

# NORTH BRUNSWICK SANITARY DISTRICT

P.O. BOX 2230, LELAND, NC 28451-2230

910-371-9949 // 910-371-6441 FAX

## PROJECT CONSTRUCTION CHECKLIST

**Project Name:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

**Completion Date:** \_\_\_\_\_

**Engineer:** \_\_\_\_\_

## SUBSTANTIAL COMPLETION

\_\_\_ Engineer's Certification

\_\_\_ Bacteriological Testing Results (Absent or Negative) (Laboratory licensed in North Carolina)

\_\_\_ Pressure Testing Results

\_\_\_ Substantial Completion Walk Through Inspection

\_\_\_ Indemnity Agreement

\_\_\_ Copy of Utility License (for contractor)

\_\_\_ Certificate of Insurance (for contractor)

## FINAL ACCEPTANCE

\_\_\_ Record Drawings and Electronic Copy

\_\_\_ Deed of Dedication, Lien Waiver and Warranty

\_\_\_ Final Walk through Inspection

\_\_\_ Fixed Asset Information

## COMMENTS

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