



ILLINOIS
AMERICAN WATER

SANITARY SEWER MAIN AND MANHOLE TESTS

MUNICIPALITY _____
Job No. _____
Date _____
Job Name /Location _____

Pipe Material _____
Inspector _____
Weather _____

Upstream MH#	Downstream MH#	Diam. (In)	Length (FT)	Depth (Ft)	Mandrel P / F

MANHOLE VACUUM TEST

Manhole Number

#

Seconds

Standard Test Time

Actual Test Time

Vacuum Drop

In.Hg.

Manhole Cover

MWRA:___

Met:___

Other:___

Diameter:___

Manhole Cover Condition

Loose:___

Tight:___

Sealed:___

Bolted:___

Frame and Cover Status

Raise:___

Lower:___

OK:___

Broken:___

Manhole Type

Apron:___

Through:___

Stop Plank:___

Manhole Interior Construction

Brick:___

Concrete:___

Other:___

Manhole Interior Rungs

Excellent:___

Fair:___

Poor:___

None:___

Infiltration into Manhole

Low:___

Medium:___

High:___

None:___

Manhole Diameter

_____ Ft.

Manhole Depth

_____ Ft.

General Location

Street___

Gutter___

Parkway___

Sidewalk___

Driveway___

Front Yard___

Side/Rear Yard___

Open Field___

Ditch___

Other___

Type OF Manhole

Standard___

Inside Drop___

Outside Drop___

Steps

Yes___

No___

Safe___

Unsafe___