

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 Yes No

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)

FLUSHING / TESTING / DISINFECTION REPORT

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: _____

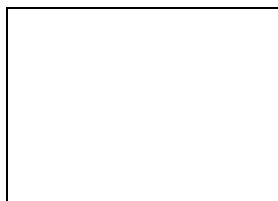
Sample(s) collected by: _____

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

Testing / flushing points removed: Yes No

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