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| GENERAL DETAILS | | | |
| **Project Name:** | TAURIKO ENABLKLING WORKS | Project Number: | DN1210 |
| **Pipe Material:** |  | Pipe Dia: |  |
| **Drawing No.** |  | **Rev No:** |  |
| **Location:** |  | Lot: |  |
| Date: |  | **By:** |  |

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| Set out | | | | | |
| **Item.** | **Description** | **Yes / N/A** | **Initials** | **Date** | **Comments:** |
| 1 | Confirm Stormwater alignment is as per latest Drawing revision and does not clash with other Services. |  |  |  | Design Engineer to approve if the location needs to be moved.  NCR/OFI/RFI No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2 | Check Survey Set out and mark out completed. |  |  |  | Max. 10m interval |
| 3 | Confirm correct location of Manholes or Chambers, Catchpits. |  |  |  | Refer to Dwg: |

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| Trench Excavation | | | | | |
| 4 | Ensure permits are in place. |  |  |  |  |
| 5 | Pothole existing services data in place. |  |  |  |  |
| 6 | Confined Space Permit required? |  |  |  | Trench depth > 1.5m must be shored or battered. |
| 7 | Foundation test conducted.  Granular Material: Scala 3 blows/100mm 5% CBR  Cohesive Material: Shear Vane Strength 70kPa |  |  |  |  |
| 8 | Undercut required? |  |  |  | Undercut depth: Metal: |

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| stormwater pipe installation, Backfill and Testing | | | | | |
| 9 | Check actual horizontal and vertical alignment achieved |  |  |  |  |
| 10 | Ensure pipe is checked & cleaned before being laid into the trench. |  |  |  | No vandalism, surface damage or deterioration. No install if found defective. |
| 11 | Line, level, and grade conformance checked |  |  |  |  |
| 12 | Ensure Bedding, surround & backfill materials are well-compacted and tested.  GAP20 - NDM- minimum 95%  LRAP65 - NDM- minimum 95% |  |  |  | At every 200mm compacted lift |
| 13 | Ensure installed pipeline has CCTV completed |  |  |  | No internal surface cracks. Clean from debris and contaminants. |

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| Location/Structure ID: | Size: |
| Class: |

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| **CROSS SECTION OF STORMWATER PIPE:** |

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| Comments |
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| ACCEPTANCE | | | | |
|  | | **Name** | **Signature** | **Date** |
| Inspection By: | Downer |  |  |  |