PIPELINE TEST REPORT
(PRESSURE TEST)

OPERATING COMPANY: ____________________________________________________________

Testing Company: ________________________________

This form must be completed for each section of newly installed section of pipe or service line and on each service line that is disconnected from the main for any reason.

Test Data

Type of Pipe: ________________________________________________________________

Size of Pipe: __________ inches Length of Line: ________________________________

Location of Line: ____________________________________________________________

Tested with: Nitrogen ( ) Air ( ) Natural Gas ( ) Water ( )

Other (describe): _____________________________________________________________

Time Started: _________________ a.m./p.m. Time Ended: _________________ a.m./p.m.

Test Pressure Start: _________________ psig

Test Pressure Stop: _________________ psig

Line Loss: Yes ______ No ______ Amount Loss: __________ mcf

Reason for Line Loss: _________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Corrective Measures Taken: __________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Remarks: _____________________________________________________________________

___________________________________________________________________________

Company Representative: ______________________________________________________

Signature: ___________________________ Date: ___________________________