

**WATERMAIN COMMISSIONING CHECKLIST**

Date: \_\_\_\_\_

Subdivision / City Contract No.: \_\_\_\_\_

Certified Water Operator Contractor: \_\_\_\_\_

Site Plan Owner / Address.: \_\_\_\_\_

Construction Contractor: \_\_\_\_\_

Consulting Engineer Inspector: \_\_\_\_\_

**ALL work listed below must be COMPLETED and WITNESSED by the appropriate person and the table must be filled in prior to CKL authorization for connection to the Municipal Water Infrastructure**

Item	Work Description	Work to be Performed By:	Work to be Witnessed/Inspected By:	Contractor Signature	Consultant Signature	Date (Y/M/D)	Witnessed By CKL Staff:	
							Print Name	Initials
1	Loading of Watermain	Certified Water Operator Contractor	Consultant					
2	Swabbing	Certified Water Operator Contractor	Consultant City Staff					
3	Flushing (Turbidity < 5 NTU)	Certified Water Operator Contractor	Consultant City Staff					
4	Hydrostatic Leakage Testing	Certified Water Operator Contractor	Consultant City Staff					
5	Disinfecting Watermain (residual 50mg/l)	Certified Water Operator Contractor	Consultant					
6	24-hour Check (min 25mg/l residual)	Certified Water Operator Contractor	Consultant					
7	Removal and disposal of Super-chlorinated Water (residual 0.5mg/l max.)	Certified Water Operator Contractor	Consultant					
8	Option A Initial Samples (immediately after above item)	Certified Water Operator Contractor	Consultant					
9	Option B Initial Samples (16 hours after item 7)	Certified Water Operator Contractor	Consultant					
10	Option A Second Samples (16 hours after initial sample)	Certified Water Operator Contractor	Consultant					
11	Option B Second Samples (minimum 15 minutes after initial sample while sampling taps are left running)	Certified Water Operator Contractor	Consultant					
12	Sample Results	Certified Water Operator Contractor	Certified Lab					
13	Tracer Wire Conductivity	Certified Water Operator Contractor	Consultant City Staff					
14	Valve Box Condition	Certified Water Operator Contractor	Consultant City Staff					
15	Fire Hydrant Condition	Certified Water Operator Contractor	Consultant City Staff					
16	Final Connection(s)	Construction Contractor	Consultant City Staff					

I \_\_\_\_\_ authorize that I have received the completed Watermain Commissioning Checklist with acceptable bacteriological test results and have witnessed the connection to CKL municipal infrastructure.

CKL WWW Distribution Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CKL Engineering Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_