



City of Hamilton Water & Sewer Service Connection Report

Street Address: _____

Installation Date: _____

Installed By: _____

Inspected By: _____

Company Name: _____

Contact Number: _____

Type of Connection: (Circle One) Water Stub, Sewer Stub, Water Service, Sewer Service

<p style="text-align: center;">Plan View</p> <p>Include the following:</p> <ul style="list-style-type: none">• North arrow• Distance from nearest MH or valve• Main location• Length of service• Horizontal bends• Pipe size• Pipe material• Street names• Tie to property or building corners if available• Curb box & valve location if applicable• Cleanout location(s) if applicable	<p style="text-align: center;">N ↑</p>
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<p style="text-align: center;">Profile View</p> <p>Include the following:</p> <ul style="list-style-type: none">• Depth to main• Depth at end• Vertical bends• Ground surface• Foundation wall (if applicable)• Crossings	
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Inspectors Signature: _____

Date: _____