



SYABAS DISTRICT:
STERILIZING / FLUSHING / WATER QUALITY PIPELINE REPORT

Name of Development : _____
 File No. : _____
 Developer : _____
 Sterilizing : _____
 Agent : _____

Date	Location of Sterilizing	Pipeline Length (m)	Pipeline Dia. (m)	Volume of Water (m ³)	Chlorine (kg)	Time start	Time Finish

* End of 24 hour period the sterilizing mixture shall have a strength of at least 10ppm of chlorine.

Flushing :

Date	Location of Flushing	Time Start	Time Finish	Total Time (min)	Pipeline Length (m)	Pipeline Diameter (m)	Non - Revenue Water (NRW) (m ³)

Water Quality Test

Date		Location of Sampling					
Physical Parameter			Chemical Parameter			Microbiological	
R. Chlorine < 0.2 mg/l	Turbidity < 5 NTU	pH (6.5 - 9.0)	Aluminium 0.1 mg/l	Iron 0.2 mg/l	Manganese 0.3 mg/l	E.Coli (Absent)	T. Coliform (Absent)

General Remarks : Pass Fail

If not satisfactory, please list the following actions required to be taken by contractor / consultant: _____

Carried Out By : _____ (Contractor Signature) Supervised by : _____ (Consultant Signature)
 Name : _____ Name : _____
 Designation : _____ Designation : _____
 Date : _____ Date : _____

Witnessed By : _____ (SYABAS Signature) Witnessed By : _____ (SYABAS Signature)
 Name : _____ Name : _____
 Designation : Technician Water Quality Unit Designation : Head of Unit Water Quality Unit
 Date : _____ Date : _____