

Footage	Line Size	Allowable Leakage Per 2 Hrs.	Actual Leakage Per 2 Hrs.	Test Pressure (PSI)
				START
				FINISH

I hereby certify that the water mains described above were hydrostatically tested on - - in accordance with the test procedures detailed in Sec. 501.3.0 of the City of Grants Pass Water Standards and Specifications.

Signature \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_ Pass/Fail \_\_\_\_\_

I hereby certify that the water mains described above were sterilized on - - in accordance with AWWA C 601 as detailed in Sec. 501.4.0 of the City of Grants Pass Water Standards and Specifications..

Signature \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_ Pass/Fail \_\_\_\_\_

I hereby certify that \_\_\_ bacteriological samples were taken on - - on the above water mains and delivered to an approved E.P.A laboratory.

Signature \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_ Pass/Fail \_\_\_\_\_

**CALCULATIONS**

L=Allowable Leakage, Gal/Hour  
 S=Length of tested pipe, ft.  
 D=Diameter of Pipe, inches  
 P=Tested Pressure, 150 PSI,  
 or as determined by City

**FORMULA**

$$L = \frac{SD \sqrt{P}}{148,000}$$

The selection and use of this standard drawing, while designed in accordance with generally accepted engineering principles and practices, is the sole responsibility of the user.	Designed By: STAFF Drawn By: KJD Checked By: MPT Approved: JMC		<b>CITY OF GRANTS PASS</b> 101 Northwest 'A' Street Grants Pass, OR 97526 (541) 450-6060 ph (541) 476-9218 fax																						
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