## SUBSTANTIAL COMPLETION APPLICATION

## **SANITARY MAIN**

Project Name:		Submittal Date:				
PCA Number:	Time Charge Number:					
EO Number:	Number: Field Inspector:					
Conditions:						
Work shall be considered sub	ostantially complete when all pipe is laid; al	I manholes are complete; backfilling of pip				
and manholes is compacted t	to grade; all required testing is complete an	d accepted.				
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				SUBMI	IITTAL DATE:
PROJECT NAME:				INSPE	CTOR:
PCA NUMBER: E.O. NUMBE				_	
	Substantia	al Cor	mple	tion A	Application
<u>Items</u>		YES	NO	NA	Comments
All facilities installed					
Manhole condition meet specifications and free of debris (Visual inspection prior to submitting for LWW inspection)					
All required line testing complete and passed.					
Backfill to finish grade and tested (include density and the proctor used in Comments)					
Service connections placed per plan					
Manhole adjustments complete to finish grade					
Statement of compliance submitted					
Misc:					
Misc:					
Misc:					