



**CITY OF WHITEHORSE**  
**Watermain Testing**

**Water Main Testing Must Be Witnessed By the Engineering Consultant or City Representative**

Development/ Project Name \_\_\_\_\_

Contractor \_\_\_\_\_

**Flushing**

Date \_\_\_\_\_

Test Section From \_\_\_\_\_ To \_\_\_\_\_

Testing Witnessed By: \_\_\_\_\_  
Print Name Signature

**Pressure and Leakage Test**

Date \_\_\_\_\_

Test Section From \_\_\_\_\_ To \_\_\_\_\_

Length of Test Section \_\_\_\_\_ Diameter of Pipe \_\_\_\_\_

Test Start Time \_\_\_\_\_ Test End Time \_\_\_\_\_

Test Start Pressure \_\_\_\_\_ Test End Pressure \_\_\_\_\_

Allowable Loss \_\_\_\_\_ Actual Loss \_\_\_\_\_

Testing Witnessed By: \_\_\_\_\_  
Print Name Signature

Sketch Area of Water Main Being Tested or Attach Drawing:



## Disinfection and Sampling

Development/Project Name \_\_\_\_\_

Contractor \_\_\_\_\_

Date of Chlorination \_\_\_\_\_ Time \_\_\_\_\_ ppm \_\_\_\_\_

Date of Residual Test \_\_\_\_\_ Time \_\_\_\_\_ ppm \_\_\_\_\_

Date of De-chlorination \_\_\_\_\_ Time \_\_\_\_\_

Date of 1st Water Sample \_\_\_\_\_ Time \_\_\_\_\_

Date of 2nd Water Sample \_\_\_\_\_ Time \_\_\_\_\_

Testing Witnessed By: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Sketch Area of Water Main Being Tested:

**All Test Results Must Be Submitted To The City of Whitehorse Before Water Main Is Activated**

Engineering Office: (867) 668-8305

Office Location: 4210 Fourth Avenue

[engineering@whitehorse.ca](mailto:engineering@whitehorse.ca)

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This section to be completed by City of Whitehorse Engineering Department only:

Received By: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_