REGIONAL DISTRICT NORTH OKANAGAN

FLUSHING/TESTING/DISINFECTION REPORT

PROJECT NAME:_____

PROJECT No.:_____

LOCATION:_____

CONTRACTOR:_____

DESCRIPTION:_____

PRE-FLUSHING REQUIREMENTS:

☐ Drawing attached with water main highlighted in yellow

☐ Plans approved by authority with jurisdictional power (ie. Greater Vernon Water, City of Vernon or District of Coldstream) prior to flushing of main line.

FLUSHING: Minimum Flushing velocity of **0.9 m/s** must be achieved. Continue flushing at least until flow from most distant point has reached discharge point and until water discharged is clean and clear. Flush water must be de-chlorinated prior to release to environment.

Date_____Specify Water source_____Minimum flushing time _____

Estimated flow rate:_____Estimated flow time required:_____Flushing completed (y/n): _____

PRESSURE TEST

Proposed System Pressure at test point (kpa)_____

L=Allowable Leakage: **Ductile Iron** $L = \frac{SDP^{0.5}}{794{,}797}$ = L/hr **PVC** $L = \frac{SDP^{0.5}}{715{,}317}$ = L/hr

S = Length of Main tested (m) =_____D = Nominal diameter of pipe (mm) = _____

P = Average test pressure during leakage test (kpa)= _____

Allowable leakage calculated: (L)_____ Start time:_____ End time: _____

Test leakage recorded: (L)_____ Pass: _____ Fail: _____

Diagram (show sample point locations – attach separate sheet if needed, include north arrow)

DISINFECTION: Date_____

Calculated dosage (min. 50mg/L):_____Source water background chlorine residual (mg/L): _____

Start time/Date_____ Starting residual:_____ End time/Date : _____

End residual (min. 25mg/L): _____

BACTERIOLOGICAL TEST:

Zero Hour Sample: Chlorine Residual _____
Date:_____Time: _____ Testing Lab: _____

Number of samples required: _____ Sample(s) collected by: _____

Test results: Pass: _____ Fail: _____ (Copy of lab results attached)

16 Hour Sample: Chlorine Residual _____ ⇦REVISED

Date:_____ Time: _____ Testing Lab: _____

Number of samples required:_____ Sample(s) collected by: _____
Test results: Pass: _____ Fail: _____ (Copy of lab results attached)

Testing/flushing points removed (y/n): _____

CONSULTING ENGINEER`S CERTIFICATION
I hereby certify that all flushing, disinfection and testing has been completed in accordance with the requirements of Greater Vernon Water Subdivision and Development Servicing Bylaw No. 2650, 2013.

Engineer's Seal

_____
Signature and name of the Consulting Engineer responsible for Construction and Inspection

CONNECTION APPROVAL:

_____
Date

_____
Municipal Engineer

_____
Jurisdiction

REVISION NOTES: Updated to reflect AWWA C651-14.