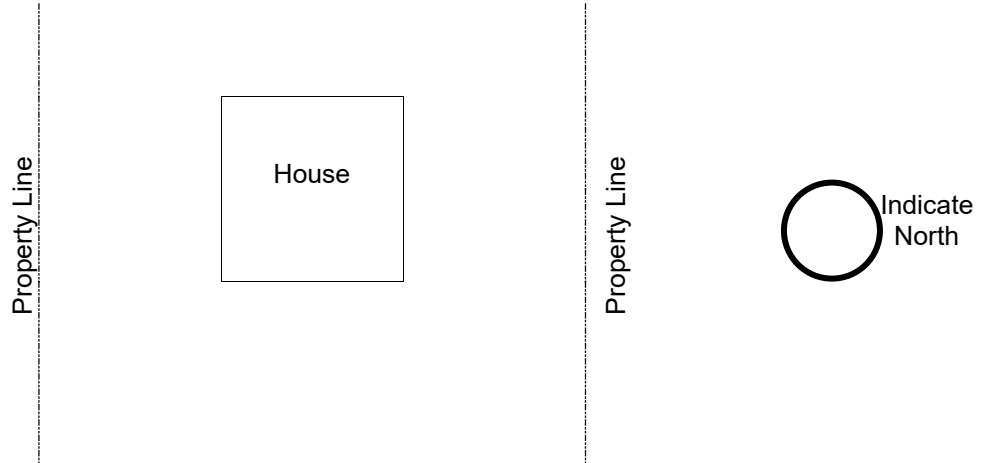
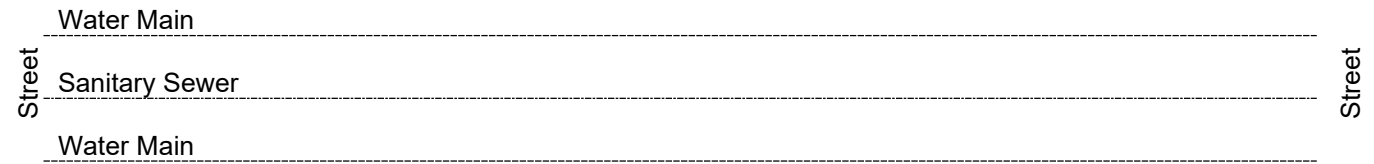


Site Address: \_\_\_\_\_ Permit # \_\_\_\_\_

Excavating Contractor: \_\_\_\_\_ Plumbing Contractor: \_\_\_\_\_



Sidewalk:  Yes  No  
Curb:  Yes  No



BUILDING SEWER	WATER SERVICE	STORM SEWER SERVICE
Pipe Size:	Pipe Size:	Date of Installation:
Type of Pipe:	Type of Pipe:	Pipe Size:
Date Bldg Stubbed Into:	Date Bldg Stubbed Into:	Type of Pipe:
Date Connected On:	Date Connected On:	Storm Sewer Service Stubbed Into Property: <input type="checkbox"/> Yes <input type="checkbox"/> No Depth to Invert _____ ft.
Date Repaired:	Date Repaired:	
<input type="checkbox"/> Riser <input type="checkbox"/> Wye <input type="checkbox"/> Tap Approx. _____ ft. from surface	Depth of Water Main:	<b>REMARKS</b>
Bldg Sewer Stubbed Into Property Line: <input type="checkbox"/> Yes <input type="checkbox"/> No Depth _____ ft.	Fire Line: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tap Location: <input type="checkbox"/> Top <input type="checkbox"/> Side <input type="checkbox"/> 45°	Domestic Water: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bldg Sewer Insulated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tap Location: <input type="checkbox"/> Top <input type="checkbox"/> Side <input type="checkbox"/> 45°	
	Water Service Insulated: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Water Service Stubbed Into Property Line: <input type="checkbox"/> Yes <input type="checkbox"/> No Depth: _____ ft.	