



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

MANHOLE VACUUM TEST

DATE: _____

PROJECT NAME: _____ NO.: _____

OWNER: _____

CONTRACTOR: _____

Manhole Under Test				Field Test Data		
Manhole #	Manhole Diameter (in)	Depth (ft)	Test Time (min:sec)	Negative Pressure (10")	Loss Pressure (1" Max)	Pass or Fail

Reason for Failure: _____

Corrective Measure: _____

Minimum Test Times for Various Manhole Diameters						
Depth (ft)	Diameter (in)					
	36	48	60	72	84	96
	Time (seconds)					
6	11	15	20	25	29	34
8	14	20	26	33	38	45
10	18	25	33	41	48	56
12	21	30	39	49	57	67
14	25	35	46	57	67	78
16	29	40	52	67	76	89
18	32	45	59	73	86	100
20	35	50	65	81	95	111
22	39	55	72	89	105	122
24	42	59	78	97	114	133
26	46	64	85	105	124	144
28	49	69	91	113	133	155
30	53	74	98	121	143	166

 Contractor's Signature & Date

 Inspector's Signature & Date

 City Representative's Signature & Date

 Registered P.E. Seal, Signature & Date