



New Mains Connected to **EXISTING** Watermain and **Isolated** by a Valve

Service Request Form

Project Name: _____
19T # / project number: _____

Map Attached: **Yes** **No**

Planning File #: _____

Phasing #: _____

Operative: **Firm:** _____

Contact Name: _____

Contact Number: _____

Contact Address: _____

Email: _____

Developer: **Firm:** _____

Contact Name: _____

Contact Number: _____

Contact Address: _____

Email: _____

Flushing Contractor: **Firm:** _____

Contact Name: _____

Contact Number: _____

Contact Address: _____

Email: _____

City of Vaughan Municipal Inspector Assigned: _____

Forward to Finance (for New Development)

Workorder Number: _____

Backflow Preventer **Date Installed:** _____

Installation: **Backflow Preventer type & I.D.:** _____

Model #: _____

Serial #: _____

Certified by: _____



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Swabbing: Witnessed by: _____
Date: _____
Witnessed by: _____
Number of Swabs: _____

Turbidity Test: Conducted by: _____
(1.0 NTU or less) Results: _____

Date of Chlorination: Date Witnessed: _____
Witnessed by: _____

High Count Chlorine Results: _____

Date of Dechlorination: Date Witnessed: _____
Witnessed by: _____

Microbiology: Date of Sample: _____
(Sample #1) Date of Results: _____
Pass Fail
Resample (if applicable): _____

Pressure Test: Date: _____ Pass Fail
Pressure Test # _____
Pressure Test Issued By: _____

Microbiology: Date of Sample: _____
(Sample #2) Date of Results: _____
Pass Fail
Resample (if applicable): _____

Backflow Preventer **Witnessed By:** _____
Removed: Date Witnessed: _____

Installation of Water Date Completed: _____
Meter:



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Flushing Program: Must be Commenced by: _____

Commenced on: _____

Details of Program:

Available for Distribution: **Date:** _____

Operator Assigned to Oversee Maintenance: _____

Approved by: _____

***Forward to Infrastructure Delivery (ID) or Development Engineering and Infrastructure Planning (DEIP) for file closure.**