

**PASCO COUNTY UTILITIES**  
Choose: ( **WATER** OR **RECLAIMED WATER** OR **WASTE WATER FORCE**)  
**MAIN PRESSURE TEST REPORT**

Date: \_\_\_\_\_ Permit No.: \_\_\_\_\_  
 Project Name: \_\_\_\_\_ Project No.: \_\_\_\_\_  
 Inspector: \_\_\_\_\_ Developer: \_\_\_\_\_  
 Engineer: \_\_\_\_\_ Contractor: \_\_\_\_\_  
 Location of Test: \_\_\_\_\_  
 Tested from Station # \_\_\_\_\_ to Station # \_\_\_\_\_

	Size of Pipe Being Tested in Inches	_____
<b>LINE</b>	Type of Pipe Being Tested	_____
<b>#1</b>	Length of Pipe Being Tested in Feet	_____
	Allowable Loss in Gallons	_____
	Size of Pipe Being Tested in Inches	_____
<b>LINE</b>	Type of Pipe Being Tested	_____
<b>#2</b>	Length of Pipe Being Tested in Feet	_____
	Allowable Loss in Gallons	_____
	Size of Pipe Being Tested in Inches	_____
<b>LINE</b>	Type of Pipe Being Tested	_____
<b>#3</b>	Length of Pipe Being Tested in Feet	_____
	Allowable Loss in Gallons	_____
	Size of Pipe Being Tested in Inches	_____
<b>LINE</b>	Type of Pipe Being Tested	_____
<b>#4</b>	Length of Pipe Being Tested in Feet	_____
	Allowable Loss in Gallons	_____

Time at Start of Test: \_\_\_\_\_ PSI at Start: \_\_\_\_\_  
 Time at End of Test: \_\_\_\_\_ PSI at End: \_\_\_\_\_  
 Total Allowable Loss for Test in Gallons: \_\_\_\_\_  
 Make-Up Water Required After Test in Gallons: \_\_\_\_\_

**TEST:** Passed OR Failed

**Comments:**

**ATTENDEES**

<u>Name:</u> _____	<u>Firm:</u> _____
_____	_____
_____	_____

Engineer or Engineer Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PCU Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_