



# STORMWATER TRENCH BACKFILL COMPACTION TEST SUMMARY

*(attach individual test reports)*

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**TECHNICIAN CARRYING OUT TESTS**

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**TEST LOCATION**

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PLAN NO(S)	METREAGE FROM	TO
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Acceptance Criteria: *(please specify)*

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Tests results attached:      YES                      NO

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**Analysis of Results**

Trench backfill completed satisfactorily

OR

Trench backfill requires remedial work as follows:

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**Developer/Contractor's name**  
*(please print)*

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**Developer/Contractor's signature**

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**Date signed**