


Contractor's Smoke Testing Form

Project No. _____ Contractor _____ Technician _____	Date _____ Length _____ Predominate Surface Cover _____
---	---

Manhole Number UPSTREAM	SAND BAGGED		BLOWER		Manhole Number DOWNSTREAM	SAND BAGGED		BLOWER						
	Y / N	Y / N	Y / N	Y / N										
OBS No.	Source Address/Location (All Positive and Suspect)		Distance from UPS MH	Distance from mainline Left Right		Result	Status	Source Type	Smoke	Area Ft Ft		Run Off	TV Y / N	DVD NO.
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														

<div style="display: flex;"> <div style="flex: 1;">  <p style="margin-top: 20px;">SKETCH</p> </div> <div style="flex: 2; padding-left: 20px;"> <p>RESULT CODES</p> <ol style="list-style-type: none"> 1 POSITIVE 2 SUSPECT 3 NEGATIVE 4 CANNOT TEST <p>STATUS CODES</p> <ol style="list-style-type: none"> 1 PRIVATE 2 PUBLIC <p>SOURCE TYPE CODES</p> <ol style="list-style-type: none"> 1 SERVICE LATERALS 2 TRANSITIONAL JOINT 3 DRIVEWAY DRAIN 4 WINDOW WELL DRAIN 5 STAIRWELL DRAIN 6 AREA DRAIN 7 DOWNSPOUT 8 DOWNSPOUT DRAIN 9 FOUNDATION DRAIN 10 BUILDING INSIDE 11 CATCH BASIN 12 STORM DITCH 13 STORM MANHOLE 14 MAIN SEWER 15 UPSTREAM MANHOLE 16 CLEANOUT 17 OTHER <p>SMOKE CODE</p> <ol style="list-style-type: none"> 1 LIGHT 2 MEDIUM 3 HEAVY <p>RUNOFF CODES</p> <ol style="list-style-type: none"> 1 0% PAVED 2 25% PAVED 3 50% PAVED 4 75% PAVED 5 100% PAVED </div> </div>
--

Other Leaks or Comments:
