ALLEN COUNTY SANITARY ENGINEERING DEPARTMENT
SANITARY DEFLECTION TEST REPORT
Inspected By: _____ Date: _____

Project Name: _____ Pipe Size & Material: _____

Contractor Name: _____ Date Construction Started: _____

Mailing Address: _____ Date Trench Backfilled: _____

_____ Date of Test: _____

Type: ☐ Mandrel ☐ Dimension Checked ☐ Go-No-Go Pig

THIS TEST SHALL BE PERFORMED NO EARLIER THAN 30 CALENDAR DAYS AFTER THE TRENCH HAS BEEN BACKFILLED.

MH	to MH	Length of Section	Passed	Comments

Reviewed By: _____ Date: _____