



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

**MANDREL (DEFLECTION) TEST**

*Shall be completed 30 days or greater after the installation is complete and pipe is backfilled*

DATE: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_ NO.: \_\_\_\_\_

OWNER: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

Manhole # From - To	Pipe Diameter (in)	Pipe Length (ft)	Pipe Material	5% Deflection	7% Deflection	Pass or Fail

Total =

\_\_\_\_\_  
Contractor's Signature & Date

\_\_\_\_\_  
Inspector's Signature & Date

\_\_\_\_\_  
City Representative's Signature & Date

\_\_\_\_\_  
Registered P.E. Seal, Signature & Date