Manholes	Footage	Line size	Allowable Leakage

I hereby certify that the sewer mains described above were pressure tested in accordance with the test procedures detailed in Sec. 502.3.1 of the City of Grants Pass Sanitary Sewer Standards and Specifications.

Signature

Title Date

I hereby certify that the sewer mains described above were mandrell tested in accordance with the test procedures detailed in Sec. 502.1.0 of the City of Grants Pass Sanitary Sewer Standards and Specifications.

Signature

Title Date

I hereby certify that the sewer mains described above were TV recorded in accordance with the test procedures detailed in Sec. 502.2.0 of the City of Grants Pass Sanitary Sewer Standards and Specifications.

Signature

Title Date

I hereby certify that the sewer manholes described above were tested in accordance with the test procedures detailed in Sec. 502.5.0 of the City of Grants Pass Sanitary Sewer Standards and Specifications.

Signature

Title Date

Designed By:	STAFF
Drawn By:	KJD
Checked By:	MPT
Approved:	JMC

Project Name:

Project Number:

CITY OF GRANTS PASS
101 Northwest 'A' Street
Grants Pass, OR 97526
(541) 450-6060 ph (541) 476-9218 fax

SEWER TEST CERTIFICATION

2018

DWG. NO. GP315