



**ST. JOHNS COUNTY UTILITY DEPARTMENT
PRESSURE AND LEAKAGE TEST REPORT**

**HDPE ONLY
PER ASTM F2164**

Project: _____ Date: _____
 Location of Pressure Test: _____ By: _____
 Main Type (Circle One): Water Force Main Reuse

The subject pressure test was held today @ _____ and _____.
 In addition to myself, the following were present:

- | | |
|----|----|
| 1. | 3. |
| 2. | 4. |

Initial Expansion Phase (3hrs): Begin Time: _____ End Time: _____

Leakage Test (1hr): Initial Pressure: _____ Final Pressure: _____
 Start Time: _____ End Time: _____

ROAD NAME	STATION BEGIN/END	PIPE SIZE	LENGTH	PRESSURE DROP (%)	PASS	FAIL

Water Main and Reuse Main: 150 PSI or Pipe Rating
 Force Main: 100 PSI or Pipe Rating

NOTE: WHEN TESTING AGAINST CLOSED METAL SEATED VALVES, AN ADDITIONAL LEAKAGE PER CLOSED VALVE OF 0.0078 GAL / hr. / in. OF NOMINAL VALVE SIZE SHALL BE ALLOWED.

Fax or mail this completed form to Clare Dold (fax 904-209-2619), or you may scan and e-mail the form to cdold@sjcfl.us. Call 904-209-2618 with questions.