



Gravity Sewer Low-Pressure Air Test

SC DHEC Project Name: _____

Date: _____ SC DHEC Permit Number: _____

Contractor: _____

Engineering Firm: _____

Upstream MH	Downstream MH	Diameter (in.)	Length (ft.)	Test Time (min:sec)	Groundwater Adjustment (psig)	Start Test Pressure (psig)	Pressure Drop (psig)	Pass/Fail

Contractor Representative: _____ Date: _____

Engineer Representative: _____ Date: _____

OJRSA Representative: _____ Date: _____