

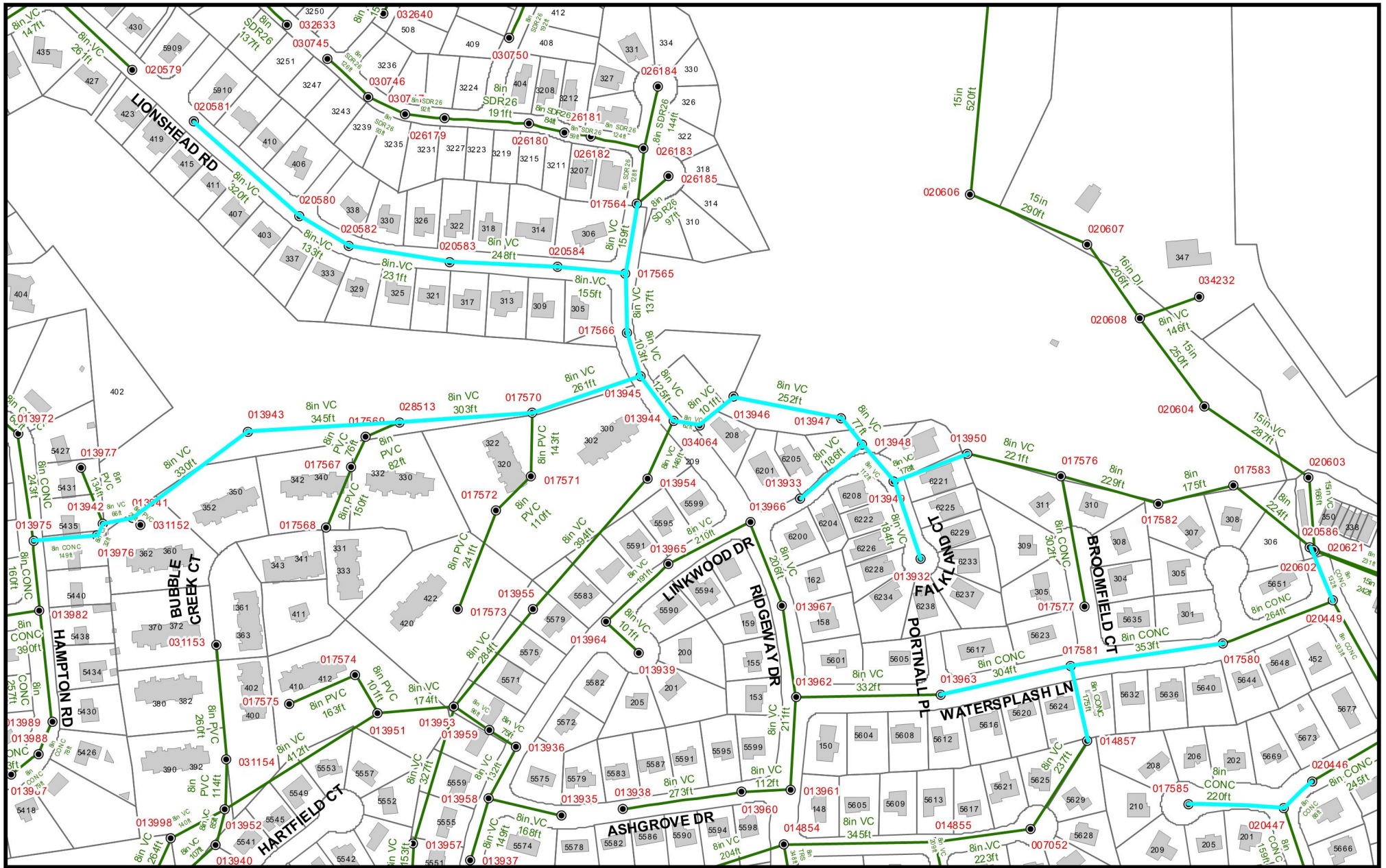


APPENDICES

APPENDIX A

Sewer Main

Rehab Maps

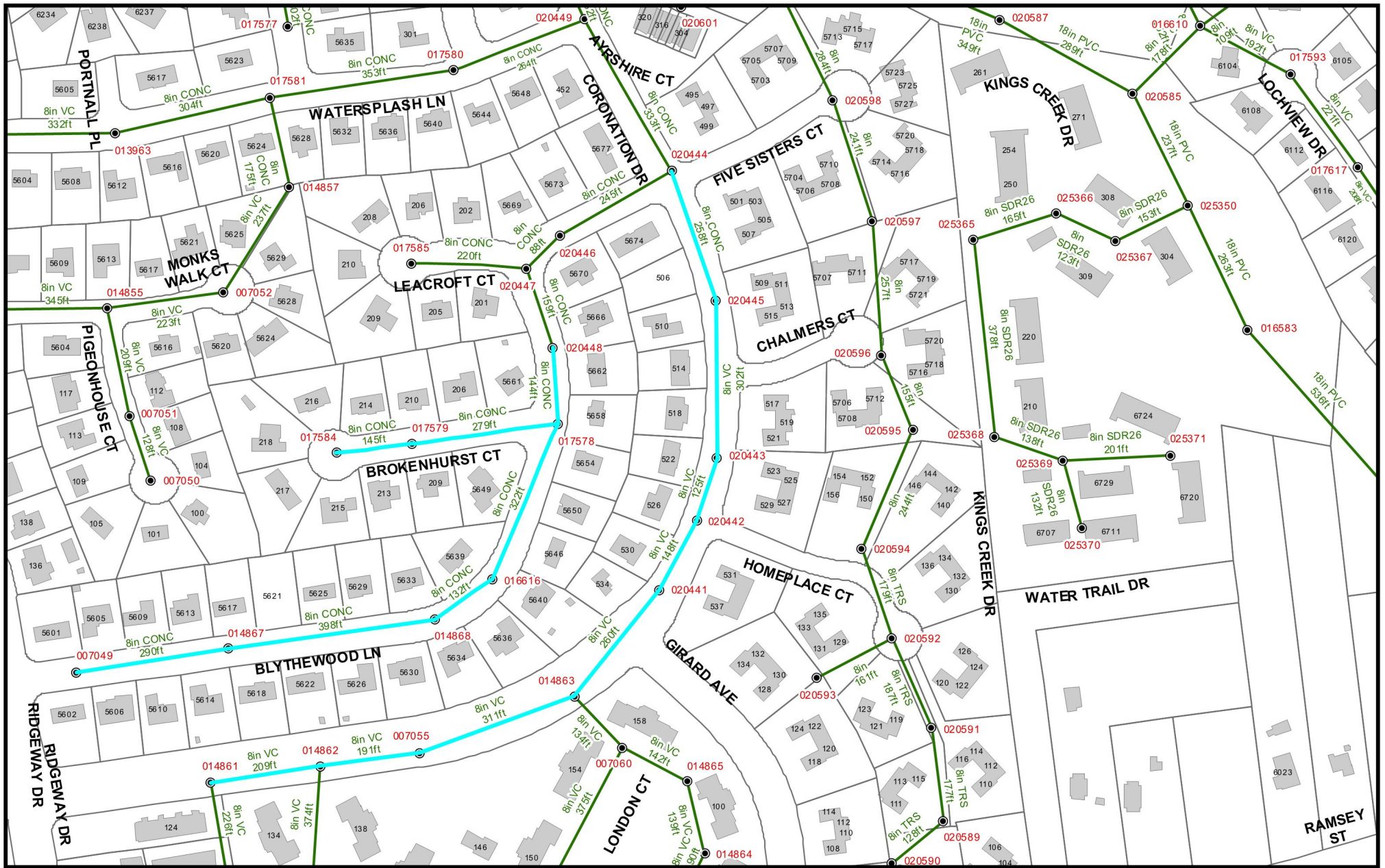



11/21/2022
1 inch = 300 feet

