



Town of Innisfail  
4943 – 53 Street  
Innisfail, AB T4G 1A1  
Phone: (403) 227-3376 Fax: (403) 227-4045  
Email: townhall@innisfail.ca

**SERVICE CONNECTION APPLICATION - WATER / SANITARY/ STORM**

Date: \_\_\_\_\_ Application #: \_\_\_\_\_ Roll File #: \_\_\_\_\_

Municipal Address: \_\_\_\_\_

Legal Description: Lot \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_

Proposed Date of Excavation: \_\_\_\_\_ Proposed Completion Date: \_\_\_\_\_

**Town of Innisfail requires 48 hours notice for initial and final inspection.**

**Registered Owner of Land:**

Name / Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Contractor:**

Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Business License # \_\_\_\_\_

**Plan of service location indicating material and pipe size must be submitted at the time of application. Inspection is required prior to backfill. Contact the Operations Department at 403-227-3376 to arrange for an inspection. Inspections are conducted between 8:30 am and 3:30 pm Monday to Friday.**

**Check Applicable Service:**

- Water Main
- Sanitary Main
- Storm Main
- Manholes
- Catch Basins
- Fire Hydrants

**Notes:** (Reference Town of Innisfail Utilities By-law)

<b>Fee \$ 150.00</b>	<input type="checkbox"/> <b>Paid</b>	<b>Applicant:</b> _____ Print Name _____ Signature
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**SERVICE CONNECTION INSPECTION - WATER / SANITARY/ STORM**

**INITIAL INSPECTION**

Date: \_\_\_\_\_

Application #: \_\_\_\_\_

Item #	SANITARY SERVICE CONNECTION	
1.	<input type="checkbox"/> Connection to Sanitary Main <input type="checkbox"/> New Manhole <input type="checkbox"/> Existing Manhole	<input type="checkbox"/> Directly <input type="checkbox"/> Connect to existing stub
2.	Pipe Material: _____	
3.	Pipe Diameter: _____	
4.	Grade:	<input type="checkbox"/> Ok <input type="checkbox"/> Rejected
5.	Bedding Material:	<input type="checkbox"/> Ok <input type="checkbox"/> Rejected
6.	Backfill Material:	<input type="checkbox"/> Ok <input type="checkbox"/> Rejected
7.	Cross Connection Check (Y/N): ____ <input type="checkbox"/> Dye Test <input type="checkbox"/> Sound Test	<input type="checkbox"/> Ok <input type="checkbox"/> Rejected

Item #	STORM SERVICE CONNECTION	
8.	<input type="checkbox"/> Connection to Storm Main <input type="checkbox"/> New Manhole <input type="checkbox"/> Existing Manhole	<input type="checkbox"/> Directly <input type="checkbox"/> Connect to existing stub
9.	Pipe Material: _____	
10.	Pipe Diameter: _____	
11.	Grade:	<input type="checkbox"/> Ok <input type="checkbox"/> Rejected
12.	Bedding Material:	<input type="checkbox"/> Ok <input type="checkbox"/> Rejected
13.	Backfill Material:	<input type="checkbox"/> Ok <input type="checkbox"/> Rejected
14.	Cross Connection Check (Y/N): ____ <input type="checkbox"/> Dye Test <input type="checkbox"/> Sound Test	<input type="checkbox"/> Ok <input type="checkbox"/> Rejected

Item #	WATER SERVICE CONNECTION	
15.	<input type="checkbox"/> Connection to Water Main <input type="checkbox"/> Connect to existing stub	
16.	Pipe Material: _____	
17.	Pipe Diameter: _____	
18.	CC Installation (Y/N): ____	<input type="checkbox"/> Ok <input type="checkbox"/> Rejected
19.	Bedding Material:	<input type="checkbox"/> Ok <input type="checkbox"/> Rejected
20.	Backfill Material:	<input type="checkbox"/> Ok <input type="checkbox"/> Rejected

**Deficiencies:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ALL IDENTIFIED DEFICIENCIES ARE TO BE RECTIFIED AND MUST BE LEFT ASSCESSABLE FOR RE-INSPECTION.**

**PLEASE NOTIFY THE INSPECTOR WHEN THE WORK IS READY FOR RE-INSPECTION.**

**Approved for Backfilling: YES / NO**

**Inspected by (Print Name):**

\_\_\_\_\_

**Inspector's Signature:**

\_\_\_\_\_