

# WATER SUPPLY PIPE LAYING CHECKLIST

**SITE ADDRESS:**

**NAME OF DEVELOPER:**

**NAME OF QUALIFIED  
WATER SERVICE PERSON:**

<b>Location:</b> Pipe length <i>(Intersection to Intersection and side)</i>	FROM				
	TO				
		Tick if satisfactory	Tick if satisfactory	Tick if satisfactory	Tick if satisfactory
Pipe size, pressure rating, material, acceptable products checked <i>(attach photo of manufacturer's stamp on pipe)</i>					
Foundation support attached					
Dynamic cone penetrometer (DCP) results available					
If under-cutting required, note metreage and DCP:					
Bedding type and backfill material <i>(DCP results for road crossings and driveways attached?)</i> YES NO					
Valves and hydrants not in carriageway					
Alignment and cover					
All service connections in place <i>(Table of water meter and backflow preventor numbers with corresponding lot numbers attached?)</i> YES NO					
Connections and Toby Box correctly located horizontally and vertically <i>(as per standard drawings)</i>					
Hydrants and valves positioned correctly <i>(as per standard drawings)</i>					
Thrust blocks installed					
Pipelines flushed					
As-built measurements taken prior to backfill					
Pressure test witnessed and passed by Council representative					

	Tick if satisfactory	Tick if satisfactory	Tick if satisfactory	Tick if satisfactory	Tick if satisfactory
Bacto sample taken and passed by Council representative PRIOR to connection to the live Council main					
Connection to live main by Council <i>(unless specifically approved)</i>					

Main left charged at FAC level of \_\_\_\_\_ ppm

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

\_\_\_\_\_  
**Developer/Contractor's signature**

\_\_\_\_\_  
**Date signed**

\_\_\_\_\_  
**Council Representative's name**  
*(please print)*

\_\_\_\_\_  
**Council Representative's signature**

\_\_\_\_\_  
**Date signed**