

# RIVER FALLS MUNICIPAL UTILITIES

## SEWER & WATER LATERAL REQUEST FORM & INSPECTION REPORT

Application Date: \_\_\_/\_\_\_/\_\_\_ Address: \_\_\_\_\_ Permit #: \_\_\_\_\_ - \_\_\_\_\_

### REQUEST

INSPECTION DATE: \_\_\_\_\_ Time: \_\_\_\_\_ OR  WILL CALL TO VERIFY\*

\*Contact Utilities (715-425-0906) at least 24 hours in advance for "will call" appointments\*

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

Type:  New Construction  Replacement  Repair (Permit Not Required)

Excavator: \_\_\_\_\_ License #: \_\_\_\_\_ Restricted Service

WI Licensed Plumber: (to be on site) \_\_\_\_\_ License #: \_\_\_\_\_

Service Type:  INDUSTRIAL  COMMERCIAL  MULTI-FAMILY  SINGLE-FAMILY  
WATER \* SANITARY SEWER

Proposed pipe sizes & materials \_\_\_\_\_

\* Min. water lateral size: 1" Type-K Cu OR PEX/Polybutylene tubing equivalent

\* Tracer wire required per COMM 82.30 & 82.40.

(OFFICE USE ONLY)

### INSPECTION REPORT

#### WATER

#### SANITARY SEWER

- Depth at union with City..... \_\_\_\_\_ ' \_\_\_\_\_ "
- Depth at building: ..... \_\_\_\_\_ ' \_\_\_\_\_ "
- Vertical spacing between water and sewer laterals..... \_\_\_\_\_ ' \_\_\_\_\_ "
- Horizontal spacing between water & sewer laterals..... \_\_\_\_\_ ' \_\_\_\_\_ "
- Tracer wire to be a minimum of 18 gauge, insulated, and single-conductor type:  
**Circle one:**  Blue  Purple  Green  Brown
- Bedding materials to support laterals: \_\_\_\_\_ (per COMM 82.30)
- Curb stop opened by Utility to check for water leaks? Y N  Air test completed? Y N
- Frost protection required? Y N (If yes, then: 10' wide & 2" thick per WI Plbg Code)

Comments: \_\_\_\_\_

SKETCH OF INSTALLATION(S) (Use back if additional space is needed)

last updated 3/2021

INSPECTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_