Bay County Department of Water and Sewer (DWS) Water Service Inspection Form

PRE-INSPECTION	
TOWNSHIP:	INSPECTOR NAME:
NAME: LAST FIRST	DATE:
SERVICE ADDRESS:	INSPECTION FEE:
NUMBER STREE INSPECTION FEE PAID: Y N IF NO, EXPLAIN WHY	
DO YOU HAVE A COPY OF THE DWS WATER SERVICE SEPCIFICATION (NOTE: DWS WATER SERVICE SPECIFICATIONS SHALL BE REFERENCED AND FOLLOWED WITH OTHER	
INSPECTION	
CONTRACTOR:	DATE INSTALLED:
TIME INSPECTION SCHEUDLED/STARTED:	TIME INSPECTION COMPLETED:
*SERVICE LINE INFORMAITON SIZE: TYPE: * NOTE: DWS STANDARDS REQUIRE ONLY TYPE "K" COPPER TO METER AND MINIMUM SERVICE DEPT	DEPTH:
ARE DITCHES GREATER THAN 3 FEET DEEP LOCATED ON EITHER SI	DE OF ROAD IN FRONT OF SERVICE? EXPLAIN.
ARE OBSTACLES/STRUCTURES LOCATED WITHIN TEN FEET OF SER	VICE LINE ON EITHER SIDE OF ROAD? EXPLAIN.
DOES SERVICE LINE MEET ALL APPLICABLE REQUIREMENTS?	Y N IF NO, EXPLAIN WHY:
**HAS A DETAILED DRAWING BEEN PROVIDED ON REVERSE SIDE ** IF NO DRAWING PROVIDED, THE DISTRICT/TOWNSHIP WILL BE CHARGED	
EXISTING CURB STOP? Y N IS CONNECTION COM	MPLETE TO CURB STOP? Y N
SERVICE READY FOR DWS CONNECTION TO MAIN?	Y N IF NO, EXPLAIN WHY:
APPROVED: Y N INSPECTOR SIGNATURE:	N ABOVE)
NOTES:	

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