

# CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR



# UNDERGROUND PIPING

## PROCEDURE

Upon completion of work, inspection and tests shall be made by the 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 the 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 \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                      |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------|
| PLANS                        | ACCEPTED BY APPROVING AUTHORITY(IES) NAMES _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                      |
|                              | ADDRESS _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                      |
|                              | INSTALLATION CONFORMS TO ACCEPTED PLANS<br>EQUIPMENT USED IS APPROVED<br>IF NO, EXPLAIN DEVIATIONS _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <input type="checkbox"/> YES <input type="checkbox"/> NO<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| INSTRUCTIONS                 | HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT?<br>IF NO, EXPLAIN _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <input type="checkbox"/> YES <input type="checkbox"/> NO                                                             |
|                              | HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS BEEN LEFT ON THE PREMISES?<br>IF NO, EXPLAIN _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/> YES <input type="checkbox"/> NO                                                             |
| LOCATION                     | SUPPLIES BUILDING _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                      |
| UNDERGROUND PIPES AND JOINTS | PIPE TYPES AND CLASS _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | TYPE JOINT _____                                                                                                     |
|                              | PIPE CONFORMS TO NFPA-24    STANDARD<br>FITTINGS CONFORM TO NFPA-24    STANDARD<br>IF NO, EXPLAIN _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <input type="checkbox"/> YES <input type="checkbox"/> NO<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|                              | JOINTS NEEDING ANCHORAGE CLAMPED, STRAPPED, OR BLOCKED IN ACCORDANCE WITH NFPA-24    STANDARD<br>IF NO, EXPLAIN _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <input type="checkbox"/> YES <input type="checkbox"/> NO                                                             |
| TEST DESCRIPTION             | <p><b>FLUSHING.</b> Flow the required water (if water is clear as indicated by no collection of foreign material in bucket bags at outlets such as hydrants and blow-offs. Flush at flows not less than 350 GPM (1475 L/min) for 4-inch pipe, 550 GPM (3031 L/min) for 6-inch pipe, 1500 GPM (5905 L/min) for 8-inch pipe, 2440 GPM (9235 L/min) for 10-inch pipe, and 3500 GPM (13023 L/min) for 12-inch pipe. When supply cannot produce stipulated flow rates, obtain maximum available.</p> <p><b>HYDROSTATIC.</b> Hydrostatic tests shall be made not less than 200 psi (13.8 bars) for two hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.3 bars) for two hours.</p> <p><b>LEAKAGE.</b> New pipe laid with rubber gasketed joints shall, if the workmanship is satisfactory, have little or no leakage at the joints. The amount of leakage at leakage shall not exceed 2 gpi. Per hr. (1.89 L/hr) per 100 joints irrespective of pipe diameter. The leakage shall be distributed over all joints. If such leakage occurs at a few joints the installation shall be considered unsatisfactory and necessary repairs made. The amount of allowable leakage specified above may be increased by 1.1 Gz per in. Valve diameter per hr. (90 mL/25 mm/hr) for each metal seated valve isolating the test section. If dry barrel hydrants are tested with the main valve open, so the hydrants are under pressure, an additional 5 oz per minute (150 mL/min) leakage is permitted for each hydrant.</p> |  |                                                                                                                      |
| FLUSHING TESTS               | NEW UNDERGROUND PIPING FLUSHED ACCORDING TO NFPA-24    STANDARD<br>BY (COMPANY) _____<br>IF NO, EXPLAIN _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <input type="checkbox"/> YES <input type="checkbox"/> NO                                                             |
|                              | HOW FLUSHING FLOW WAS OBTAINED<br><input type="checkbox"/> PUBLIC WATER <input type="checkbox"/> TANK OR RESERVOIR <input type="checkbox"/> FIRE PUMP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | THROUGH WHAT TYPE OPENING<br><input type="checkbox"/> HYDRANT BUTT <input type="checkbox"/> OPEN PIPE                |
|                              | LEAKING FLUSHED ACCORDING TO NFPA-24    STANDARD<br>BY (COMPANY) _____<br>IF NO, EXPLAIN _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <input type="checkbox"/> YES <input type="checkbox"/> NO                                                             |
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(OVER)

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A red circular graphic with a gradient, appearing as a partial circle or a thick arc, located to the right of the 'AW Chickering' text.

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