



TRENCH INSPECTION REPORT

Building Permit # _____

Builder Contractor Name: _____ **Date:** _____

Email: _____ **Phone #:** _____

Mailing Address: _____

Service Address & Subdivision: _____

Legal Land Description: Lot: _____ Blk/Par: _____ Plan No.: _____ Ext.: _____

OR: 1/4 Sec: _____ Sec: _____ Twp: _____ Rge: _____ W2

A trench inspection undertaken by our maintenance personnel is required prior to back fill and service connection to the central water distribution system. Please contact the Municipal Office **24 hours prior** to intended inspection at 306-771-2522 to arrange a suitable time. Failure to arrange for a trench inspection may result in the service line having to be excavated for an inspection and/or fines.

Dirt Work Contractor: _____

Dirt Work Contractor Phone #: _____

Dirt Work Contractor Address: _____

**BUILDER CONTRACTOR
SIGNATURE**

**DIRT WORK CONTRACTOR
SIGNATURE**

****Water service will be turned on by our Maintenance Personnel only.** Theft of water where someone other than our Maintenance Personnel has turned on the water and breaches the provisions of the Water Utility Bylaw will be held liable and fined.

OFFICE USE ONLY

Trench Inspected By: _____ **RM REP. SIGNATURE**

Comments: _____

Notes: _____

