## Notification of Intention to Carry Out Testing and inspections

To be lodged and submitted at least five (5) working days prior to the inspection date

Title Reference:					Vol:	Folio:
SPEAR Ref:					WPW Ref:	-
Job Descrip	otion					
Name:						
Subdivision:				Town:		
Requested	Inspecti	on Date				
Inspection date:			Start time:		Duration:	
Consultant	Details					
Company name:						
Mobile phone:						
Email:						
On site represen	tative:					
Contractor	Details					
Company name:						
Mobile Phone:						
Email:						
On site represen	tative:					
Service						
(please tick):	Water	Sewer	Recycled water	(where applicabl	(e)	



## **Reason for Site Visit Water Pipelines Sewer Pipelines** (please tick): **Construction Verification Audit** Disinfection & Water Visual Inspection **Quality Sampling End of Defects Liability** Field Hydrostatic **Ovality Testing Pressure Testing** Verification Audit Other Swabbing CCTV/Laser Profiling (provide details) Flushing MH Vacuum Testing Squirt Testing -**Compaction Testing** property connections Leakage Testing **Compaction Testing** (Air/Vacuum)



Consultant's signature:







Date:



