

CITY OF CARLSBAD
WATER DEPARTMENT
Inspection of New Water System & Improvements

HYDROSTATIC TEST:

Location _____ Date _____

Time Started _____ Time Ended _____

Start Pressure _____ Ending Pressure _____

Total footage in project _____ Size pipe _____

Water Dept Representative _____

Contractor Representative _____

Approved Disapproved

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FLUSHING & DISINFECTION:

Source for flushing _____ Number of Sources _____

Time System was flushed _____ Number of Samples _____

LABORATORY TEST RESULTS:

Total Coliforms per 100ml present absent

Fecal Coliforms per 100ml present absent

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FLOW TEST:

List of locations of Fire Hydrants with static pressures,
residual pressures, and flow's:

Number of Service Lines Flow Tested:

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FINAL APPROVAL

Water Dept Superintendent _____

Approved Disapproved

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COMMENTS: