

APN # \_\_\_\_\_

## CONTRACTORS' MATERIALS & TEST CERTIFICATE FOR UNDERGROUND PIPING

**PROCEDURE**

Upon completion of work, inspection and test shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job.

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners, and contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

PROPERTY NAME		DATE	
PROPERTY ADDRESS			
<b>PLANS</b>	ACCEPTED BY APPROVING AUTHORITIES (NAMES)		
	ADDRESS		
	INSTALLATION CONFORMS TO ACCEPTED PLANS		<input type="checkbox"/> YES <input type="checkbox"/> NO
	EQUIPMENT USED IS APPROVED		<input type="checkbox"/> YES <input type="checkbox"/> NO
IF NO, STATE DEVIATIONS			
<b>INSTRUCTIONS</b>	HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT?		
	<input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN		
<b>LOCATION</b>	SUPPLIES BUILDINGS		
	PIPE TYPES AND CLASS _____	TYPE JOINT _____	
<b>PIPES AND JOINTS</b>	PIPE CONFORMS TO _____ STANDARD		<input type="checkbox"/> YES <input type="checkbox"/> NO
	FITTINGS CONFORM TO _____ STANDARD		<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF NO, EXPLAIN		
	BURIED JOINTS NEEDING ANCHORAGE CLAPED, STRAPPED, OR BLOCKED IN ACCORDANCE WITH _____ STANDARD		<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF NO, EXPLAIN		
<b>TEST DESCRIPTION</b>	<p><b>FLUSHING:</b> Flow the required rate until water is clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-offs. Flush at flow not less than 390 GPM (1476 L/min) for 4-inch pipe, 610 GPM (2309 L/min) for 5-inch pipe, 880 (GPM 3331 L/min) for 12-inch pipe. When supply cannot produce stipulated flow rate, obtain maximum available.</p> <p><b>HYDROSTATIC:</b> Hydrostatic tests shall be made at not less than 200 psi (13.8 bars) for two hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.3 bars) for two hours.</p> <p><b>LEAKAGE:</b> New pipe laid with rubber gasketed joints shall, if the workmanship is satisfactory, have little or no leakage at the joints. The amount of leakage at the joints shall not exceed 2 qts. per hr. (1.89 L/h) per 100 joints, irrespective of pipe diameter. The amount of allowable leakage specified above may be increased by 1 fl oz. per in. valve diameter per hr. (30 mL/25 mm/h) for each metal-seated valve isolating the test section. If dry barrel hydrants are tested with the main valve open, so the hydrants are under pressure, an additional 5 oz. per minute (150 mL/min) leakage is permitted for each hydrant.</p>		
<b>FLUSHING TESTS</b>	NEW PIPING FLUSHED ACCORDING TO _____ STANDARD BY _____ (company)		
	IF NO, EXPLAIN		
	HOW FLUSHING FLOW WAS OBTAINED: <input type="checkbox"/> PUBLIC WATER <input type="checkbox"/> TANK OR RESERVOIR <input type="checkbox"/> FIRE PUMP	THROUGH WHAT TYPE OPENING: <input type="checkbox"/> HYDRANT BUTT <input type="checkbox"/> OPEN PIPE	
	LEAD-INS FLUSHED ACCORDING TO _____ STANDARD		<input type="checkbox"/> YES <input type="checkbox"/> NO
	HOW FLUSHING FLOW WAS OBTAINED: <input type="checkbox"/> PUBLIC WATER <input type="checkbox"/> TANK OR RESERVOIR <input type="checkbox"/> FIRE PUMP	THROUGH WHAT TYPE OPENING: <input type="checkbox"/> Y CONNECTION TO FLANGE & SPIGOT <input type="checkbox"/> OPEN PIPE	

<b>HYDROSTATIC TEST</b>	ALL NEW PIPING HYDROSTATICALLY TESTED AT _____ PSI FOR _____ HOURS			BURIED JOINT COVERED <input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>LEAKAGE TEST</b> TOTAL AMOUNT OF LEAKAGE MEASURE NO LEAKAGE ALLOWED FOR VISIBLE JOINTS _____ GALS. _____ HOURS ALLOWABLE LEAKAGE (BURIED) NO LEAKAGE ALLOWED FOR VISIBLE JOINTS _____ GALS. _____ HOURS			
<b>HYDRANTS</b>	NUMBER INSTALLED	TYPE AND MAKE		ALL OPERATED SATISFACTORILY <input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>CONTROL VALVES</b> WATER CONTROL VALVES LEFT WIDE OPEN <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, STATE REASON _____ HOSE THREADS OF FIRE DEPARTMENT CONNECTION AND HYDRANTS INTERCHANGEABLE WITH THOSE OF FIRE DEPARTMENT ANSWERING ALARM <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>REMARKS</b>	DATE LEFT IN SERVICE _____			
	ADDITIONAL COMMENTS _____			
<b>SIGNATURES</b>	NAME OF INSTALLING CONTRACTOR _____			
	<b>TESTS WITNESSED BY</b>			
	FOR PROPERTY OWNER (SIGNED)	TITLE	DATE	
	FOR INSTALLING CONTRACTOR (SIGNED)	TITLE	DATE	
ADDITIONAL EXPLANATION AND NOTES				