



New Mains **Physically Separated** From System

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: _____

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: _____

Witnessed by: _____



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

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

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

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): _____

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

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

Closure Spool installed: Date: _____
Witnessed by: _____

Installation of water meter: Date Completed: _____



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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.**