

SEWER TAP LOCATION

CUSTOMER NAME: _____ CUSTOMER NO: _____

ADDRESS: _____ CONSTRUCTION DRAWING NO.: _____

TYPE OF SYSTEM: GRAVITY () PRESSURE () VACUUM () SHARED SERVICE: YES () NO ()

IF SHARED SERVICE, WITH WHOM? CUSTOMER NO: _____
NAME: _____

GRAVITY:

LOCATION: _____ FEET UPSTREAM OF MANHOLE: _____

PRESSURE:

GRINDER PUMP NO: _____ PUMP SERIAL NO: _____
(EXAMPLE: GP A1-34)

TYPE OF GRINDER PUMP: ACCESSWAY DEPTH: _____ FEET
A () B () C ()

VACUUM:

VALVE PIT NO: _____ VALVE SERIAL NO: _____
(EXAMPLE: B2-5) (ENTERED BY OWNER)

TYPE OF LID: HEAVY DUTY () LIGHT WEIGHT () TYPE OF VALVE PIT: A () B ()

LATERAL/STUB-OUT INFORMATION:

MATERIAL: SCHEDULE 40 () SDR 35 () SDR 26 () SDR 21 () OTHER: _____ ()

PIPE: DIAMETER: _____ INCHES LENGTH: _____ FEET DEPTH: _____ FEET
NOTE: ALL STUB-OUTS AND LATERALS TO BE INSTALLED AT MINIMUM GRADE. DEVIATION ONLY
WHEN AUTHORIZED BY ENGINEER.

REASON FOR DEVIATION: _____

COMMENTS: _____

DATE INSTALLED: _____ ENGINEER'S REPRESENTATIVE: _____

Did Engineer's Representative actually witness the installation prior to backfill? YES ()
NO ()

FOR USE BY OWNER

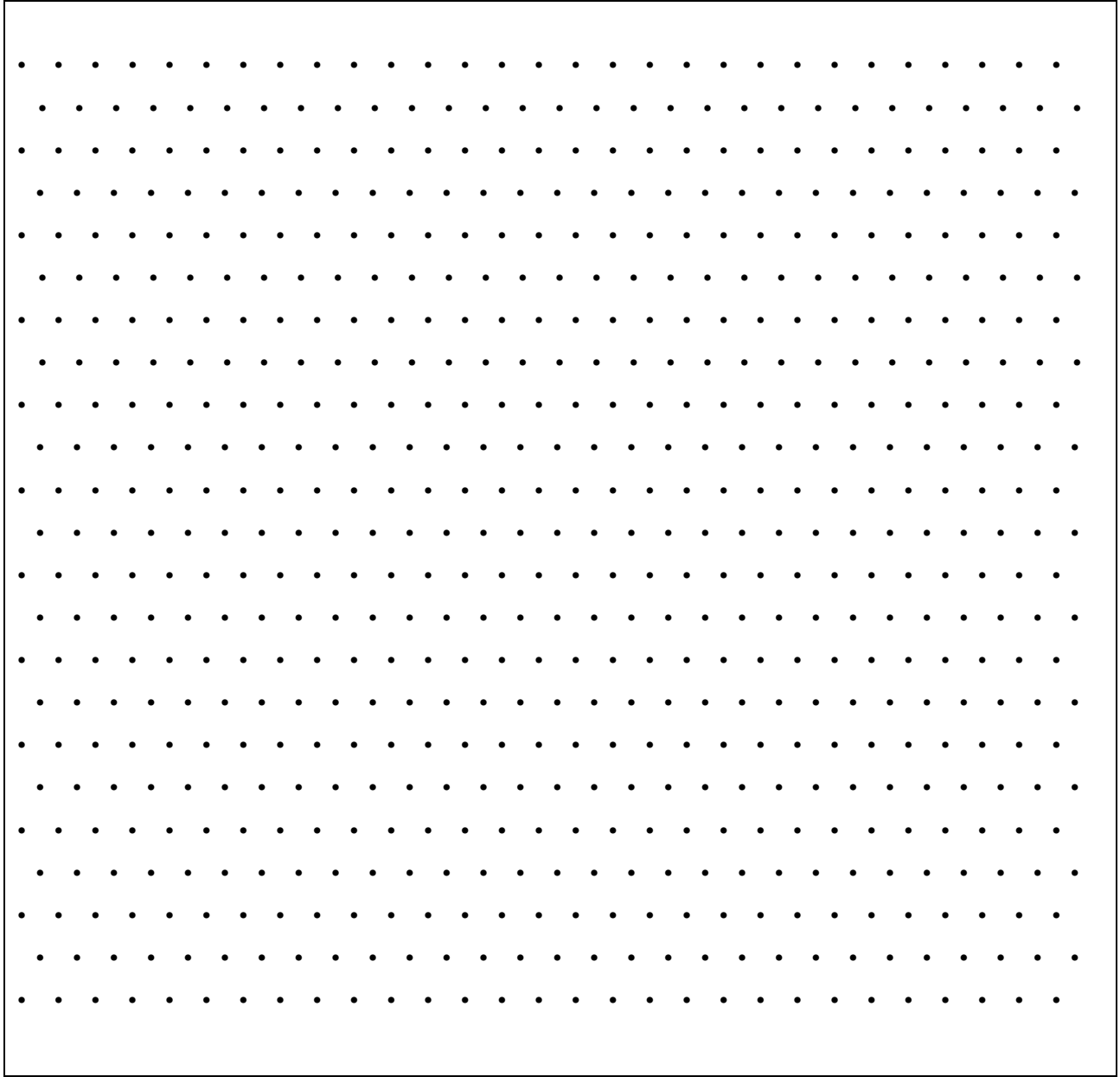
ACCOUNT NO: _____ RECORD DRAWING NO: _____

COMMENTS: _____

OWNER'S INSPECTOR: _____

CUSTOMER TIE-IN DATE: _____

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COMMENTS
