



Wastewater Collection Facilities  
 Public Works Department  
 1410 20th Street SE Telephone: 503-588-6063  
 Salem, Oregon 97302 TTY: 503-588-6392

**BILLING NOTICE:  
 TV REINSPECTION SERVICE**

Constr. Permit # 

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Inspection Date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**BILLING NOTICE—TV REINSPECTION SERVICE**

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

Project Address: \_\_\_\_\_

Bill To:

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant is Contractor?  Yes  No

Contractor's Name: \_\_\_\_\_

City Construction Inspector: \_\_\_\_\_

Type Reinspection:  Final Acceptance  10-Month Warranty

Type Sewer:  Sanitary  Storm

**Location of Work:**

Map Segment No.: \_\_\_\_\_ - \_\_\_\_\_ to \_\_\_\_\_ - \_\_\_\_\_

Construction Station No.: \_\_\_\_\_ + \_\_\_\_\_ to \_\_\_\_\_ + \_\_\_\_\_

Reason for Reinspection:  Debris in Line or Manhole  Grade Problem  Structural Problem

Vehicle Access  Site Not Ready, \$145 charge

Other: \_\_\_\_\_

Reinspection Cost = Length \_\_\_\_\_ L.F. x \$1.30 Cost/L.F. = \$ \_\_\_\_\_ (Minimum Charge \$178)

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

Total Crew Hours: \_\_\_\_\_ Supervisory Approval By: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Check \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \$ \_\_\_\_\_ Credit \$ \_\_\_\_\_ Billed \$ \_\_\_\_\_ Rec'd \_\_\_\_ / \_\_\_\_ / \_\_\_\_ By \_\_\_\_\_

**Distribution:** Original—Construction Inspection; Copy 1—Finance, Cost Accounting; Copy 2—Applicant; Copy 3—Engineering Inspections;  
 Copy 4—TV Foreman, WWC Facilities