- Rehab

Sewer Main Rehabilitation 2023

ARPA Area 1 - Map 1





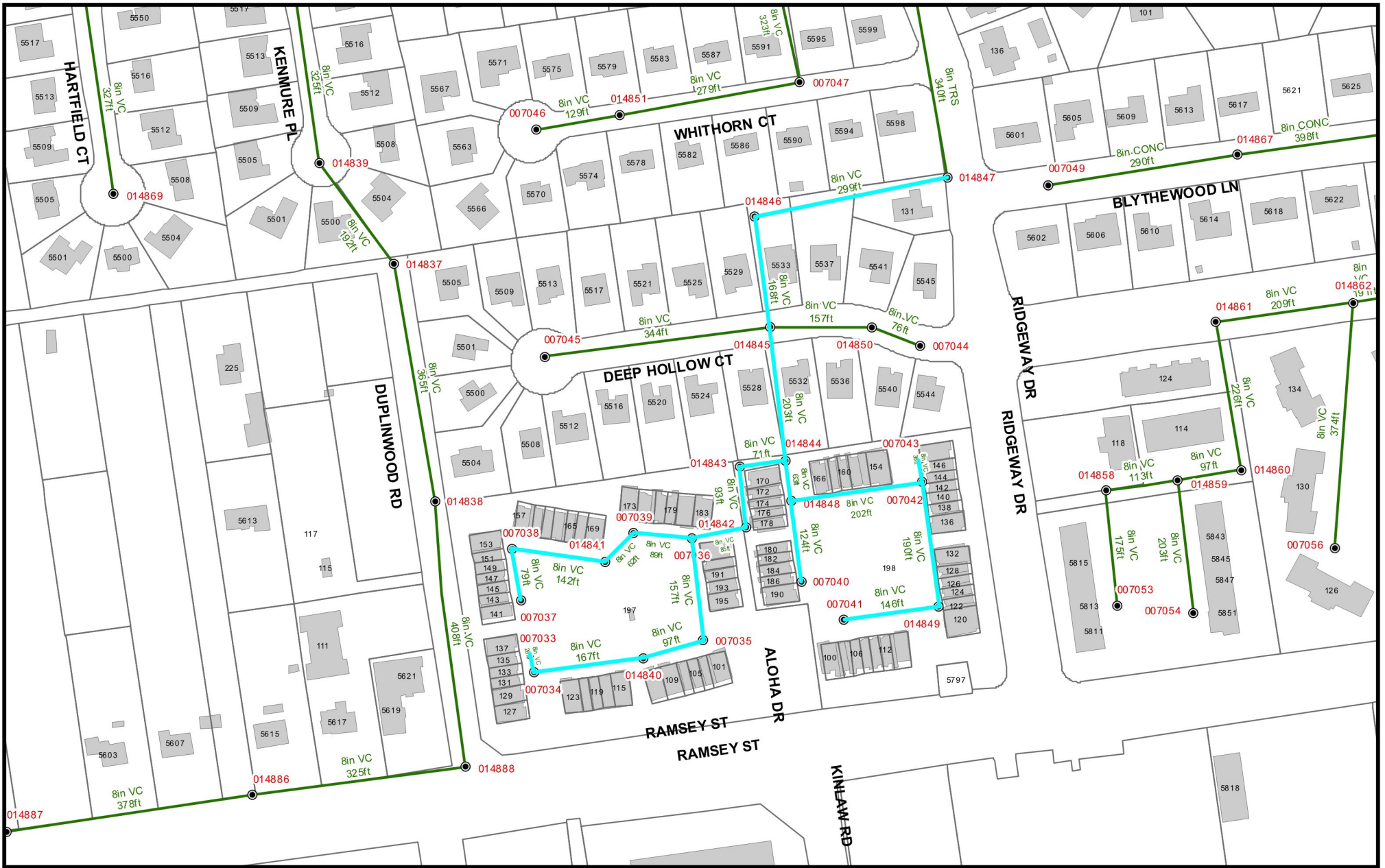
 11/21/2022


 1 inch = 250 feet

- Rehab

