## **CLARK REGIONAL WASTEWATER DISTRICT**

## PRIVATE TV SUBCONTRACTOR INSPECTION REQUEST

Phone: (360) 750-5876 Fax: (360) 750-7570 **TV Request #** 

(Date Received Stamp)

The Clark Regional Wastewater District <u>requires a 2 working day notice</u> to allow time to schedule the District Maintenance Inspector. This two (2) day process begins when notice is received by the District, <u>provided that the project is ready (including all inspection, channeling, etc.).</u>			
PROCE	EDURE		
1)	The contractor will make sure that all we	ork is done including:	
	☐ Mandrel & air testing	☐ Line flushing & cleaning	
	☐ All manhole channeling	☐ Passing compaction testing ☐ Passing compaction testing	
2)	The District Inspector has completed pr	e-TV inspection and signed this form.	
3)	<ol> <li>The contractor shall submit this form to the District Maintenance Supervisor after District Inspector's signature.</li> </ol>		
4)	4) The TV inspection subcontractor must be approved by the District.		
5)	The TV Subcontractor will not begin TV not observed the placing of test water in	inspection of facilities if the District Maintenance Inspector has in the lines.	
Date	e of Request:	Date of Requested Inspection:	
	•	Date of Requested Inspection: Phone No	
San	itary Sewer Contractor:		
San TV S	itary Sewer Contractor:  Subcontractor:	Phone No	
San TV S	itary Sewer Contractor:  Subcontractor:	Phone No Phone No	
San TV S Proj	itary Sewer Contractor:  Subcontractor:  ect Name:  or Approval:	Phone No Phone No District Job No  Date:	
San TV S Proj Inspect (Ready	itary Sewer Contractor:  Subcontractor:  ect Name:  or Approval:  for TV Inspection)	Phone No Phone No District Job No  Date: (Signature)	
San TV S Proj Inspect (Ready	itary Sewer Contractor:  Subcontractor:  ect Name:  or Approval:	Phone No Phone No District Job No  Date:	
San TV S Proj Inspect (Ready	itary Sewer Contractor:  Subcontractor:  ect Name:  or Approval:  for TV Inspection)	Phone No Phone No District Job No  Date: (Signature)  Date:	
San TV S Proj Inspect (Ready Receive	itary Sewer Contractor:  Subcontractor:  ect Name:  or Approval:  for TV Inspection)  ed by Maintenance Supervisor:	Phone No	