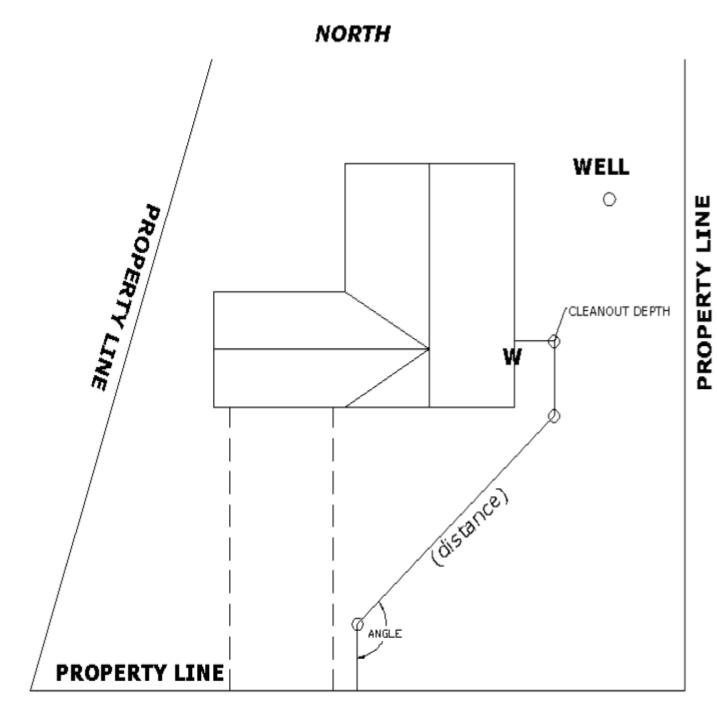
Kelly Lake Sanitary District 9535 Green Acres Street Suring WI 54174

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	
ROPERTY OWNER NAME	PROF	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?		2042	
		ROAD	
DATE WORK COMPLETED	CONTRAC	TORS 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 REPRESENATIVE
REPRESENATIVE WILL TURN IN TO DISTRICT OFFICE
REMINDER DISTRICT REQUIRES 72 HOUR NOTICE FOR INSPECTION



ROAD