



ROCHESTER

Minnesota



DEPARTMENT OF PUBLIC WORKS
201 4th Street SE, Room 108
Rochester, MN 55904-3740
(507) 328-2400
FAX #(507) 328-2401

TV REQUEST FORM

Date

Consultant or Engineer

Project Name

Project Numbers

Submitted By

This letter is serve as written notification that the contractor, _____, has completed sanitary sewer and storm construction, including all manhole inverts on the above mentioned project.

On, _____ required AIR testing was satisfactorily completed.
DATE

On, _____ required DEFLECTION testing was satisfactorily completed.
DATE

On, _____ required VACUUM testing was satisfactorily completed.
DATE

Check the following box pertaining to sewer and water services.

- They are stubbed _____ feet beyond the curb box.
- They are NOT stubbed beyond the curb box.
- Not Applicable.

On _____ the sanitary sewers and storm sewer on the above project were televised.
DATE

Reviewed By: _____
Sewer Collection Department