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|-------------|--|-------------|-------------|
| Title: | 019 - Watermain Disinfection, Pressure Testing & Acceptance | | |
| Document #: | Q-TF-1418 | Folder: | Inspections |
| Revision #: | 7 | Issue Date: | Jan 2026 |

Watermain Disinfection, Pressure Testing & Acceptance

CONTRACT/DEVELOPMENT #: _____ DATE: _____

LOCATION: _____

CONTRACTOR: _____

INSPECTOR: _____ CONSULTANT: _____

| Backflow Assembly-Model | Device S/N | | |
|--|--|------|--------------|
| Certified Tester | Date | | |
| Backflow Certification (file location) | | | |
| Description | Performed By | Date | Witnessed By |
| Loading Watermain –Location | | | |
| Swabbing – Number(s) | | | |
| Re-Swabbing – Number(s) | | | |
| Swabs Retrieved – Number(s) | | | |
| Hydrostatic Pressure Tests | | | |
| Chlorination | | | |
| High Chlorine Residual (50mg/l to 100 mg/l) | 24 Hr Chlorine Residual (> 40% of int. to max. 50mg/l) | | |
| If 24 hr residual fails, flush, re-chlorinate, note further residual results | | | |
| High Chlorine Residual (50mg/l to 100 mg/l) | 24 Hr Chlorine Residual (> 40% of int. to max. 50mg/l) | | |
| Removal/Disposal of Super Chlorinated Water | | | |
| Sample Round # | – Sample Number(s) | | Pass Fail |
| Sample Round # | – Sample Number(s) | | Pass Fail |
| Sample Round # | – Sample Number(s) | | Pass Fail |
| Sample Round # | – Sample Number(s) | | Pass Fail |
| Results – Passed Date(s) | | | |
| Valves Operated – Location | | | |
| Comments: | | | |

I acknowledge that the water system for the above project was cleaned, disinfected and sampled as per regulatory requirements; AWWA Standard C-651, the MECP Watermain Disinfection Procedure and the Procedure for Disinfection of Drinking Water in Ontario as adopted by reference

Inspector:

Date:

Signature:

