

**ERIE COUNTY HEALTH DEPARTMENT – DIVISION OF ENVIRONMENTAL HEALTH**

**WATERLINE INSTALLATION -COMPLETED WORKS APPROVAL REPORT**

Date: \_\_\_\_\_

Water System Name: \_\_\_\_\_

ECHD PERMIT # (SR) \_\_\_\_\_ Water System # \_\_\_\_\_

How many test sections are estimated for this project? \_\_\_\_\_ This report is for section \_\_\_ of \_\_\_ .

Describe the location of the section that was put into service: (If this entire project was completed at the same time – write "ENTIRE PROJECT" in the lines provided- Attach map if necessary)

**HYDROSTATIC TEST RESULTS**

Was the Hydrostatic test conducted in accordance with current AWWA standards?

YES  NO

Leakage Information:

Testing Allowance= \_\_\_\_\_ gal. Liters

Actual amount of Make up water needed= \_\_\_\_\_ gal. Liters

Test Pressure= \_\_\_\_\_ P.S.I KPa

Test Duration= \_\_\_\_\_ Hr:min

**HYDROSTATIC TEST:**

**PASSED**

**FAILED**

**DISINFECTION AND BACTERIOLOGICAL RESULTS**

Was disinfection & bacteriological testing conducted in accordance with current AWWA standards?

YES  NO

Were any bacteriological samples positive for total Coliform or E. Coli?

YES  NO

If yes, give explanation. \_\_\_\_\_

**Disinfection & Bacteriological Results:**

**PASSED**

**FAILED**

PWS individual \ representative completing form:

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: / /