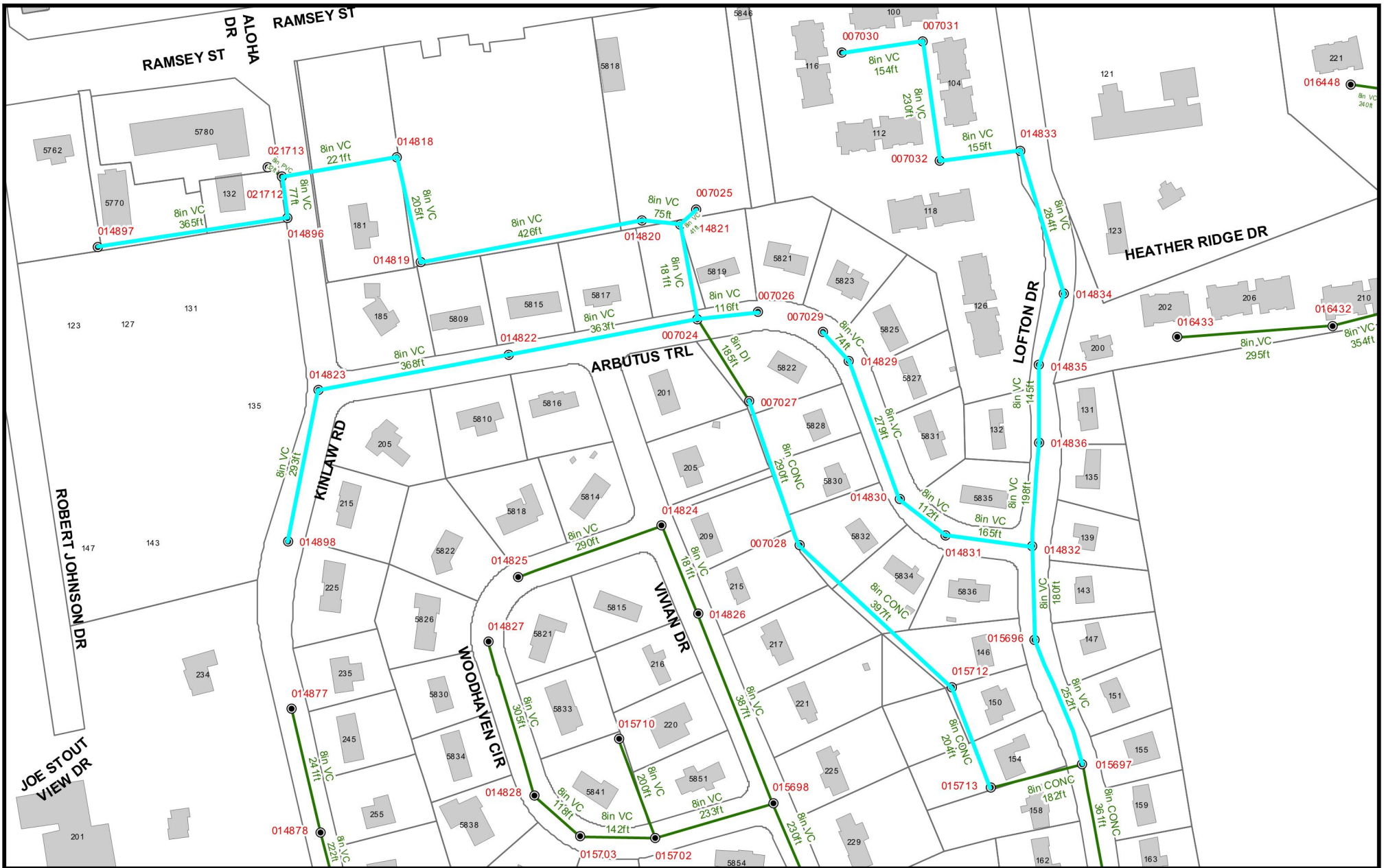
Sewer Main Rehabilitation 2023


ARPA Area 1 - Map 2



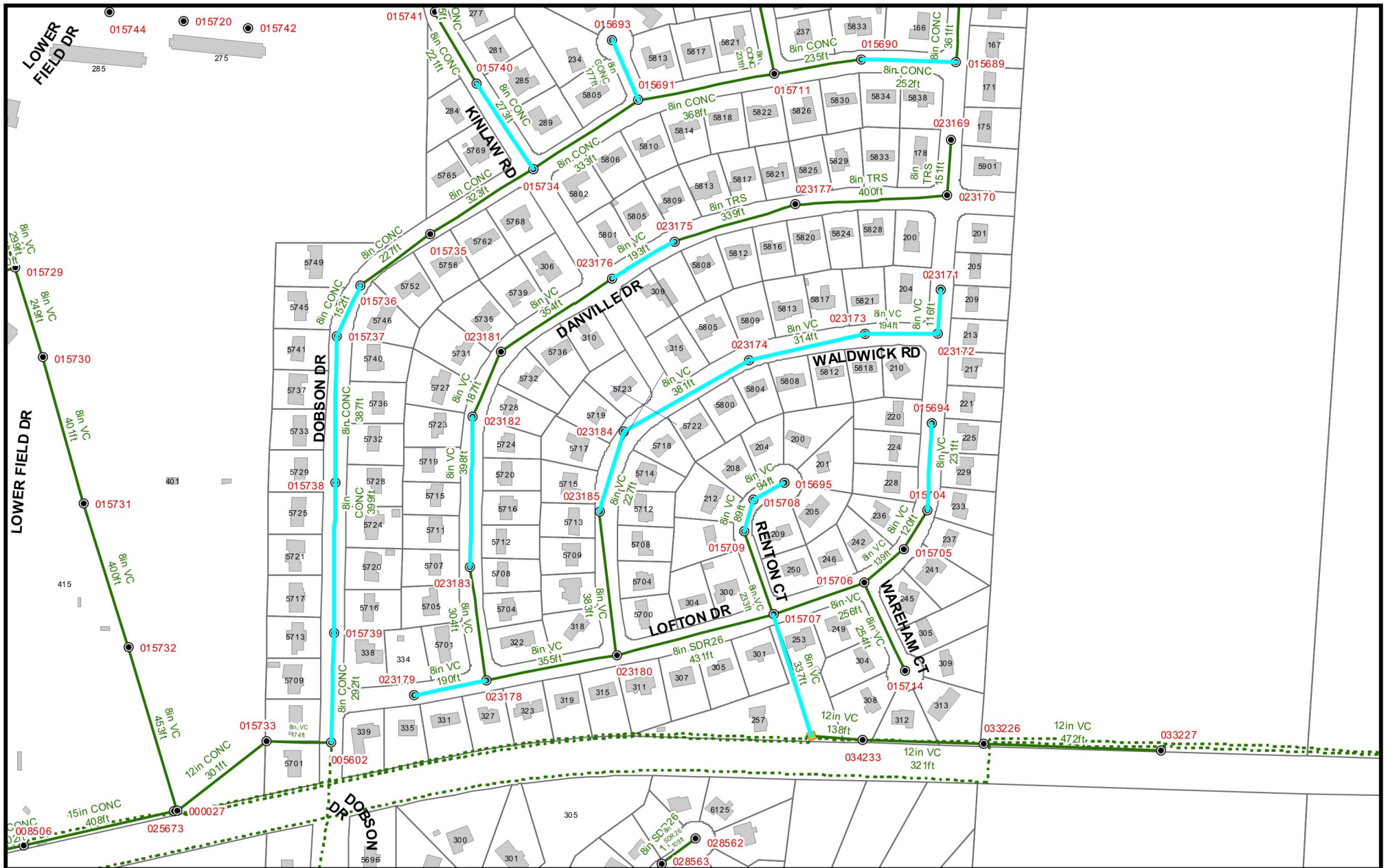

 11/21/2022
 1 inch = 200 feet

