



# TAPPING SADDLE TEST REQUEST FOR WATERLINE

City of Melbourne  
Water Distribution



Project Name				City Project No.	
Physical Address					DATE RECEIVED
Test Location					
Contractor					
Contact Person					
Address					
City, State, Zip					
Phone	( )	Fax	( )		

**CONTRACTOR: Complete the information above and fax it to (321) 674-5766**

PRIVATE WATERLINE TEST?  YES  NO

SIZE OF SADDLE

TYPE OF TAPPING SADDLE

TYPE OF MAIN BEING TAPPED

## FOR CITY USE ONLY

TEST # \_\_\_\_\_ DATE OF TEST \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TIME: \_\_\_\_\_ AM / PM

TEST START TIME: \_\_\_\_\_ PRESSURE READING: \_\_\_\_\_

TEST FINISH TIME: \_\_\_\_\_ PRESSURE READING: \_\_\_\_\_

GALLONS ALLOWED TO RE-GAIN PRESSURE \_\_\_\_\_

TEST ACCEPTED  TEST NOT ACCEPTED

TESTED BY: \_\_\_\_\_