AIR PRESSURE TEST DATA SHEET

City of Jeffersonville Wastewater Department Test No. _____

Job name, Location, Project number or Subdivision Name:_____

Field Test Data (To be filled in by Inspector)

Date	Specified Maximum Pressure Drop: _____ psig
Identification of Pipe Material Installed	
Pipe Under Test	Field Test Operations Data

Upstream MH No.	Downstream MH No.	Dia. D (in)	Length, L (ft)	Time from Table ___ (min:sec)	Air Pressure Adjustment (psig)	Initial Pressure (psig)	Time Allowed for Pressure to Stabilize (min)	Start Pressure (psig)	Stop Pressure (psig)	Elapsed Time (min:sec)	Pass or Fail (P or F)

Inspectors Name and Title	
Signature of Inspector:	
If a section fails, the following items must be completed:	
Identify section(s) that failed:	
Leak (was) (was not) identified. Method used:	
Description of leak:	Corrective Action Taken:
Results after repair refer to Test No.:	Inspector: