

CONSTRUCTION PHASE CLOSURE CHECKLIST

The following checklist is to be completed by the Authority's Engineer prior to Acceptance of Operational Responsibility of the Sanitary Sewer and Water Systems by the Authority.

*** If Applicable Item is Checked "No" Final Acceptance Letter can not be issued ***

PROJECT INFORMATION

Project Name: _____
Contract No.: _____
General Contractor: _____
RPR Inspector: _____
Owner: _____
Checklist Completed By: _____
Date: _____
Project Type: ☐ Sanitary Sewer ☐ Water

TESTING REPORTS

The following Testing Reports for the Project have been Approved:

Sanitary Sewer Systems:

Initial/Date

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Television Inspection	Date Completed:	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Ring Deflection	Date Completed:	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Air Testing	Date Passed:	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Infiltration/Exfiltration	Date Completed:	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Manhole Inspected	Date Inspected:	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	FM Pressure Test	Date Passed:	_____

Water System:

Initial/Date

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Air Testing	Date Completed:	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Hydrostatic	Date Passed:	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Hydrant Testing	Date Completed:	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Valves Inspected	Date Completed:	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Bacti Testing	Date Passed:	_____

COMPONENT ACCEPTANCE

The equipment, systems and structures that contain and comprise the component(s) listed above have been operated, inspected and found to be in compliance with the Contract Documents. Items listed on the punch list of items to be corrected, furnished, or calibrated can be found in compliance at a later date.

Component Acceptance Checklist Completed for the following Components:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____

MISCELLANEOUS REQUIREMENTS

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Final Road Grade Completed Prior to Final Inspection of MH Covers
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Final Road Grade Completed Prior to Final Cleaning of Manholes
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Sewer Leads Staked
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Final Road Grade Completed Prior to Final Inspection of Curb Stops, Valve Boxes, and Hydrants
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Water Leads Staked
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Final Inspection with Authority Engineer, Authority Utilities Director, and Contractor.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Received all necessary O & M Manuals
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Daily Reports (complete, legible)

PUMP STATIONS

Initial/Date

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Interior of Pump Station Inspected	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Pump Station Start Up (date completed)	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Water Tightness Test of Pump Station	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Grinder Pumps Start Up (date completed)	_____

CONFORMING TO CONSTRUCTION RECORDS

Developer or Developer's Engineer shall submit to Authority's Engineer conforming to construction records showing the plan and profile design of the sanitary sewer and water main systems. This plan will be prepared under the direction of, and sealed by, a registered professional engineer.

For all projects, the developer will submit the following forms of media for the conforming to construction records:

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2 sets, scaled 1" = 50' or less, on sheets no larger than 24" x 36", labeled as "Conforming to construction " |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 PDF Copy |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 electronic AutoCad submittal meeting the following standards: <ul style="list-style-type: none">• Use AutoCad blocks for utility structures & fittings. Each feature type should represent a unique block.• All pipe segments should connect to the center of each feature.• Pipe segments should not be broken for annotation purposes.• Annotate the pipe with text (not Mtext) with its insertion point near the line segment it represents. It can be on the same layer as the feature.• Each utility system should be created using several layers to help define its components. The layers should be identified or organized for the specific utility. Use the county coordinate system, which is Michigan State Plan South NAD83 International Feet, NAVD 88. |

FINANCIAL STATUS

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Authority has received all requested escrow monies? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A Maintenance bond for curb stops received? |

RESPONSIBILITY OF AUTHORITY'S ENGINEER

Initial/Date

- | | | | | |
|------------------------------|-----------------------------|------------------------------|--|-------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Punch List (issued, completed) | _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Shop Drawings (complete file) | _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Video Taping (date completed, tapes to client) | _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Sanitary Wye Sheets (complete, copies sent) | _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Water Lead Sheets (complete, copies sent) | _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Daily Reports (complete, legible) | _____ |