



Public Works Utility Maintenance  
 2207 Edison Street  
 Ames, IA 50010  
 Phone 515-239-5550 Fax 515-239-5529  
 dweber@cityofames.org

## REQUEST FOR BACTERIA TEST

### Contractor to Contact

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**JOB ADDRESS:** \_\_\_\_\_ **JOB NAME:** \_\_\_\_\_

Combined Service  Separate Service

Fire Line Size \_\_\_\_\_ Domestic Service Size \_\_\_\_\_ Main Size \_\_\_\_\_

Length/Material \_\_\_\_\_ Length/Material \_\_\_\_\_ Length/Material \_\_\_\_\_

**Step One:** Chlorinate line pounds used \_\_\_\_\_ (use Table 3 on other side of form)  
*(flush big line first, the little line next on combined services)*

**Step Two:** Flush line (24 hours later, use Table 4 on other side of form)

Gallons flushed \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Test Chlorine level (use Hach kit) Total \_\_\_\_\_ Free \_\_\_\_\_ (need both)

To avoid delay, have sample point (>) prepared according to instructions on other side of this form.

**Draw a Site Map:** Indicate building location, direction, street location and valves involved, etc.



*Office use only*

|                       |
|-----------------------|
| SAMPLE TAKEN BY _____ |
| DATE OF SAMPLE _____  |
| TIME OF SAMPLE _____  |
| CHLORINE PPM _____    |
| REJECTED – WHY _____  |
| PASS FAILED _____     |

**NO ADDRESS ON BUILDING, NO SKETCH DRAWN**

**NO SAMPLE**

After groundwork inspection occurs, the pressure test, flush and sample shall be completed within two (2) weeks

- Obtain meter from the Water Meter Shop (239-5151)
- Use of water prior to an approved test will result in a municipal infraction
- Curb box or tapping valve must be off at all times  
*(must be visible and marked to avoid being covered by building material on site)*
- To avoid delay, please make site drawing on bacteria request form as clear and specific as possible (building orientation, test point location, valve and street location, etc.)
- To avoid inconvenience and possible construction site damage, must have floor drains accessible or a collection bucket available
- Sample collection point must be aimed downward to avoid contamination with a shut off control method (hose bib, ball valve w/90° elbow, etc.)

**Note: Fire Sprinkler Systems will not be connected to Fire Line until Fire Line Bacteria Sample passes.**

**Table 3**

Amount of Granular Chlorine in Pounds Needed to Chlorinate Water Main to 50 Mg/L  
Pipe Diameter in Inches

|     | <b>2</b> | <b>4</b> | <b>6</b> |
|-----|----------|----------|----------|
| 20  | 0.002    | 0.01     | 0.02     |
| 40  | 0.004    | 0.02     | 0.04     |
| 60  | 0.006    | 0.03     | 0.06     |
| 80  | 0.008    | 0.03     | 0.08     |
| 100 | 0.010    | 0.04     | 0.09     |
| 200 | 0.021    | 0.08     | 0.19     |
| 300 | 0.031    | 0.13     | 0.28     |

**Table 4**

Gallons of Water in Various Pipe Diameters and Lengths  
Pipe Diameter in Inches

|     | <b>2</b> | <b>4</b> | <b>6</b> |
|-----|----------|----------|----------|
| 20  | 3.3      | 13.0     | 29.4     |
| 40  | 6.5      | 26.1     | 58.7     |
| 60  | 9.8      | 39.1     | 88.1     |
| 80  | 13.0     | 52.2     | 117.4    |
| 100 | 16.3     | 65.2     | 146.8    |
| 200 | 32.6     | 130.5    | 293.6    |
| 300 | 48.9     | 195.7    | 440.4    |