

TAPPING SADDLE TEST REQUEST FOR FORCE MAIN/REUSE

City of Melbourne
Wastewater Collection



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) 608-5135

PRIVATE FORCE MAIN 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 _____	
<input type="checkbox"/> TEST ACCEPTED <input type="checkbox"/> TEST <u>NOT</u> ACCEPTED	
TESTED BY: _____	