CS-6 (7-24)



## PIPE INSTALLATION INSPECTION FORM

| Project #  |                   |  |                      | County, Route & Segment                    |                     |                  |                         |                         |        |  |  |  |  |  |  |  |
|--|-------------------|--|----------------------|--|---------------------|------------------|-------------------------|-------------------------|--------|--|--|--|--|--|--|--|
| Inspector  |                   |  |                      | Installation Date                          |                     |                  |                         |                         |        |  |  |  |  |  |  |  |
| Item #   |                   | Ref. #                                       |                      | Pro  | r                   |                  |                         |                         |        |  |  |  |  |  |  |  |
| Description  |                   |  |                      |  |                     |                  |                         |                         |        |  |  |  |  |  |  |  |
| Station  |                   | Plan   | Page                 | Pipe Mat'l (RCP, Metal, HDPE, Iron, Other) |                     |                  |                         |                         |        |  |  |  |  |  |  |  |
|  |                   |  |                      |  |                     |                  |                         |                         |        |  |  |  |  |  |  |  |
|  |                   | pe back or cut $\epsilon$<br>below top of pi |                      | Pipe Size                                  | Pipe Size inches    |                  |                         |                         |        |  |  |  |  |  |  |  |
| Ž  |                   | W  |                      | W = Width of                               | trench at Top o     | f Pipe           |                         |                         | feet   |  |  |  |  |  |  |  |
|  |                   | , vv   |                      | Refer to F<br>Note: Tre                    |                     |                  |                         |                         |        |  |  |  |  |  |  |  |
| Backfill   |                   | Do )   |                      | B = Thickness                              |                     | inches           |                         |                         |        |  |  |  |  |  |  |  |
|  |                   | <del></del>                                  |                      | T = Outside d                              |                     | inches           |                         |                         |        |  |  |  |  |  |  |  |
| D 11   |                   |  |                      | S = Total Dept                             | th of bedding. $\_$ |                  |                         |                         | inches |  |  |  |  |  |  |  |
| Bedding  | ∬ s               | В  |                      | Do = Outside                               | diameter of pip     | e                |                         |                         | inches |  |  |  |  |  |  |  |
|  | <b> </b>          | <u> </u>                                     |                      |  |                     |                  |                         |                         |        |  |  |  |  |  |  |  |
|  |                   | Tranch & B                                   | edding Che           | ooke* (Aetu                                | al Field Ma         | acurama          | nto)                    |                         |        |  |  |  |  |  |  |  |
| Check Statio   |                   |  | W W                  | B  | S S                 |                  | <u> </u>                | ial T                   | Doto   |  |  |  |  |  |  |  |
| Check Statio   | - A LOCATION      |  | VV                   | В  | 3                   | Do               | o Init                  | ıaı                     | Date   |  |  |  |  |  |  |  |
|  |                   |  |                      |  |                     |                  |                         |                         |        |  |  |  |  |  |  |  |
|  |                   |  |                      |  |                     |                  |                         |                         |        |  |  |  |  |  |  |  |
|  |                   |  |                      |  |                     |                  |                         |                         |        |  |  |  |  |  |  |  |
|  |                   |  |                      |  |                     |                  |                         |                         |        |  |  |  |  |  |  |  |
| * Check every 50   | feet, with a mir  | nimum of two ch                              | necks per run.       | <u> </u>                                   | I                   | <u> </u>         | '                       |                         |        |  |  |  |  |  |  |  |
|  | Grade             | Ba   | ckfill (Docu         | ment dens                                  | itv usina T         | R-478A o         | r TR 4276A              | )                       |        |  |  |  |  |  |  |  |
| Field  | Check             |  | <u> </u>             |  | 1                   |                  |                         |                         |        |  |  |  |  |  |  |  |
| Measurements<br>(Depth - ft)                             | Method<br>(Ruler, | Compaction<br>Method/                        | Soil or<br>Aggregate | % passing 3/8" sieve                       | Lift<br>Thickness   | Density required | # compactor passes/lift | Inspector's<br>Initials | Date   |  |  |  |  |  |  |  |
|  | laser)            | Equipment                                    | Type                 | 3/6 Sieve                                  | (inches)            | (% SPD)          | passes/iiit             | lnsp<br>In              |        |  |  |  |  |  |  |  |
| 0' - 3'  |                   |  |                      |  |                     | 100 %            |                         |                         |        |  |  |  |  |  |  |  |
| 3' -   |                   |  |                      |  |                     | %                |                         |                         |        |  |  |  |  |  |  |  |
|  |                   |  |                      |  |                     | %                |                         | <u> </u>                |        |  |  |  |  |  |  |  |
|  |                   |  |                      |  |                     | %                |                         | -                       |        |  |  |  |  |  |  |  |
|  |                   |  |                      |  |                     | %                |                         | 1                       | 1      |  |  |  |  |  |  |  |
| Type of Joints (601.3d) Joints Installed Satisfactorily? |                   |  |                      |  |                     |                  |                         |                         |        |  |  |  |  |  |  |  |
| Materials: Certi   | fied or Testec    | and approved                                 | d prior to incor     | poration into t                            | he project?         |                  |                         | Yes                     | □ No   |  |  |  |  |  |  |  |
| All pavement un  | dermining cu      | t hack and rer                               | noved prior to       | compaction?                                |                     |                  |                         | □Yes                    | □ No   |  |  |  |  |  |  |  |

