



CITY OF CHILLIWACK

Request for Water Sampling

Project Number : _____

City Project Number : _____

Date of Submission: _____
mm/dd/year

Requisition form must be received a minimum of **48 hours** prior to requested City sampling time.

Name of Engineer's Representative : _____

Company : _____

Contact Number : _____

Name of Contractor's Representative : _____

Company : _____

Contact Number : _____

Location of Works

Project Name : _____

Civic Address/Location : _____

Fraser Health Construction Permit Number or Application Verification

Hydrostatic testing results provided to the City of Chilliwack

Y / N

Date: _____

Contractor's Sample Date and Time

mm/dd/year

TIME

(Minimum 16 hrs after flushing,
and 24 hours before City sampling)

Requested City Sample Date and Time

(will not be scheduled by City on the day following a weekend)

mm/dd/year

TIME

To be Confirmed by City
(Between 7:15am & 8:45am)

City Project Manager/Representative

Department

Name

Requested Number of Samples

(A plan showing all proposed sample and tie in locations clearly identified is required in conjunction with this request form.)

**To be Confirmed by City **

Y / N

Have read and understood all the requirements as outlined in the "[Acceptance of New Watermain Construction](#)"

(This is to include the installation of water sample points as per City Standard Drawing "Test Point Installation")

Y / N

One set of "PASSING" sample results submitted to the City

Attachments:

IMPORTANT

Failure to present the requested information may result in sampling and tie in delays.

HPC Testing will be completed by the City and may result in testing failure if levels are above acceptable limits.

City Sample results will only be provided following submission of the contractor's sample results.