|  |  |  |  |
| --- | --- | --- | --- |
| [Work Area(s)] |  | | |
| *[Sub Work Area(s)]* |  | | |
| *[Lot(s)]* |  | | |
| *[Sublot(s)]* |  | | |
| *[Document Date]* |  | *Updated By* |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **GENERAL INFORMATION** | | | | | |
| **Contract No. or Resource Consent No.** |  | | | | |
| **Contractor** |  | | | | |
| **Site Supervisor** |  | | | | |
| **Site Location** |  | | | | |
| **Date & Time** |  | | | | |
| **Pipe ID** |  | | **Pipe Diameter** | |  |
| **Chlorine Type Added** |  | | **Pipe Length** | |  |
| **TEST RESULTS** | | | | | |
| **Test Point** | | **Initial (mg/l)** | | **24 Hours (mg/l)** | |
|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |
| **pH Reading after 12 hours** | |  | | | |
| **Laboratory Results Acceptable (Attach)** | | **□ Yes □ No** | | | |

Signed: Signed CPS:

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Table 1 Acceptable Laboratory Test Results

|  |  |
| --- | --- |
| **Parameter** | **Acceptable Value** |
| Residual Chlorine | Between 0.5 and 1.0 mg/l |
| Turbidity | <1 NTU |
| E. coli | <1/100ml |