

PIPELINE TEST REPORT

FORM 16

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:** _____