ST JOHNS COUNTY UTILITY DEPARTMENT 2B - INSPECTION REQUEST FORM

Date:
Duc
Company:
Phone: Fax:
E-mail:
<i>Project Information</i> Name of Project (as appears in the approved construction drawings) and Phase (if applicable):
Request Date and Time 1. Request Date and Time:
2. Request Date and Time:
Scheduled (to be determined by SJCUD) 1. Schedule Date and Time:
Type of Inspection being requested
Wetwell Set Wet Tap Connection
Junction Manhole Set Cut –in Connection
Water / Sewer / Reuse Main Flushing (ft, material)
Water / Sewer / Reuse Main Pressure Test (ft, material)
Preliminary Walk-Through Inspection Pump Station Startup
Walk-Through Inspection Other
 Additional Information Submit this completed form to assigned inspector as follows:
NameemailPhone #Mobile #
Bo Reid breid@sjcfl.us 904.209.2656 904.669.7478
George Furlipa gfurlipa@sjcfl.us 904.209.2650 904.484.6450 Namen Fielder afielder@sicfl.us 004.209.2655 004.660.0527
Norman Fielder nfielder@sjcfl.us 904.209.2605 904.669.0537 Mitch Knowles mknowles@sjcfl.us 904-209-2616 904-466-2099

- All work is to be performed by underground utility contractor and must be scheduled at least 5 business days in advance with SJCUD. It is the engineer of record's responsibility to secure applicable FDEP permits in accordance with SJCUD permitting procedures.
- If the inspection cannot be executed at the scheduled time, the applicant must submit a new request. Please note that reapplying may require an additional 5 business days with SJCUD for rescheduling.

CONTRACTOR-Project Manager Name

ENGINEER-Project Manager Name

CONTRACTOR-Project Manager Signature

ENGINEER-Project Manager Signature