

Watermain Disinfection, Pressure Testing & Acceptance

CONTRACT/DEVELOPMENT #: _____ DATE: _____

LOCATION: _____

CONTRACTOR: _____

INSPECTOR: _____ CONSULTANT: _____

✓	Description	Performed By	Date	Witnessed By
<input type="checkbox"/>	Loading Watermain –Location			
<input type="checkbox"/>	Swabbing – Number(s)	Re-swabbing – Number(s)		
<input type="checkbox"/>	Swabs Retrieved – Number(s)			
<input type="checkbox"/>	Hydrostatic Pressure Tests			
<input type="checkbox"/>	Chlorination			
	High Chlorine Residual (50mg/l to 100 mg/l) _____ 24 Hr Chlorine Residual (> 40% of int. to max. 50mg/l) _____ If 24 hr residual fails, flush, re-chlorinate, note further residual results High Chlorine Residual (50mg/l to 100 mg/l) _____ 24 Hr Chlorine Residual (> 40% of int. to max. 50mg/l) _____			
<input type="checkbox"/>	Removal/Disposal of Super Chlorinated Water			
<input type="checkbox"/>	Sample Round # _____ – Sample Number(s)		<input type="checkbox"/> pass <input type="checkbox"/> fail	
<input type="checkbox"/>	Sample Round # _____ – Sample Number(s)		<input type="checkbox"/> pass <input type="checkbox"/> fail	
<input type="checkbox"/>	Sample Round # _____ – Sample Number(s)		<input type="checkbox"/> pass <input type="checkbox"/> fail	
<input type="checkbox"/>	Sample Round # _____ – Sample Number(s)		<input type="checkbox"/> pass <input type="checkbox"/> fail	
<input type="checkbox"/>	Results – Passed			
<input type="checkbox"/>	Valves Operated – Location			
Comments:				

We acknowledge that this section of water system was constructed, cleaned, disinfected and sampled as per the Region of Halton Standards and Specification and as outlined in the AWWA C651-05

Contractor Signature: _____

System Operator Signature: _____

Inspector Signature: _____