

Watermain Disinfection Plan – Swabbing Plan/Sketch

Project Name & ID: _____ Phase #: _____ City Block #: _____

Swabbing Required:

 No, Specify: _____ Yes, Identify the following

- Watermain Sizes ● Swabs sizes ● Number of swabs being used ● Source/Backflow (BFP)
- Water Meter(M) ● Identify the Path of Swabbing , Open/Close Valves (Path-1, Path-2, Path-3, etc.)
- Dead Ends/Stubs (E1, E2,E3, etc.) ● Valve Chambers (VC1, VC2, VC3, etc.)
- Valve Boxes (VB1, VB2, VB3, etc.) ● Hydrants (HYD1, HYD2,HYD3, etc.) ● Discharge Points (D1, D2, D3, etc.)

SKETCH

Name of the Contractor/Company: _____ Date: _____

Representative Name: _____ Signature: _____