



WATERMAIN COMMISSIONING CHECKLIST

City of Niagara Falls
Contract 2018-471-18
Third Avenue Watermain and
Sewer Replacement

SECTION A - PROJECT INFORMATION

Contract [2018-471-18]
Third Avenue Watermain and Sewer Replacement
McRae Street to Jepson Street

Eric Lallouet
Project Manager, Municipal Works
City of Niagara Falls
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Insert a Key Plan of Project Area
(Done by PM/Consultant)

CONTRACTOR

Company Name

Site Representative

CONTRACT ADMINISTRATOR *(City PM or Consultant where applicable)*

Company Name

Site Representative

NOTE: *Sections B through G (inclusively) will require a sheet for each test section, to be numbered accordingly.*

TOTAL NUMBER OF TEST SECTIONS: _____



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SECTION B – COMMISSIONING SUMMARY

TEST SECTION # _____ : _____ (Location) DATE: _____

<u>PROCESS</u>	<u>DATE COMPLETED</u>	<u>RESULTS</u>	<u>RECORD</u>	<u>INITIALS**</u>
1 DISINFECTION & TESTING PLAN <i>(By Contractor)</i>		<input type="checkbox"/> Acceptable	<input type="checkbox"/> Attached	
2 SWABBING & FLUSHING		<input type="checkbox"/> Acceptable	<input type="checkbox"/> Section C	
Completed		<input type="checkbox"/> Acceptable	<input type="checkbox"/> Section C	
Discharge Chlorine Residual (MAX. 0.02 mg/L)		<input type="checkbox"/> Acceptable	<input type="checkbox"/> Section C	
3 HYDROSTATIC PRESSURE TESTING		<input type="checkbox"/> Acceptable	<input type="checkbox"/> Section D	
4 DISINFECTION TESTING		<input type="checkbox"/> Acceptable	<input type="checkbox"/> Section E	
Initial Free Chlorine (25 mg/L MIN.; 150mg/L MAX.)		<input type="checkbox"/> Acceptable	<input type="checkbox"/> Section E	
Free Chlorine – After (≥60% of Initial Conc. w/ MAX. Decrease of 50 mg/L)		<input type="checkbox"/> Acceptable	<input type="checkbox"/> Section E	
Discharge Chlorine Residual (MAX. 0.02 mg/L)		<input type="checkbox"/> Acceptable	<input type="checkbox"/> Section E	
5 MICROBIOLOGICAL SAMPLING		<input type="checkbox"/> Acceptable	<input type="checkbox"/> Section F	
Free Chlorine Residual (Source)		<input type="checkbox"/> Acceptable	<input type="checkbox"/> Section F	
Microbiological Sampling (1 st Set) - Initial		<input type="checkbox"/> Acceptable	<input type="checkbox"/> Section F	
Microbiological Sampling (2 nd Set) – 16Hrs. After 1 st		<input type="checkbox"/> Acceptable	<input type="checkbox"/> Section F	
Microbiological Results		<input type="checkbox"/> Acceptable	<input type="checkbox"/> Section F	
6 FINAL CONNECTION		<input type="checkbox"/> Authorized <input type="checkbox"/> Witnessed	<input type="checkbox"/> Section G	
Within 7 Days of Passing Micro Results		<input type="checkbox"/> Completed	<input type="checkbox"/> Attached	
Unidirectional Flushing Plan				

**** Initialed by Contract Administrator or Designate**



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SECTION C – SWABBING & FLUSHING

TEST SECTION # _____ : _____ (Location) DATE: _____

SOURCE WATER

Source Water: _____ (Hydrant ID where applicable)

Where Hydrant is Source Water:

Double Check Valve Assembly: YES Water Meter: YES NO Secondary Control Valve: YES NO

SWABBING

Number of Swabs: _____ Dia. of Swabs: _____ (mm) All Swabs Retrieved: YES NO

FLUSHING

Flushing Discharged To: _____ (Sewer, Ditch etc.)

