



CITY OF MISHAWAKA
DEPARTMENT OF ENGINEERING
 CITY HALL, 100 LINCOLNWAY WEST, MISHAWAKA, IN 46544
 PHONE: (574) 258-1619 FAX: (574) 258-1776

LOW PRESSURE AIR TEST

DATE: _____

PROJECT NAME: _____ NO.: _____

OWNER: _____

CONTRACTOR: _____

Manhole # From - To	Pipe Diameter (in)	Pipe Length (ft)	Pipe Material	Test Pressure (psi)	Test Time (min:sec)	Allowable Loss	Actual Loss	Pass or Fail

Total =

 Contractor's Signature & Date

 Inspector's Signature & Date

 City Representative's Signature & Date

 Registered P.E. Seal, Signature & Date