

# WHITE COUNTY WATER and SEWERAGE AUTHORITY

## PIPE VISUAL TEST REPORT

Development Name: \_\_\_\_\_

Development Location: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

**NOTE:** Testing shall be performed when section of pipeline being tested has been completely backfilled and all compaction requirements have been met.

Does the WCW&SA have soil compaction test results? Yes \_\_\_\_\_ No \_\_\_\_\_

Attach TV Testing Report by subcontractor to this report.

Date	From Station No. / To Station No.	Visual Test Accepted (Yes / No)
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____

If Visual Test not accepted, list station numbers and describe actions to correct pipe or joint.

\_\_\_\_\_  
\_\_\_\_\_

WCW&SA Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_