



MSD

<input type="checkbox"/> JEFFERSON COUNTY <input type="checkbox"/> CITY OF CRESTWOOD <input type="checkbox"/> OLDHAM COUNTY SANITATION DISTRICT <input type="checkbox"/> OTHER _____	<input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE
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AVAILABLE FOR CONNECTIONS

DATE: _____

PROJECT TYPE:

LATERAL EXTENSION

RECORD NO.: _____

ASSESSMENT/INTERCEPTOR

PROJECT NAME: _____

CONTRACTOR: _____

REPORTED BY: _____ TELEPHONE/PAGER NO. _____

PIPE: _____ 1st AIR TEST _____ 2nd AIR TEST _____ DEFLECTION TEST _____

M. H. VACUUM TEST _____ CHIMNEY SEAL TYPE USED _____

STREET NAME

LINE

STA. TO STA.

This project not complete All lines on this project are complete

Copies: G.I.S Records (P. C. Litch) Health Dept. (Traci Powell) Customer Service (Kathy Myers)

Area Team _____ _____

Contract File Private File

Distributed: _____ Applicant Notification _____
Date Date