



Municipal Utilities – Utilities Division
Public Services Building
220 West 1st Street
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 220 West 1st Street, 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.