| note location         | of existin | g cond   | duits | enco  | unter               | ed, w               | hethe               | r con               | necte          | d, plu       | igged        | and a        | aband          | loned               | , reco              | nnect               | ed, e               | c.   |            |        |            |
|-----------------------|------------|----------|-------|-------|---------------------|---------------------|---------------------|---------------------|----------------|--------------|--------------|--------------|----------------|---------------------|---------------------|---------------------|---------------------|------|------------|--------|------------|
|                       |            |          |       |       |                     |                     |                     |                     |                |              |              |              |                |                     |                     |                     |                     |      |            |        |            |
|                       |            |          |       |       |                     |                     |                     |                     |                |              |              |              |                |                     |                     |                     |                     |      |            |        |            |
|                       |            |          |       |       |                     |                     |                     |                     |                |              |              |              |                |                     |                     |                     |                     |      |            |        |            |
|                       |            |          |       |       |                     |                     |                     |                     |                |              |              |              |                |                     |                     |                     |                     |      |            |        |            |
|                       |            |          |       |       |                     |                     |                     |                     |                |              |              |              |                |                     |                     |                     |                     |      |            |        |            |
|                       |            |          |       |       |                     |                     |                     |                     |                |              |              |              |                |                     |                     |                     |                     |      |            |        |            |
|                       |            |          |       |       |                     |                     |                     |                     |                |              |              |              |                |                     |                     |                     |                     |      |            |        |            |
| Sketch Area:          |            |          |       |       |                     |                     |                     |                     |                |              |              |              |                |                     |                     |                     |                     |      |            |        |            |
|                       |            |          |       |       |                     | \                   | 7                   | T<br>!<br>!         | [              | ,            | ]            | <br>         | r              | <br>                | 1                   | ,                   | T                   |      |            |        |            |
|                       | ++         | ·+       |       |       | <br> <br> <br> <br> | <del> </del>   | <del> </del> | <del> </del> | <del> </del> | <br> <br> <br> | <br> <br> <br> <br> |      |            |        |            |
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|                       |            |          |       |       | <br> <br>           | i<br><br>!          | i<br> <br>          | i<br> <br>          | <br>           | <br>         | <br>         | <br>         | i<br> <br>     | i<br> <br> <br>     | i<br> <br>          | i<br> <br>          | i<br> <br>          |      |            |        |            |
|                       |            | ·‡       |       |       | :<br> <br>          | ;<br>;<br>;         | Ι<br>γ<br>Ι         | Ι<br>γ              | <u> </u><br>   | <u>.</u>     | <u>.</u>     | <u> </u>     | i<br>          | i<br>Ι<br>γ<br>Ι    | i<br>1<br>γ<br>!    | Ι<br>γ<br>Ι         | ;<br>!              |      |            |        | <br>!<br>! |
|                       |            |          |       |       | <br>                |                     | i<br>               | i<br>               | <u> </u>       | <u> </u><br> | <u> </u><br> | <del> </del> | <u>.</u>       | i<br>               | i<br>               | i<br>               | i<br><br>!          |      |            |        |            |
|                       |            | ·‡       |       |       | <br>                |                     | :<br>!<br>!         | :<br>!<br>!         | <u> </u><br>   | <u> </u><br> | <u> </u><br> | <u> </u><br> | <u> </u><br>   | :<br>!<br>!         | i<br> <br>          | :<br>!<br>!         | :<br><br>!          |      |            |        |            |
|                       |            | i        | İ     |       |                     |                     | i<br>               | <u> </u><br>        | Ĺ              | <u>.</u>     | j            | <u>.</u>     | <u>.</u>       |                     | ļ<br>               | ļ<br>               | <u> </u><br>        |      |            |        |            |
|                       |            |          |       |       |                     |                     |                     |                     |                |              |              |              |                |                     |                     |                     |                     |      |            |        |            |
|                       |            |          |       |       |                     |                     |                     |                     |                |              |              |              |                |                     |                     |                     |                     |      |            |        |            |
| Inspector's Signature |            |          |       |       |                     | Date                |                     |                     |                |              |              |              |                |                     |                     |                     |                     |      |            |        |            |
|                       |            |          |       |       |                     |                     |                     |                     |                |              |              |              |                |                     |                     |                     |                     |      |            |        |            |
| By signing be         | low, I cer | tify tha | at my | / com | npany               | perfo               | rmed                | the v               | vork,          | the in       | forma        | ition c      | n bot          | h pag               | es of               | this fo             | orm is              | accu | rate, t    | the wo | ork        |
| complied with         |            |          |       |       |                     |                     |                     |                     |                |              |              |              |                |                     |                     |                     |                     |      |            |        |            |
|                       |            |          |       |       |                     |                     |                     |                     |                |              |              |              |                |                     |                     |                     |                     |      |            |        |            |
| Name (print):         |            |          |       |       |                     |                     |                     |                     |                |              |              |              |                |                     |                     |                     |                     |      |            |        |            |
| Company Nar           | me:        |          |       |       |                     |                     |                     |                     |                |              |              |              |                |                     |                     |                     |                     |      |            |        |            |
| Signature:            |            |          |       |       |                     |                     |                     |                     |                |              |              | Da           | te:            |                     |                     |                     |                     |      |            |        |            |

Remarks: Record problems, soft foundations, under cuts, rock, obstructions, utilities encountered, deviations, etc. Describe and