- Rehab
Sewer Main Rehabilitation 2023
ARPA Area 1 - Map 3



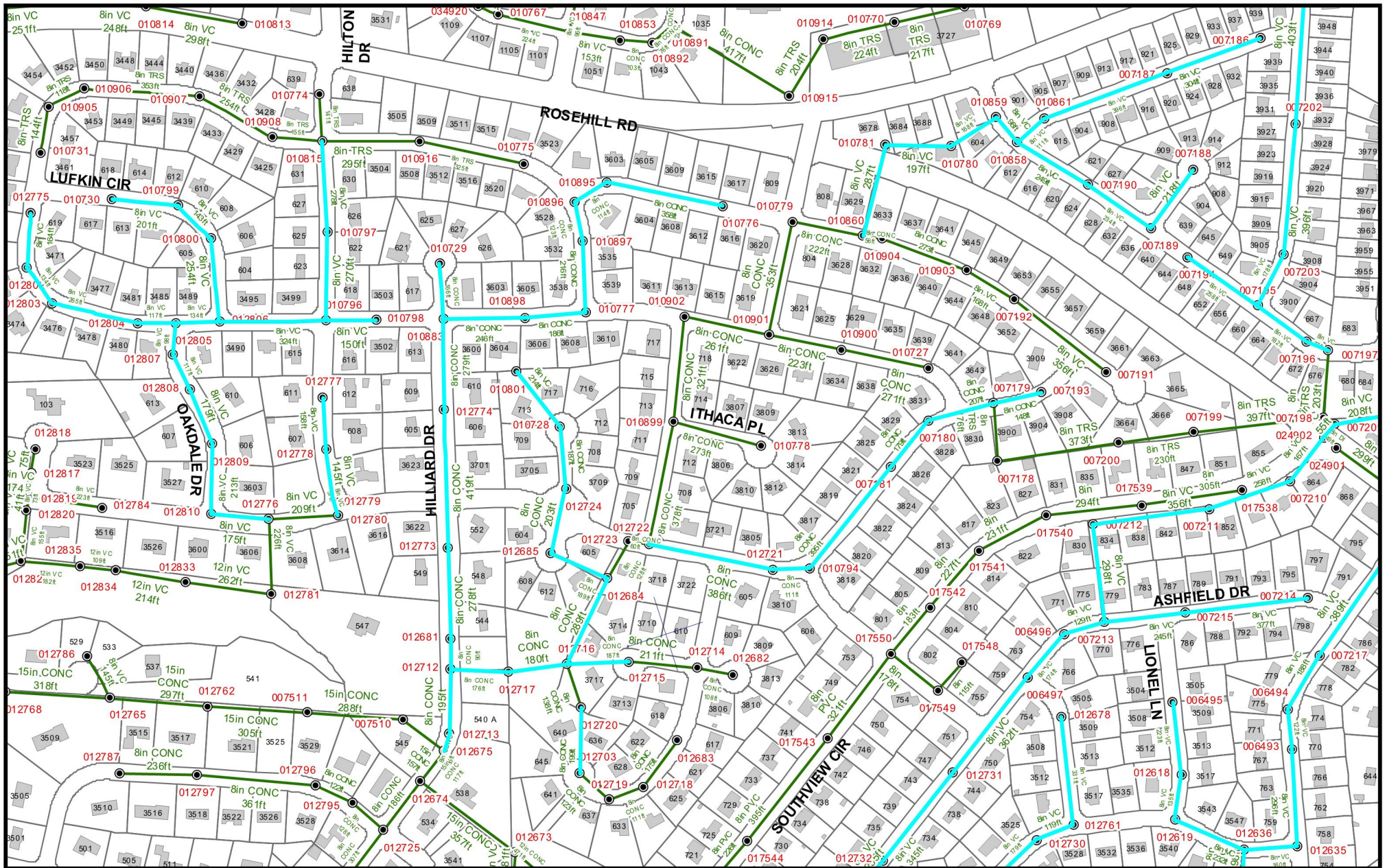

 11/21/2022
 1 inch = 250 feet


- Rehab
