

DRAINAGE Checklist

Address:

Consent number:

Inspectors name:

Date:

| | | | | | |
|--------|---------|--------|--------|------|------|
| 8:00am | 10:00am | 1:00pm | 3:00pm | Pass | Fail |
| | | | | | |

| | |
|---------|------|
| Partial | Full |
| | |

Drainage

| | Pass | Fail | N/A |
|--|------|------|-----|
| Has permit been issued by Council | | | |
| Is the pipe material correct | | | |
| Is the drain cover correct | | | |
| Is the pipe bedding correct | | | |
| Have the correct gradients been achieved | | | |
| Are all inspection fittings installed | | | |
| Has a drain test been completed | | | |
| Is there a connection to the Council drain | | | |
| Is there a connection to a lateral in lot, kerb, or water course | | | |
| Have the pumps/alarm been installed | | | |
| Has the manhole been haunched correctly | | | |
| Has the as built plan been received | | | |
| Has a soakpit been installed | | | |
| Has the contractors registration been verified | | | |
| Is the system AS/NZ 3500 | | | |
| Is the system G13 | | | |

Comments