



Department of Public Works
 Construction Management - Development
 Quality Assurance - Materials Section
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CCPW Off-Site No.	
Project Name	
Date	

Submittal of Storm Drain Video - Logging Form

Please identify and complete the checklist below that corresponds to your submittal type

Submittal Format and Type	Reports and/or Letters
<input type="checkbox"/> Original DVD Video	<input type="checkbox"/> Pipe-Run Graph <input type="checkbox"/> Pipe Graphic Report
<input type="checkbox"/> Original Photos	<input type="checkbox"/> Engineer Letter
<input type="checkbox"/> Correction DVD Video	<input type="checkbox"/> Manufacturer Letter
<input type="checkbox"/> Correction Photos	<input type="checkbox"/> HDPE Welding Certification
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Notification(s)	Company Name	Contact	E-Mail Address	Phone Number	Fax Number
1st					
2nd					
3rd					

FOR OFFICIAL USE ONLY
Materials Section Representative Signature & Date