Sewer Main Rehabilitation 2023
ARPA Area 1 - Map 4



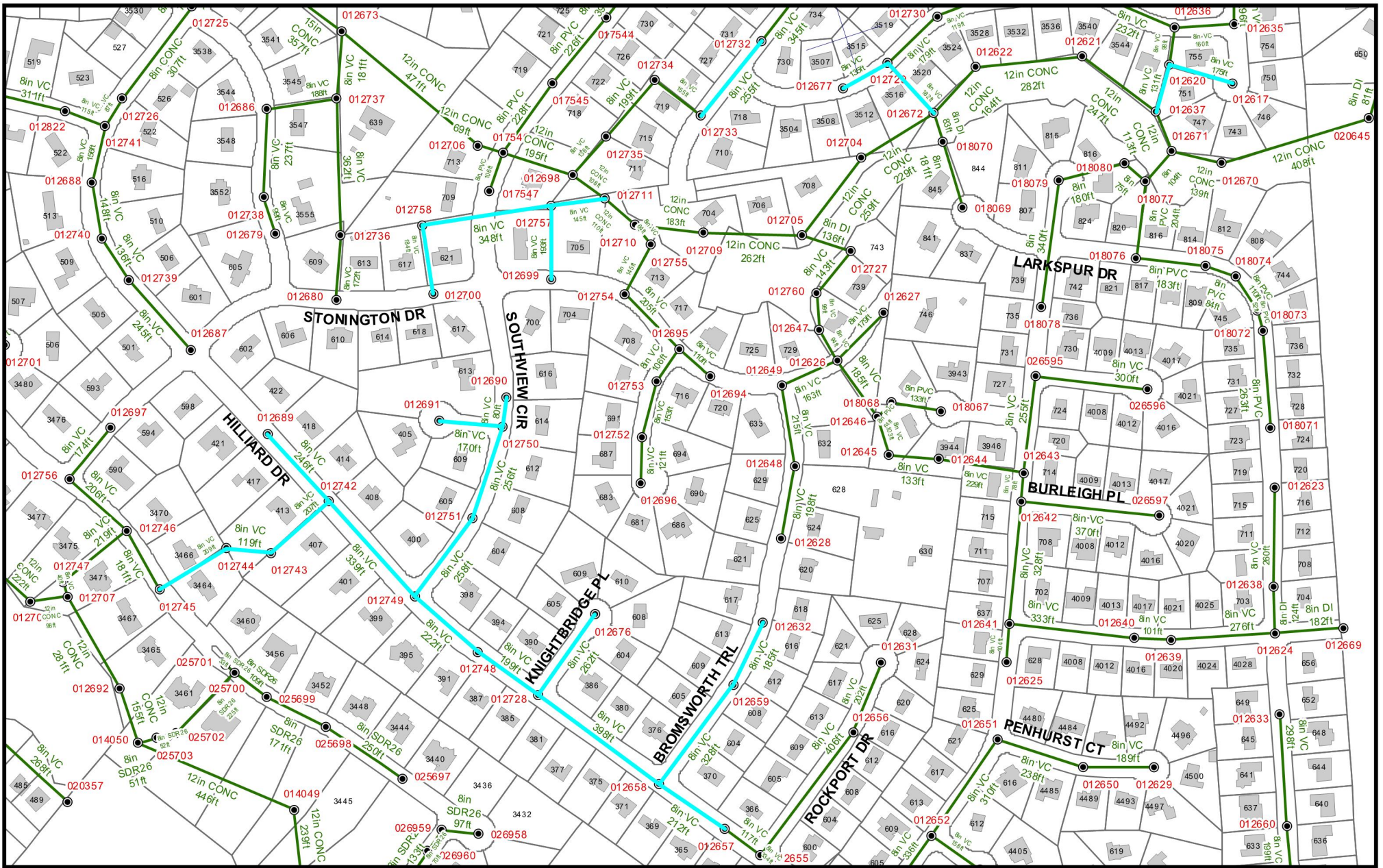
11/21/2022
 1 inch = 350 feet


- Rehab
Sewer Main Rehabilitation 2023