De-chlorination Method: _____ Discharge Chlorine Residual: _____ (MAX. 0.02 mg/L)

CONTRACTOR

CONTRACT ADMINISTRATOR (or DESIGNATE)

Name (Print)

Name (Print)

Signature

Signature

Date

Date



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SECTION D – HYDROSTATIC PRESSURE TESTING

TEST SECTION # _____ : _____ (Location) DATE: _____

Pipe Material: _____

- Procedure: OPSS 441.07.24.02 (Polyethylene)
 OPSS 441.07.24.03 (PVC)

Test Pressure:
(1,035kPa /150psi MIN.) _____

Record Test Time

Test Duration:
(2 Hr MIN.) _____

Start: _____ am pm
Finish: _____ am pm

Allowable Leakage: **The City of Niagara Falls Does Not Accept Leakage**

- Results: PASS
 FAIL (*Repair Leaks and Re-Test*)

CONTRACTOR

CONTRACT ADMINISTRATOR (or DESIGNATE)

Name (Print)

Name (Print)

Signature

Signature

Date

Date



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SECTION E – DISINFECTION TESTING

TEST SECTION # _____ : _____ (Location) DATE: _____

Start Time: _____		<input type="checkbox"/> am <input type="checkbox"/> pm	Free Chlorine Concentrations : <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Test Strip Readings will not be accepted)</i>			
<u>Initial Free Chlorine</u> (25 mg/L MIN.; 150mg/L MAX.)						
Source STA.	1 STA.	2 STA.	3 STA.	4 STA.	5 STA.	6 STA.
mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L

Finish Time: _____		<input type="checkbox"/> am <input type="checkbox"/> pm	<i>(Minimum Twenty-four (24) Hours after Start Time)</i>			
<u>Free Chlorine - After</u> (Must be ≥60% of Initial Concentration w/ <u>Maximum Decrease</u> of 50 mg/L)						
Source STA.	1 STA.	2 STA.	3 STA.	4 STA.	5 STA.	6 STA.
mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L

CONTRACTOR

CONTRACT ADMINISTRATOR (or DESIGNATE)

 Name (Print)

 Name (Print)

 Signature

 Signature

 Date

 Date



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SECTION F – MICROBIOLOGICAL SAMPLING

TEST SECTION # _____ : _____ (Location) DATE: _____

Flushing Completed: _____		<input type="checkbox"/> am <input type="checkbox"/> pm		Free Chlorine Concentrations: <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Test Strip Readings will not be accepted)</i>		
Free Chlorine (Representative of Distribution System Concentration)						
Source STA.	1 STA.	2 STA.	3 STA.	4 STA.	5 STA.	6 STA.
mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L

1st Set Micro Sampling Start Time: _____
 am pm
 Chain of Custody Attached
 Date: _____

Leave Main Charged - Minimum Sixteen (16) Hours

2nd Set Micro Sampling Start Time: _____
 am pm
 Chain of Custody Attached
 Date: _____

Laboratory Test Results Received: Lab Test Results Attached
 Date: _____

Results: **PASS** (Total Coliform = 0 Counts; E. Coli = 0 Counts; HPC ≤ 10 Counts)
 FAIL (1st Fail – Flush & Resample)

CONTRACTOR

CONTRACT ADMINISTRATOR (or DESIGNATE)

Name (Print)

Name (Print)

Signature

Signature

Date

Date



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SECTION G – CONNECTION

TEST SECTION # _____ : _____ (Location) DATE: _____

Authorization:

Proposed Connection (Location): _____

ALL Disinfection, Testing & Sampling Complete w/ 'Passing Results': YES

Notifications Completed: (as specified)

<input type="checkbox"/> Environmental Services	<input type="checkbox"/> Region's Health Department (as required)
<input type="checkbox"/> Fire Department	<input type="checkbox"/> Affected Residents/Businesses
<input type="checkbox"/> City Project Manager	

Unidirectional Flushing Plan Prepared (by Certified Water Operator): YES Attached

AUTHORIZATION FOR CONNECTION (Contract Administrator or Designate)

Name/Position (Print)

Signature

Date



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Witness Connection:

Date: _____ (Within 7 Calendar Days of Receipt of Acceptable Micro Sampling Results)

Start: _____ am
 pm

Supervising CWO: _____
Name (Print)

Pre-Connection (Distribution System)

Free Chlorine Residual: _____ mg/L Measured From: _____ CWO Initial: _____

Flushing Technique: Valve No.: _____ To Hydrant #: _____
Valve No.: _____ To Hydrant #: _____

Post-Connection (New Watermain)

Free Chlorine Residual: _____ mg/L Measured From: _____ CWO Initial: _____

Disinfection Completed: Ex. Main Cleaned & Sprayed w/1-5% HC Solution Tools Sprayed w/1-5% HC Solution
 New Main Swab & Sprayed w/1-5% HC Solution Other:

Additional Comments: (Work/practices not otherwise captured on forms ex. Tap & Sleeve Installation on different date than final connection)

Witnessed by (CWO):

Name (Print)

Signature