



# REQUEST FOR FINAL INSPECTION

METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO  
LOCAL SEWER SYSTEMS SECTION  
6001 PERSHING ROAD  
CICERO, IL 60804

Type or print this Request for Final Inspection (RFI) and submit in duplicate to the Local Sewer Systems Field Office at the above address. If there are any questions, please call the Field Supervisor at **(708) 588-4055**.

PERMIT NO. \_\_\_\_\_ NAME OF PROJECT: \_\_\_\_\_

LOCATION: \_\_\_\_\_ MUNICIPALITY: \_\_\_\_\_

Request is hereby made by the Permittee to the Metropolitan Water Reclamation District of Greater Chicago (MWRD) to approve the sewer project described above. This request is for the (complete / partial) project. If partial, describe on reverse side of form. The following information is submitted in support of the request:

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### CERTIFICATE BY INSPECTION (P.E.) ENGINEER:

NAME / COMPANY: \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ MUNICIPALITY: \_\_\_\_\_

I hereby certify that I have inspected the work covered by this permit during the progress of construction, that I have approved the material and workmanship, that I have not allowed any defective materials or poor workmanship on the project. I further certify that the completed permit work meets with my approval and that it is in substantial conformance with the plans and specifications, and I hereby recommend the acceptance of this project.

BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Print name and title of engineering representative)

BY: \_\_\_\_\_  
(Signature of engineering representative)



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### CERTIFICATE BY MUNICIPAL OR SYSTEM (P.E.) ENGINEER:

NAME / COMPANY: CITY OF DES PLAINES TELEPHONE NO. (847) 391-5390

ADDRESS: 1420 MINER STREET MUNICIPALITY: DES PLAINES

I hereby certify that the work completed under this permit has been inspected and meets with my approval and satisfaction and is in accordance with applicable requirements, and I hereby recommend the acceptance of this project.

BY: TIMOTHY P. OAKLEY, P.E., DIRECTOR OF ENGINEERING DATE: \_\_\_\_\_  
(Print name and title of engineering representative)

BY: \_\_\_\_\_  
(Signature of engineering representative)



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### CERTIFICATE BY PERMITTEE:

I hereby certify that this project has been completed and approved; and that to the best of my knowledge and belief, there has been no violation of any of the terms and conditions of this Permit nor any local laws, rules, regulations and ordinances applicable to the permit. I hereby recommend acceptance of this permit.

BY: TIMOTHY P. OAKLEY, P.E., DIRECTOR OF ENGINEERING DATE: \_\_\_\_\_  
(Print name and title of authorized official)

BY: \_\_\_\_\_ TELEPHONE NO. (847) 391-5390  
(Signature of authorized official)

**CERTIFICATE BY SEWER CONTRACTOR:** (NOT required by MWRD)

NAME / COMPANY: \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ MUNICIPALITY: \_\_\_\_\_

I hereby certify that the above project has been constructed of approved materials and that the project has been completed in conformance with the intent of the plans and specifications and is hereby warranted to be free from defects. I further certify that I have read the MWRD permit covering the project and that I have not violated any of the terms and conditions of the Permit

BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Print name and title of authorized official)

BY: \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_  
(Signature of authorized official)

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**CERTIFICATE BY DEVELOPER (CO-PERMITTEE):** (NOT required by MWRD)

NAME / COMPANY: \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ MUNICIPALITY: \_\_\_\_\_

I hereby certify that the project has been completed to my satisfaction and is accepted by me. I assume full responsibility for any defects or malfunctions in the completed project. I further certify that I have not violated any of the terms and conditions of the permit.

BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Print name and title of authorized official)

BY: \_\_\_\_\_  
(Signature of authorized official)

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**PARTIAL TEST:** If only a portion of the system covered by the permit is to be tested and approved, describe below.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**APPROVAL BY METROPOLITAN WATER RECLAMATION DISTRICT:**

The work covered by this permit has been tested and inspected and is hereby approved. The Permittee may grant occupancy at its option. This approval does not constitute a release from other obligations under the permit.



MWRD AREA INSPECTOR:  
\_\_\_\_\_  
(Print name and title)

MWRD AREA ENGINEER:  
\_\_\_\_\_  
(Print name and title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)