ARPA Area 1 - Map 5




 11/21/2022
 1 inch = 400 feet

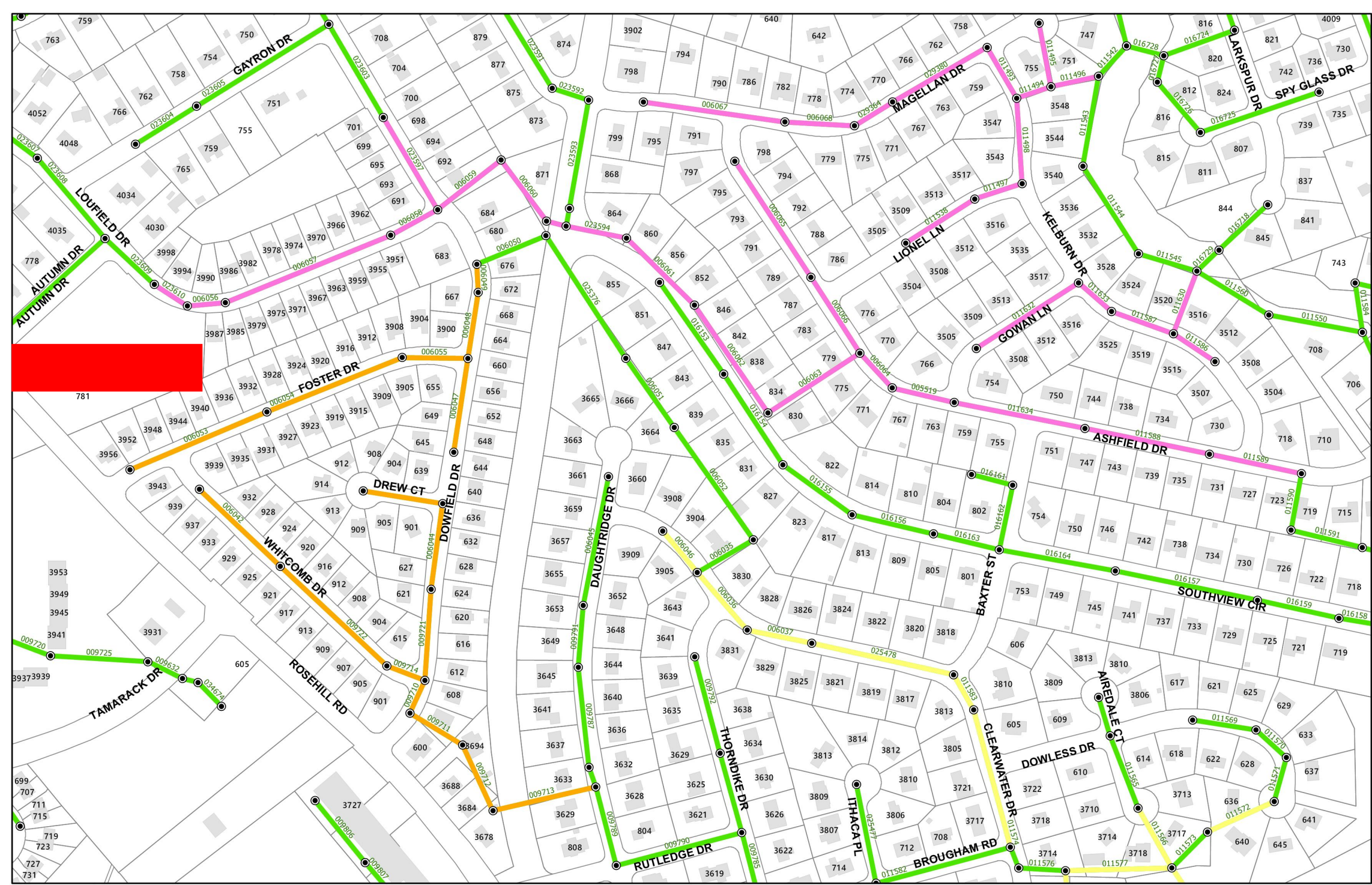
- Rehab
Sewer Main Rehabilitation 2023
ARPA Area 2 - Map 1




