CITY OF LAWRENCE UTILITIES
AIR TEST DATA SHEET

DATE: _____

PROJECT: _____ SECTION: _____ TEST#:_____

CONTRACTOR: _____ WITNESS:_____

PIPE MATERIAL: _____

FIELD TEST DATA (TO BE FILLED IN BY THE WITNESS): SPECIFIED MAXIMUM PRESSURE DROP: _____ PSIG

UPSTREAM MH STA #	*DOWNSTREAM MH STA #*	*DIAMETER (D) (INCHES)*	*LENGTH (L) (FEET)*	*SPECIFICATION TIME (MIN:SEC)*	*PRESSURE INITIALLY RAISED TO (PSIG)*	*TIME ALLOWED FOR PRESSURE TO STABILIZE (MIN)*	*START TEST PRESSURE (PSIG)*	*STOP TEST PRESSURE (PSIG)*	*ELAPSED TIME (MIN:SEC)*	*PASS OR FAIL (P OR F)*

CONTRACTOR'S SIGNATURE:_____ WITNESS'S SIGNATURE: _____
COMPANY: _____

PHONE: _____

IF A SECTION FAILS, THE FOLLOWING ITEMS SHOULD BE COMPLETED:

IDENTIFY SECTION(S) THAT FAILED:_____
LEAK (WAS) (WAS NOT) LOCATED. METHOD USED: _____
DESCRIPTION OF LEAKAGE FOUND: _____
DESCRIPTION OF CORRECTIVE ACTION TAKEN: _____
FOR TEST RESULTS AFTER REPAIR, REFER TO TEST #: _____

REVISED May 14, 2008