Hydrostatic testing of water/sewer rising mains and swabbing of water mains

Barwon Water Reference No.: _____

Location: _____

Line length (m)	Pressure				Visible Leaks Yes/No	Passed Yes/No	Swabbed Yes/No
	Start		End				
	(kPA)	Time	(kPA)	Time			
Eg. 400	600	07:00	600	17:00	NO	YES	YES

Barwon Water Quality Auditor in attendance **Yes / No**

Test carried out by: _____

I certify that the hydrostatic testing of water/sewer rising main was carried out on _____/_____/____ and complied with standards as set out in the water/sewer rising main construction specifications.

_____ _____

(please print name) (sign)

Consulting engineer or authorised representative

Date: _____ / _____ / _____