 11/21/2022
 1 inch = 350 feet

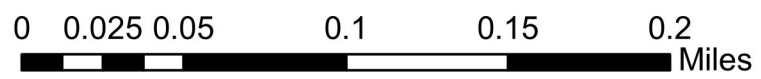
- Rehab
Sewer Main Rehabilitation 2023
ARPA Area 2 - Map 2

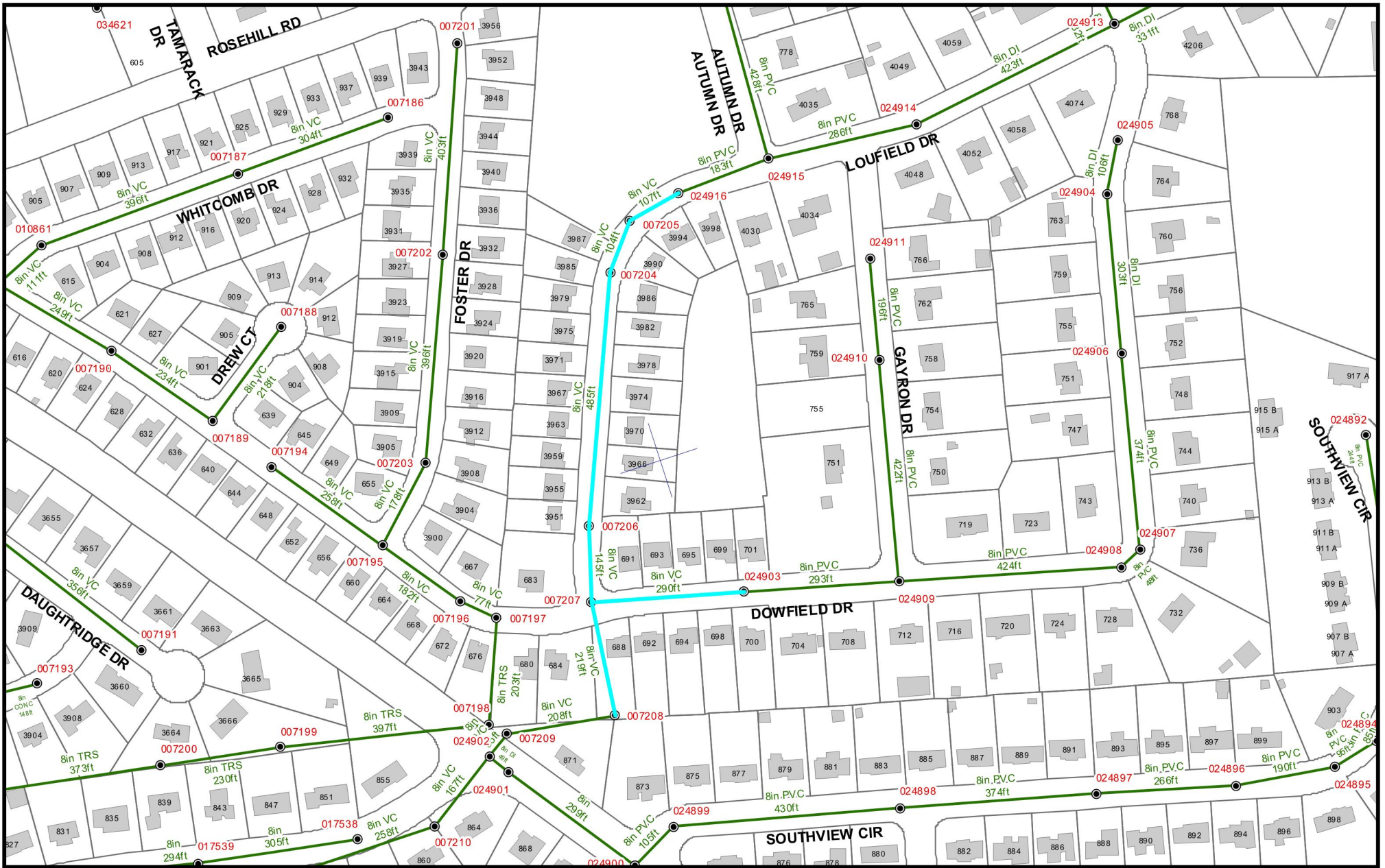
Below is the map from the Engineering Report showing the location of Area 2 Map 3 in the Contract Documents.




