

**HYDROSTATIC PRESSURE TEST SHEET****Section 1 – Project Information**

PROJECT: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DATE OF TEST: \_\_\_\_\_

JOB NO. \_\_\_\_\_

**Section 2 – Pressure Test Results**

START TIME: \_\_\_\_\_

PIPE SIZE: \_\_\_\_\_

ENDING TIME: \_\_\_\_\_

FOOTAGE: \_\_\_\_\_

STARTING PRESSURE: \_\_\_\_\_

ALLOWABLE LEAKAGE: \_\_\_\_\_

PRESSURE VARIANCE: \_\_\_\_\_

ACTUAL LEAKAGE: \_\_\_\_\_

**Section 3 – Declaration**

I hereby certify that the above hydrostatic pressure test was performed by our company  
(Company Name) \_\_\_\_\_

and that all data represented is within the guidelines and variance noted in the specifications Section 15030. For system operating pressures of 200 psi or less, perform the hydrostatic test at a pressure of 140 psi without exceeding the rating of the pipe and appurtenances, but no more than the design rating of the pipe. For systems operating pressures of more than 200 psi, please contact your local water company representative. Pressure test must be maintained for 2 hours.

\_\_\_\_\_  
Print name:\_\_\_\_\_  
Signature:\_\_\_\_\_  
Date:**Section 4 – Illinois American Water Verification**

Through the below signature it is indicated that a company representative was present for the pressure test but does not verify the accuracy of the results.

\_\_\_\_\_  
ILAWC Representative:\_\_\_\_\_  
Signature:\_\_\_\_\_  
Date: