

3375 Koapaka Street, Suite H402 Honolulu, Hawaii 96819 Phone: (808) 694-3105

Email: projectservices@aquaengineers.com

## **INSPECTION REQUEST (IR) APPLICATION FORM**

P	PROJECT INFORMATION				
Pi	Project Number (Aqua):				
	(Aqua Project Number Format: 00-111-AAA)				
11	INSPECTION DETAILS				
R	Requested By:				
	Name:	Title:			
	Company:				
		(Mobile):			
	Email Address:				
Lo	Location of Test (Provide location map detailing inspection areas and meeting location):				
R	Region (Circle one):				
	□ Schofield Barracks □ Schofield Barracks East Range □ Schofield Barracks South Range □ Wheeler Army Airfield □				
	□ Helemano Military Reservation □ Fort Shafter □ Aliamanu Military Reservation □ Coast Guard □				
	□ Tripler Army Medical Center □ Pililaau Recreational Center □ Fort Derussy □ Hale Koa Hotel □				
	•	•			
R	Requested Date(s) of Test/Inspection:	,			
Ty	Requested Date(s) of Test/Inspection:  Time:  Type of Test/Inspection Requested:  (Pipe, SMH, Ma	,			
Ty Pi	Requested Date(s) of Test/Inspection:  Time:  Type of Test/Inspection Requested:  (Pipe, SMH, Ma  Project Plans Sheets (Provide respective sheets/drawin	Estimated Duration: undrel, Vacuum, Low Pressure Air, Hydrostatic, etc.)			
Ty	Requested Date(s) of Test/Inspection:  Time:  Type of Test/Inspection Requested:  (Pipe, SMH, Ma	Estimated Duration:  undrel, Vacuum, Low Pressure Air, Hydrostatic, etc.)  ngs):			
Pr	Requested Date(s) of Test/Inspection:  Time:  Type of Test/Inspection Requested:  (Pipe, SMH, Ma  Project Plans Sheets (Provide respective sheets/drawin  Pipe Segment:  Diameter:  Test Calculations:	Estimated Duration:  undrel, Vacuum, Low Pressure Air, Hydrostatic, etc.)  ngs):			
Ty Pr	Requested Date(s) of Test/Inspection:  Time:  Type of Test/Inspection Requested:  (Pipe, SMH, Ma  Project Plans Sheets (Provide respective sheets/drawin  Pipe Segment:  Diameter:  Test Calculations:  Test Duration (Low Pressure Air):	Estimated Duration:  undrel, Vacuum, Low Pressure Air, Hydrostatic, etc.)  ugs):  Length:			
Ty Pr	Requested Date(s) of Test/Inspection:  Time:  Type of Test/Inspection Requested:  (Pipe, SMH, Ma  Project Plans Sheets (Provide respective sheets/drawin  Pipe Segment:  Diameter:  Test Calculations:  Test Duration (Low Pressure Air):  Allowable Leakage (Hydrostatic):	Estimated Duration:  undrel, Vacuum, Low Pressure Air, Hydrostatic, etc.)  ugs):  Length:			
Pi Pi	Requested Date(s) of Test/Inspection:  Time:  Type of Test/Inspection Requested:  (Pipe, SMH, Ma  Project Plans Sheets (Provide respective sheets/drawin  Pipe Segment:  Diameter:  Test Calculations:  Test Duration (Low Pressure Air):  Allowable Leakage (Hydrostatic):	Estimated Duration:  undrel, Vacuum, Low Pressure Air, Hydrostatic, etc.)  ugs):  Length:			
Pi Pi	Requested Date(s) of Test/Inspection:  Time:  (Pipe, SMH, Ma)  Project Plans Sheets (Provide respective sheets/drawin  Pipe Segment: Diameter:  Test Calculations:  Test Duration (Low Pressure Air):  Allowable Leakage (Hydrostatic):  Mandrel Test:  Sewer Manhole	Estimated Duration:  undrel, Vacuum, Low Pressure Air, Hydrostatic, etc.)  ngs):  Length:			
Pi Pi	Requested Date(s) of Test/Inspection:  Time:  Type of Test/Inspection Requested:  (Pipe, SMH, Ma  Project Plans Sheets (Provide respective sheets/drawin  Pipe Segment:  Diameter:  Test Calculations:  Test Duration (Low Pressure Air):  Allowable Leakage (Hydrostatic):  Mandrel Test:  Sewer Manhole Identification Number:	Estimated Duration:			
Pri Pri	Requested Date(s) of Test/Inspection:  Time:  Type of Test/Inspection Requested:  (Pipe, SMH, Ma  Project Plans Sheets (Provide respective sheets/drawin  Pipe Segment: Diameter:  Test Calculations: Test Duration (Low Pressure Air):  Allowable Leakage (Hydrostatic):  Mandrel Test:  Sewer Manhole Identification Number:  Upstream SMH:  Cover Size:	Estimated Duration:			
Ty Pi	Requested Date(s) of Test/Inspection:  Time:  Type of Test/Inspection Requested:  (Pipe, SMH, Ma  Project Plans Sheets (Provide respective sheets/drawin  Pipe Segment: Diameter:  Test Calculations:  Test Duration (Low Pressure Air):  Allowable Leakage (Hydrostatic):  Mandrel Test:  Sewer Manhole Identification Number:  Upstream SMH:  Cover Size:  Height (lowest Invert to Top of Frame):	Estimated Duration:			
Pri Tre	Requested Date(s) of Test/Inspection:  Time:  Type of Test/Inspection Requested:  (Pipe, SMH, Ma)  Project Plans Sheets (Provide respective sheets/drawin  Pipe Segment: Diameter:  Test Calculations:  Test Duration (Low Pressure Air):  Allowable Leakage (Hydrostatic):  Mandrel Test:  Sewer Manhole Identification Number:  Upstream SMH:  Cover Size:  Height (lowest Invert to Top of Frame):  Test Duration (Vacuum):	Estimated Duration:			

## **III. CONDITIONS OF REQUEST**

- 1. The Contractor shall ensure compliance with the requirements of the "Manual for Army Project Services"
- 2. It is recommended that the Contractors requests an inspection appointment, from Aqua Engineers, at least 72 hours in advance of the desired inspection time. Confirmation by Aqua Engineers will be based on inspector's availability and scheduled on a first come first served basis. If a specific date is critical and needs to be guaranteed, please submit the request appropriately. Inspections will not be available on the weekends or holidays.
- 3. Submit this application and all attachments in one of the following ways:
  - i. By email to projectservices@aquaengineers.com or
  - ii. By hardcopy to the following address:

Aqua Engineers (Attn: Army Project Services) 3375 Koapaka Street, Suite H402, Honolulu, HI 96819

4. If this form is inadequately completed, it will be returned for revisions and will need to be resubmitted.

FOR AQUA ENGINEERS USE ONLY						
IR No.:						
	(Format: 00-111-AAA-B-CCCC-222)					
Comments:						
comments.						
_	Signature	Title		•		
	C					
	Print Name	Date		•		