Sanitary Sewer Air Test Report

Project Name: _____ **Project Number:** _____

Contractor: _____

Date	Tested by:	Witness	MH to MH	Length of Main or Lateral	Size of Main or Lateral	Specification Time (min:sec)	Test Pounds Lost	Test Time Measured (min:sec)	Pass/Fail	Remarks

NOTE: Refer to Appendix Tables 1 and 2 for Specification Times to be used.