

**MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY
PUBLIC DRINKING WATER PROGRAM
RECORD OF CONSTRUCTION INSPECTION**

PUBLIC WATER SYSTEM NAME:

Public Water System ID. No : _____ **County Name :** _____

DATE: _____ **SRF PROJECT #:** _____

Review #: _____

Funding Source SRF _____ **EPA** _____ **STATE** _____

Project Name: _____

Project Engineer _____

PERSONS CONTACTED

NAME	TITLE	REPRESENTING

Contract # _____ **Completion Date** _____ **Original:** _____ **New:** _____

Contract # _____ **Completion Date** _____ **Original:** _____ **New:** _____

CONTRACTS

Contract Number	Contractor	Brief Description	Value \$	Contract Time

INSPECTION SUMMARY

LOAN CONDITIONS					
ENFORCEMENT DEADLINE					
DEFICIENCY LISTED IN CME					
WORK STATUS					
Contract Number	Contractor	Description			Percent Completed
CHANGE ORDERS					
Change Order Number	Description	Date Submitted	Date Approved	Amount	Contract Time Change
Are there any claims?					
Inspection done by:					

Comments: