



CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR UNDERGROUND PIPING

Procedure

Upon completion of work, inspection and tests shall be made by contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave job.

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners and contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

PROPERTY NAME	DATE
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PROPERTY ADDRESS

PLANS	ACCEPTED BY APPROVING AUTHORITY('S) NAMES	
	ADDRESS	
	INSTALLATION CONFORMS TO ACCEPTED PLANS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	EQUIPMENT USED IS APPROVED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	IF NO, STATE DEVIATIONS:	

INSTRUCTIONS	HAS THE PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT. IF NO, EXPLAIN	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS BEEN LEFT ON THE PREMISES. IF NO, EXPLAIN	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

LOCATION	SUPPLIES BLDGS.
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UNDERGROUND PIPES AND JOINTS	PIPE TYPES AND CLASS	TYPE JOINT
	PIPE CONFORMS TO NFPA 24 _____ STANDARD	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	FITTINGS CONFORM TO NFPA 24 _____ STANDARD	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	IF NO, EXPLAIN	
	JOINTS NEEDING ANCHORAGE CLAMPED, STRAPPED, OR BLOCKED IN ACCORDANCE WITH NFPA 24 _____ STANDARD	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	IF NO, EXPLAIN	

TEST DESCRIPTION	<p>Flushing: Flow the required rate until water is verified to be clear of debris at outlets such as hydrants and blow-offs. Flush at one of the flow rates as specified in 10.10.2.1.3.</p> <p>Hydrostatic: All piping and attached appurtenances subjected to system working pressure shall be hydrostatically tested at 200 psi (13.8 bar) or 50 psi (3.4 bar) in excess of the system working pressure, whichever is greater, and shall maintain that pressure ±5 psi (0.34 bar) for 2 hours.</p> <p>Hydrostatic Testing Allowance: Where additional water is added to the system to maintain the test pressures required by 10.10.2.2.1, the amount of water shall be measured and shall not exceed the limits of the following equation (for metric equation, see 10.10.2.2.6):</p> <p style="margin-left: 40px;">L = testing allowance (makeup water), in gallons per hour (lpm) S = length of pipe tested, in feet (m) D = nominal diameter of the pipe, in inches (mm) P = average test pressure during the hydrostatic test, in pounds per square inch (gauge) (bar)</p> <p style="margin-left: 40px;">$L=(SD\sqrt{P})/148,000$</p>	
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FLUSHING TESTS	NEW UNDERGROUND PIPING FLUSHED ACCORDING TO NFPA 24 _____ STANDARD		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	BY: (COMPANY		
	IF NO, EXPLAIN		
	HOW FLUSHING FLOW WAS OBTAINED	THROUGH WHAT TYPE OPENING	
<input type="checkbox"/> PUBLIC MAIN <input type="checkbox"/> TANK OR RESERVOIR <input type="checkbox"/> FIRE PUMP	<input type="checkbox"/> HYDRANT BUTT <input type="checkbox"/> OPEN PIPE		
	LEAD-INS FLUSHED ACCORDING TO _____ STANDARD		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	BY: (COMPANY		
	IF NO, EXPLAIN		
	HOW FLUSHING FLOW WAS OBTAINED	THROUGH WHAT TYPE OPENING	
	<input type="checkbox"/> PUBLIC MAIN <input type="checkbox"/> TANK OR RESERVOIR <input type="checkbox"/> FIRE PUMP	<input type="checkbox"/> Y CONN TO FLANGE & SPIGOT <input type="checkbox"/> OPEN PIPE	

HYDROSTATIC TESTS	ALL NEW UNDERGROUND PIPING HYDROSTATICALLY TESTED AT _____ PSI FOR _____ HOURS		
LEAKAGE TEST	TOTAL AMOUNT OF LEAKAGE MEASURED _____ GALS. OVER _____ HOURS		
	ALLOWABLE LEAKAGE _____ GALS. OVER _____ HOURS		
HYDRANTS	NUMBER INSTALLED	TYPE AND MAKE	ALL OPERATE SATISFACTORILY <input type="checkbox"/> YES <input type="checkbox"/> NO
CONTROL VALVES	WATER CONTROL VALVES LEFT WIDE OPEN IF NO, STATE REASON		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	HOSE THREADS OF FIRE DEPARTMENT CONNECTIONS AND HYDRANTS INTERCHANGEABLE WITH THOSE OF FIRE DEPARTMENT ANSWERING ALARM		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
REMARKS	DATE LEFT IN SERVICE		
SIGNATURES	NAME OF INSTALLING CONTRACTOR		
	TESTS WITNESSED BY		
	FOR PROPERTY OWNER (SIGNED)	TITLE	DATE
	FOR INSTALLING CONTRACTOR (SIGNED)	TITLE	DATE

ADDITIONAL EXPLANATIONS AND NOTES