



Municipal Utilities Department
Public Services Building
1210 NW Prairie Ridge Drive
Ankeny, IA 50023
Phone: (515) 965-6485
rcomer@ankenyiowa.gov

City of Ankeny New Water Main Pressure Test

Test Date: _____

Location (Plat): _____

(Describe the extent of water main being tested)

Installing Contractor

Contact Name

Phone Number

A pressure test must be performed per Section 5030.3.05 of the SUDAS Standard Specifications manual. The pressure test must be witnessed by an on-site engineering inspector or by a third party testing service. The installing Contractor cannot stand as witness.

Starting Pressure: _____ **psi** (150 psi minimum)
_____ **time**
_____ **initial**

Ending Pressure: _____ **psi** If after two (2) hours the pressure drops by
_____ **time** five (5) psi or more, contact the City of Ankeny
_____ **initial** Municipal Utilities Department–Water Division.

I certify that I was witness to the above collected data for the new water main pressure test.

Printed Name

Company Name

Signature

Date

A copy of this form must be emailed to both rcomer@ankenyiowa.gov and sbuckner@ankenyiowa.gov or delivered to the Public Services Building located at 1210 NW Prairie Ridge Drive, Ankeny, Iowa 50023, before a new water main bacterial test will be scheduled. If you have any questions please call Ryan Comer, at (515) 965-6485.