City of Peoria

DEVELOPMENT AND ENGINEERING

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TAPPING SLEEVE, WATERLINE PSI, & CHLORINATION TESTING FORM

Project Name/Number:_____Permit Number:_____

Project Location:_____

Contractor:_____Developer:_____

TAPPING SLEEVE

MAG 630.2 – MAG 630.4.2 PASS ☐
Prior to tapping 200psi/ 30 min FAIL ☐

WATERLINE

Smaller than 16" = 200psi
16" and above = 150 psi

Start time:_____ Finish time:_____

Type of material:_____

Length of pipe (ft):_____**S**

Pipe diameter (inch):_____**D**

Test pressure (psi):_____**P**

√**P**=_____

Testing Allowance (makeup water/hour) **M**

$$\mathbf{M} = \frac{SD\sqrt{P}}{148{,}000}$$

Makeup allowance per 1000' _____gallons
AWWA C-600

CHLORINATION

High chlorination Time:_____ Date:_____

Residual chlorination Time:_____ Date:_____

Low chlorination Time:_____ Date:_____

Test_____of_____ Accepted by:_____