



TAPPING SADDLE TEST REQUEST FOR FORCE MAIN/REUSE

City of Melbourne
Wastewater Collection



Project Name				City Project No.	
Physical Address					DATE RECEIVED
Test Location					
Contractor					
Contact Person					
Address					
City, State, Zip					
Phone	()	Fax	()		

CONTRACTOR: Complete the information above and fax it to (321) 674-5750

PRIVATE FORCE MAIN TEST? YES NO

SIZE OF SADDLE

TYPE OF TAPPING SADDLE

TYPE OF MAIN BEING TAPPED

FOR CITY USE ONLY

TEST # _____ DATE OF TEST ____ / ____ / ____ TIME: _____ AM / PM

TEST START TIME: _____ PRESSURE READING: _____

TEST FINISH TIME: _____ PRESSURE READING: _____

GALLONS ALLOWED TO RE-GAIN PRESSURE _____

TEST ACCEPTED TEST NOT ACCEPTED

TESTED BY: _____