



WASTEWATER TRENCH BACKFILL COMPACTION TEST SUMMARY

(attach individual test reports)

TECHNICIAN CARRYING OUT TESTS

TEST LOCATION

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

Test results attached:

Analysis of Results

Trench backfill completed satisfactorily

OR

Trench backfill requires remedial work as follows:

Developer/Contractor name
(please print)

Developer/Contractor signature

Date signed