



OHIO COUNTY WATER DISTRICT WATER CONSTRUCTION REVIEW CHECKLIST

Date: _____

Project Name: _____

Project Address: _____

The purpose of this checklist is to give the minimum requirements needed to expedite the Ohio County Water District's (OCWD) inspection and acceptance process of water main extensions. As-builts and a construction certification letter will be required stating the construction, testing, and inspections were successfully completed per the OCWD's Water Standards Manual. Please refer to Water Standards Manual for specifications and testing details.

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|---|--|
| <input type="checkbox"/> Water Pressure Test @ 200 psi Min 6 Hours | <input type="checkbox"/> Installation Meets Specifications |
| <input type="checkbox"/> Flush Water Lines | <input type="checkbox"/> Bedded Properly |
| <input type="checkbox"/> Disinfect @ 50 ppm | <input type="checkbox"/> Installed Properly |
| <input type="checkbox"/> Samples Collected | <input type="checkbox"/> Backfilled Properly |
| <input type="checkbox"/> BacT Analysis Passed | <input type="checkbox"/> Horizontal Bends Blocked Properly |
| <input type="checkbox"/> All lines within Easement | <input type="checkbox"/> Vertical Bends Blocked Properly |
| <input type="checkbox"/> Minimum Cover of 36" | <input type="checkbox"/> Pipe Type Used Same As Plans |
| <input type="checkbox"/> Minimum Cover of 30" Under Erodible Stream | <input type="checkbox"/> Valves No More than 500' Apart Commercial |
| <input type="checkbox"/> Horizontal Clearance from Sewer 10' Min | <input type="checkbox"/> Valves No More Than 800' Apart Residential |
| <input type="checkbox"/> Vertical Clearance from Sewer 18" Min | <input type="checkbox"/> As-Builts |
| <input type="checkbox"/> Casing Pipe Used Meets Specifications | <input type="checkbox"/> Construction Certification Letter by KY
Registered Professional Engineer |
| <input type="checkbox"/> Pipe and Fittings Meet Specifications | |

The Engineer that stamped the submitted plans must sign this checklist and include with submittal.

Signature: _____ Date: _____