

SWG Sleeve Inspection Record

Circle One

Inspection Date: _____ Inspected by: _____

Date Notified: _____ WR#: _____

Project Name: _____

Developer: _____ Location: _____

Sleeve Contractor: _____

Contact Name: _____ Office _____

Sleeving Footage _____ Mobile _____

Service Trench (Circle) OK Rejected

Depth of sleeving _____

Glue Proedure

Mule Tape

Sleeving size

Shade (Circle) Sand Native

Reinspection Date _____

Reinspection Date _____

Date Sleeve Contractor Notified of Acceptance: _____

| |
|---------------------------------|
| Explanation of Sleeve Rejection |
|---------------------------------|

Sleeve Contractor is responsible for the location and final grade of trench.

Depth of Trench at time of Inspection _____

SWG requires that final grade for this trench be no less than _____ inches from the top of the gas pipe.

Final Grade Verified Name _____ Signature _____