

SUBSTANTIAL COMPLETION APPLICATION

WATER MAIN

Project Name: _____

Submittal Date: _____

PCA Number: _____

Time Charge Number: _____

EO Number: _____

Field Inspector: _____

Conditions:

Work shall be considered substantially complete when all pipe is laid; all hydrants, valves, fittings and appurtenances installed and operable; backfilling of pipe and hydrants are compacted to grade; required tests complete and accepted; and NDHHS Deviation Log submitted in its entirety with all required attachments.

Conditions Meet: ☐ YES

Engineer Signature: _____ Date: _____

Conditions Meet: ☐ NO

(Exceptions requested shall be documented on attached checklist with a projected date of completion)

LTU Reviewer: _____

Date of Review: _____

Release Authorized By: _____

Date: _____

LTU Reviewer Notes:

	WATER MAIN		SUBMITTAL DATE:	
PROJECT NAME:			INSPECTOR:	
PCA NUMBER: E.O. NUMBER:				
Substantial Completion Application				
<u>Items</u>	YES	NO	NA	Comments
Depth and alignment per plan				
Approved pipe material used				
Bedding/Compaction meet city specification (include density and the proctor used in Comments)				
All hydrant/valve location adjustments made				
NDHHS Deviation Log complete with required attachments				
All pipe disinfection complete and passed on first try				
Pipe storage protection meet city specifications				
All tracer wire installed in conjunction with pipe installation and tested				
Flush outlet location approved by PM (maintain testing and minimize impact to paving operations)				
Statement of compliance submitted				
Misc:				
Misc:				
Misc:				



**NDHHS TITLE 179-7-004.3 RECORDS
(PRESSURE TEST LOG)**

PROJECT NAME:		PROJECT NUMBER:	E.O. NUMBER:
CONSTRUCTION INSPECTOR:	COMPANY/DEPARTMENT:	CONSTRUCTION PROJECT MANAGER:	COMPANY/DEPARTMENT:
ENGINEER:	COMPANY/DEPARTMENT:	PROJECT OWNER:	

TEST NO.	DATE/LOCATION	PRESSURE TEST RESULTS (PASS/FAIL)	CORRECTIVE ACTION TAKEN FOR FAILURE
1	DATE: LOCATION:		
2	DATE: LOCATION:		
3	DATE: LOCATION:		
4	DATE: LOCATION:		
5	DATE: LOCATION:		

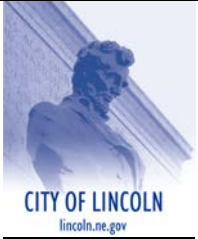
6	DATE: LOCATION:		
7	DATE: LOCATION:		
8	DATE: LOCATION:		
9	DATE: LOCATION:		
10	DATE: LOCATION:		

I, the undersigned, do certify that the information submitted is, to the best of my knowledge and belief, true and accurate and complete. Pass or fail results are based on field testing criteria established in Chapter 23 of the City of Lincoln Standard Specifications for Municipal Construction. **I also certify that the static pressure, upon placement of the main into service, was greater than twenty (20) pounds per square inch (psi) in the system.**

Project Manager (Printed)

(Signature)

Date



**NDHHS TITLE 179-7-004.3 RECORDS
(TEN STATE STANDARDS PROJECT DEVIATION LOG)**

PROJECT NAME:		PROJECT NUMBER:	E.O. NUMBER:
DESIGN PROJECT MANAGER:	COMPANY/DEPARTMENT:	CONSTRUCTION PROJECT MANAGER:	COMPANY/DEPARTMENT:
ENGINEER:	COMPANY/DEPARTMENT:	PROJECT OWNER:	BID LETTING DATE

PROJECT DESCRIPTION:

PROJECT PURPOSE

PIPE SIZE (IN.)

PIPE MATERIAL

OPERATING PRESSURE (PSI)

< 100 psi

DESIGN FLOW (GPM)

1,500 gpm

BACTERIOLOGICAL TESTS

(See Attached Documentation)

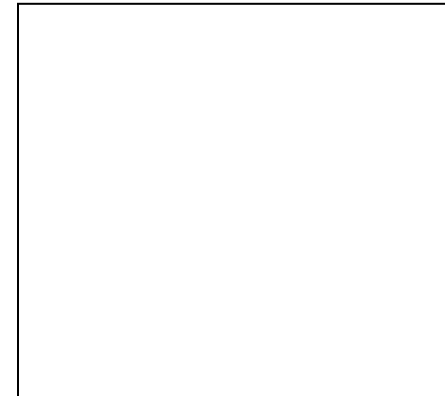
PRESSURE TESTS

(See Attached Documentation)

AS-BUILT RECORDS DRAWINGS

(See Attached Documentation)

(Engineer's Seal)



CERTIFICATION OF COMPLETION BY ENGINEER OR OWNER

DOCUMENTATION/JUSTIFICATION FOR DEVIATIONS

ITEM NO.	SHEET NO.	LOCATION AND DEVIATION	CORRECTIVE ACTION
	PHASE		
1		LOCATION:	
		DEVIATION FROM STANDARD:	
2		LOCATION:	
		DEVIATION FROM STANDARD:	
3		LOCATION:	
		DEVIATION FROM STANDARD:	
4		LOCATION:	
		DEVIATION FROM STANDARD:	
5		LOCATION:	
		DEVIATION FROM STANDARD:	
6		LOCATION:	
		DEVIATION FROM STANDARD:	
7		LOCATION:	
		DEVIATION FROM STANDARD:	