

Result of Hydrostatic Tests

on Sanitary Drainlines, Inspection Chambers, Sewer, Manholes

Project Reference:

Project Title:

Test Method: *(a) water test method as specified in the Code of Practice on Sewerage and Sanitary Works, or

* (b) water test method as specified in Clause 13.3 of BS EN 1610:1998.

(* to delete if not applicable)

Test Results: as tabulated below.

Section of drainlines/sewers (eg. IC1-IC2, IC-MH); Inspection chamber/manhole	Diameter (mm)	Length of Pipe (m)	Date of test	Rate of Water Loss (l/s)	Result (Pass/Fail)

Tested/Checked by: (Name of plumbing contractor in charge of test)	Signature:	Company & Designation:	Date:
Witnessed by: (Name of QP's authorised representative)	Signature:	Company & Designation:	Date:
Certified by: (Name of QP and QP's stamp)	Signature:		Date:

Result of Air Tests on Sanitary Plumbing System

Project Reference:

Project Title:

Test Method: Air test method as specified in Clause NG 3.1 of BS EN 12056-2-2000

Test Results: as tabulated below.

Block No:	Storey Level: (eg. 1 st Floor, 2nd Floor)	Unit No: (eg. #02-01, 03-01, etc)	Date of 1 st test of sanitary discharge pipes/ stacks, ventilating pipes/stacks, WCs, Floor traps, etc at the unit	1 st test Result (Leak / No Leak) (To specify the points of leak detected)	(if found leak at 1 st test) Date of final retest which shows no Leak in the sanitary discharge pipes/stacks, ventilating pipes/stacks, WCs, Floor traps , etc at the unit
	<i>Example 1:</i>				
102	1 st floor	Common area			
	2 nd floor	#02-01			
		#02-02			
		#02-03			
	3 rd floor	#03-01			
	<i>Example 2:</i> (for typical unit layout, eg HDB flat)				
103	2 nd to 15 th floor	#02-01 to #15-01			
		#02-02 to #15-02			
		#02-03 to #15-03			
		--ditto--			

Tested/Checked by: (Name of plumbing contractor in charge of test)	Signature:	Company & Designation:	Date:
Witnessed by: (Name of QP's authorised representative)	Signature:	Company & Designation:	Date:
Certified by: (Name of QP and QP's stamp)	Signature:		Date: