



LEAKAGE TEST FORM

The following form shall be prepared by the Developer's Representative for submission to the Town of Stony Plain.

Date: _____

Project: _____ Drawing No.: _____

Location: _____ From: _____ To: _____

Pipe Size: _____ Length of Test Section: _____

Pipe Type: _____ of Joints: _____

Allowable Leakage per Hour (L) _____ (for test pressure of: _____ kPa)

Actual Leakage per Hour (L) _____ (for test pressure of: _____ kPa)

Pump Start Time	Meter Reading	Pump Stop Time	Meter Reading	Total Loss (L)

High Pressure Water Meter Used (Brand name, model, and serial number)

Date Meter Tested and Calibrated: _____

Date Complete: _____ Operators Signature: _____

Company: _____ Company's Address: _____

Phone No.: _____

Developer's Representative's Signature: _____