

FINAL COMPLETION APPLICATION

WATER 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 hydrants and valves to grade and oriented; NDHHS Deviation Log submitted in its entirety with all required attachments; 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:

	WATER MAIN		SUBMITTAL DATE:	
PROJECT NAME:			INSPECTOR:	
PROJECT NUMBER:		E.O. NUMBER:		
Final Completion Application				
<u>Items</u>	YES	NO	NA	Comments
All facilities installed				
Chlorination complete and passed				
Valves/hydrants to grade and oriented				
Record drawing delivered				
All inspection reports complete				
Salvage hydrant and valves been returned to Water Division (<i>attach copy of Salvage Report</i>)				
Statement of compliance submitted				
Misc:				
Misc:				
Misc:				



**NDHHS TITLE 179-7-004.3 RECORDS
(PRESSURE TEST LOG)**

PROJECT NAME:		PROJECT NUMBER:	E.O. NUMBER:
CONSTRUCTION INSPECTOR:	COMPANY/DEPARTMENT:	CONSTRUCTION PROJECT MANAGER:	COMPANY/DEPARTMENT:
ENGINEER:	COMPANY/DEPARTMENT:	PROJECT OWNER:	

TEST NO.	DATE/LOCATION	PRESSURE TEST RESULTS (PASS/FAIL)	CORRECTIVE ACTION TAKEN FOR FAILURE
1	DATE: LOCATION:		
2	DATE: LOCATION:		
3	DATE: LOCATION:		
4	DATE: LOCATION:		
5	DATE: LOCATION:		

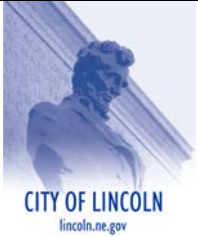
6	DATE: LOCATION:		
7	DATE: LOCATION:		
8	DATE: LOCATION:		
9	DATE: LOCATION:		
10	DATE: LOCATION:		

I, the undersigned, do certify that the information submitted is, to the best of my knowledge and belief, true and accurate and complete. Pass or fail results are based on field testing criteria established in Chapter 23 of the City of Lincoln Standard Specifications for Municipal Construction. **I also certify that the static pressure, upon placement of the main into service, was greater than twenty (20) pounds per square inch (psi) in the system.**

Project Manager (Printed)

(Signature)

Date



**NDHHS TITLE 179-7-004.3 RECORDS
(TEN STATE STANDARDS PROJECT DEVIATION LOG)**

PROJECT NAME:		PROJECT NUMBER:	E.O. NUMBER:
DESIGN PROJECT MANAGER:	COMPANY/DEPARTMENT:	CONSTRUCTION PROJECT MANAGER:	COMPANY/DEPARTMENT:
ENGINEER:	COMPANY/DEPARTMENT:	PROJECT OWNER:	BID LETTING DATE

PROJECT DESCRIPTION:

PROJECT PURPOSE

PIPE SIZE (IN.)

PIPE MATERIAL

OPERATING PRESSURE (PSI)

< 100 psi

DESIGN FLOW (GPM)

1,500 gpm

BACTERIOLOGICAL TESTS

(See Attached Documentation)

PRESSURE TESTS

(See Attached Documentation)

AS-BUILT RECORDS DRAWINGS

(See Attached Documentation)

(Engineer's Seal)



CERTIFICATION OF COMPLETION BY ENGINEER OR OWNER

DOCUMENTATION/JUSTIFICATION FOR DEVIATIONS

ITEM NO.	SHEET NO.	LOCATION AND DEVIATION	CORRECTIVE ACTION
	PHASE		
1		LOCATION:	
		DEVIATION FROM STANDARD:	
2		LOCATION:	
		DEVIATION FROM STANDARD:	
3		LOCATION:	
		DEVIATION FROM STANDARD:	
4		LOCATION:	
		DEVIATION FROM STANDARD:	
5		LOCATION:	
		DEVIATION FROM STANDARD:	
6		LOCATION:	
		DEVIATION FROM STANDARD:	
7		LOCATION:	
		DEVIATION FROM STANDARD:	