

SAN ANTONIO WATER SYSTEM SEWER SYSTEM FIELD ACCEPTANCE CHECKLIST

Project / Permit No.: _____

Title / Location: _____

Contractor: _____ **Consultant:** _____

Inspector: _____

Type of Project: **Bilateral** **Joint** **GCP** **Trilateral** **Permit**

<u>Items / Systems to check:</u>	<u>YES</u>	<u>/</u>	<u>NO</u>	<u>/</u>	<u>NA</u>	<u>Remarks</u>
Bedding material approved type, installed correctly.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	_____
Secondary backfill material approved type, installed correctly.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	_____
Backfill compaction done correctly, test reports submitted.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	_____
Manhole ring & cover approved type, installed correctly.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	_____
Manhole rings concrete encased.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	_____
All inverts correct.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	_____
Pipes flush with inside wall of manhole.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	_____
Sewer lateral drops protrude properly into main.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	_____
System free of debris.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	_____
Wiper pulled through all piping.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	_____
Throat rings and manholes wiped.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	_____
Laterals extend to property line.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	_____
All required pipe tests passed / test reports submitted:						
Air test	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	_____
Hydrostatic test	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	_____
Vacuum test	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	_____
Mandrel pulled through.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	_____
Video tape of system submitted and approved.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	_____
Asphalt patchwork acceptable.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	_____
Site cleaned up and area restored.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	_____
Contractor's "red-line" drawings complete and	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	_____
cross checked with Inspector's "mark-up" drawings						
All parties sign "red-line" drawings.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	_____
"Red-line" drawings submitted to Consultant.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	_____

Punchlist Items: _____

Type of Pipe: PVC SDR 26 DI RCP RFP Other _____
 PVC SDR 35 C 900

Manufacturer: _____

Size / Length of Pipe: 8" _____ LF 12" _____ LF 24" _____ LF
 Other: _____ Inch _____ LF

Manhole Type: _____ **# Manholes:** _____

Contract Completion Date: _____ **Final Inspection Date:** _____

Warranty Start Date: _____ **Warranty Period:** _____

Date flows can be introduced into system: _____

Signatures:

SAWS Inspector

Contractor

Consultant