pipeline being tested has been completely backfilled and all compaction requirements have been met.

Does the LGWSD have soil compaction test results? Yes _____ No _____

Indicate type of system being tested (Water Distribution/Gravity Sewer/Force Main)

Indicate test pressure (psi) _____

Date	From Station No. / To Station No.	Pressure Test Accepted (Yes / No)
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____

If Pressure Test not accepted, describe actions to correct pipe or joint. _____

LGWSD Inspector Signature: _____ Date: _____

Appendix F

Visual Test Report

Development Name: _____

Contractor Name: _____

Note: Testing shall be performed when section of pipeline being tested has been completely backfilled and all compaction requirements have been met.

Does the LGWSD have soil compaction test results? Yes _____ No _____

Attach TV Testing Report by subcontractor to this report.

Date	From Station No. / To Station No.	Visual Test Accepted (Yes / No)
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____

If Visual Test not accepted, list station numbers and describe actions to correct pipe or joint.

LGWSD Inspector Signature: _____ Date: _____