

# PORT ST. LUCIE UTILITY SYSTEMS DEPARTMENT DISINFECTION TEST REPORT

Project Name

PSLUSD Project Number

Engineer of Record

Project Contractor

Inspector

Signature

Main Diameter/ Length	Type of Disinfectant	Test Locations	Disinfectant residual after flushing in ppm	Initial Disinfectant Residual	24 Hour Disinfectant Residual	Pass/Fail	Comments
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Flushing Start Date:

Initial Date

24 Hour Date

Flushing End Time

Start Time

Start Time

End Time

End Time