

Kelly Lake Sanitary District 9535 Green Acres Street Suring WI 54174

Phone: 920-842-4527

email: kellylakesanitary@gmail.com

I, the undersigned, hereby certify that the work performed by me is in accordance with the procedures and method in accordance with state statute, and that the undersigned contractor is insured and bonded for work to be performed.

CONTRACTOR NAME _____ TITLE _____ License No. _____

PROPERTY OWNER NAME _____ PROPERTY ADDRESS _____

FILL IN INDICATED DISTANCES * = DONE ON MAP

- * Structures make diagram of lateral work
 - * Show Wall of structure (W)
 - * Where changes of direction-Show degree of turns
 - * Distance between each cleanout
 - * Length/Depth of clean out pipe to lateral
 - * Indicate Well and water line
 - * Indicate all Roadways
 - * Indicate all Branch lines if any
 - * Indicate **North**
 - * Indicate lateral lines distances from lot lines
- Was bedding used? What Type?*

Type of native material at bottom of trench?

Indicate size and material of pipe used?

Indicate Total amount of Pipe material Used?

ROAD

DATE WORK COMPLETED _____ CONTRACTORS SIGNATURE _____

DATE INSPECTED BY KELLY LAKE SANITARY DISTRICT REP. _____ REP. SIGNATURE _____

**FORM TO BE COMPLETED AND SIGNED AT TIME OF INSPECTION BY BOTH CONTRACTOR AND SANITARY REPRESENTATIVE
REPRESENTATIVE WILL TURN IN TO DISTRICT OFFICE
REMINDER DISTRICT REQUIRES 72 HOUR NOTICE FOR INSPECTION**

