

FINAL COMPLETION APPLICATION

SANITARY MAIN

Project Name: _____

Submittal Date: _____

PCA Number: _____

Time Charge Number: _____

EO Number: _____

Field Inspector: _____

Conditions:

Work shall be considered as final completion when all pipe is laid; all manholes are complete; backfilling of pipe and manholes are compacted to grade; all required testing is complete and correction of all deficiencies made; and record drawings submitted in electronic format.

Conditions Meet: ☐ YES

Engineer Signature: _____ Date: _____

Conditions Meet: ☐ NO

(Exceptions requested shall be documented on attached checklist with a projected date of completion)

LTU Reviewer:

Date of Review: _____

Release Authorized By: _____

Date: _____

LTU Reviewer Notes:

	SANITARY MAIN		SUBMITTAL DATE:	
PROJECT NAME:			INSPECTOR:	
PROJECT NUMBER:		E.O. NUMBER:		
Final Completion Application				
<u>Items</u>	YES	NO	NA	Comments
All facilities installed				
Record drawing delivered				
All inspection reports complete				
Manhole invert inspected complete				
Manhole adjustments complete to finish grade				
Statement of compliance submitted				
Misc:				
Misc:				
Misc:				