



VACUUM TESTING DATA SHEET

OWNER/CONTRACTOR: _____

JOB NAME, LOCATION, CONTRACT NO., ETC.: _____

FIELD TEST DATA (TO BE FILLED IN BY THE INSPECTOR)

DATE: _____ MANHOLE I.D.: _____

TEST EQUIPMENT MANUFACTURER: _____

GROUNDWATER OBSERVATION: _____

EXCAVATION BACKFILLED: YES _____ NO _____

M.H. DIAMETER: _____ IN. M.H. DEPTH: _____ FT.

TIME ALLOWED FOR 1" Hg DROP: _____ MIN. _____ SEC.

TEST RESULT: PASS: _____ FAIL: _____

REPAIRS: _____

RE-TEST: PASS: _____ FAIL: _____

NOTE: IF RE-TEST IS FAILED, M.H. MUST BE WATER TESTED IN ACCORDANCE WITH THE INFILTRATION/EXFILTRATION STANDARDS (AVAILABLE UPON REQUEST).