- Pre 1981 CONC
- Pre 1981 VC
- Post 1981 CONC
- Post 1981 VC
- Post 1981 CI

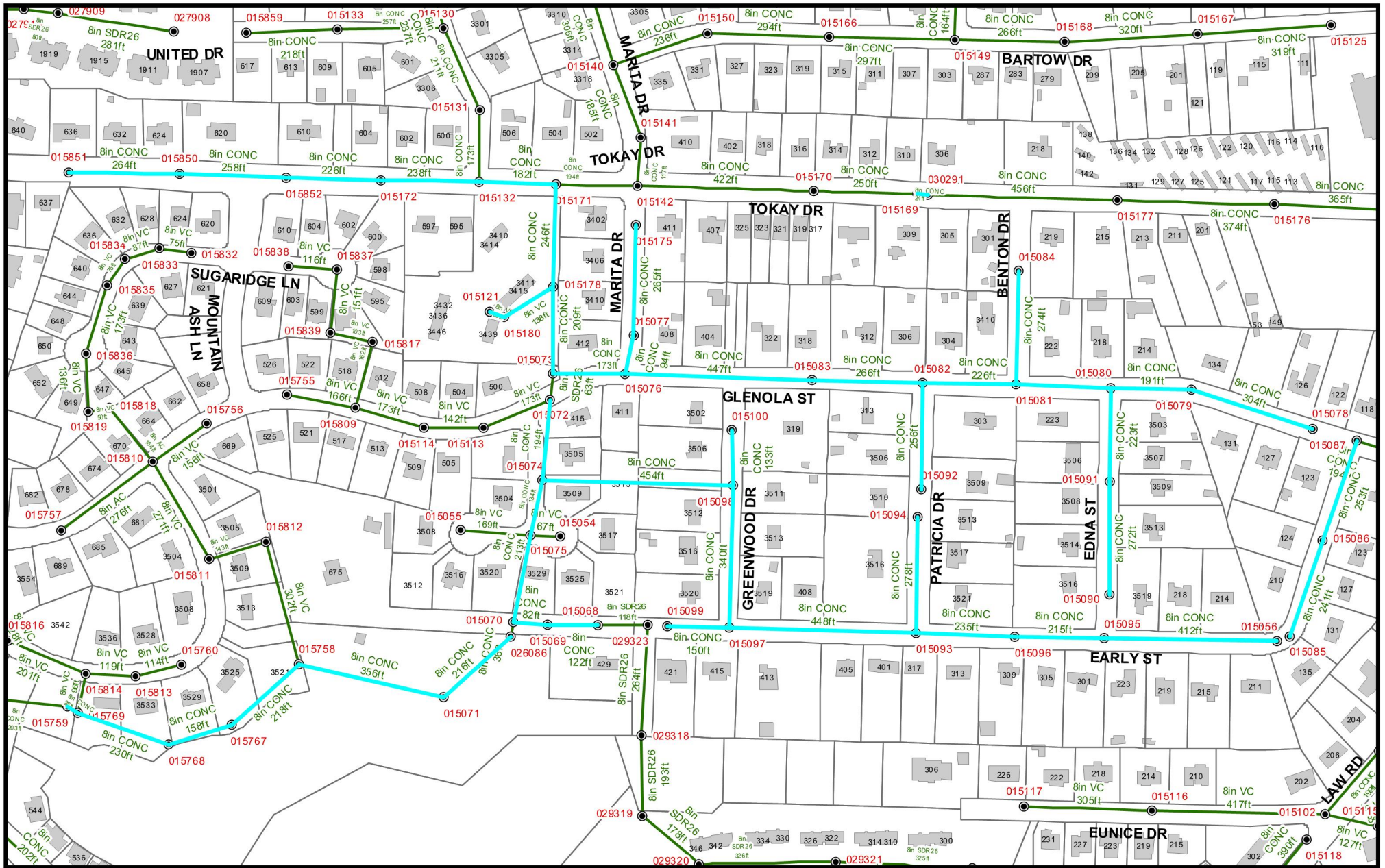
Sewer Main Rehabilitation 2023 ARPA Area 2 - Map 1






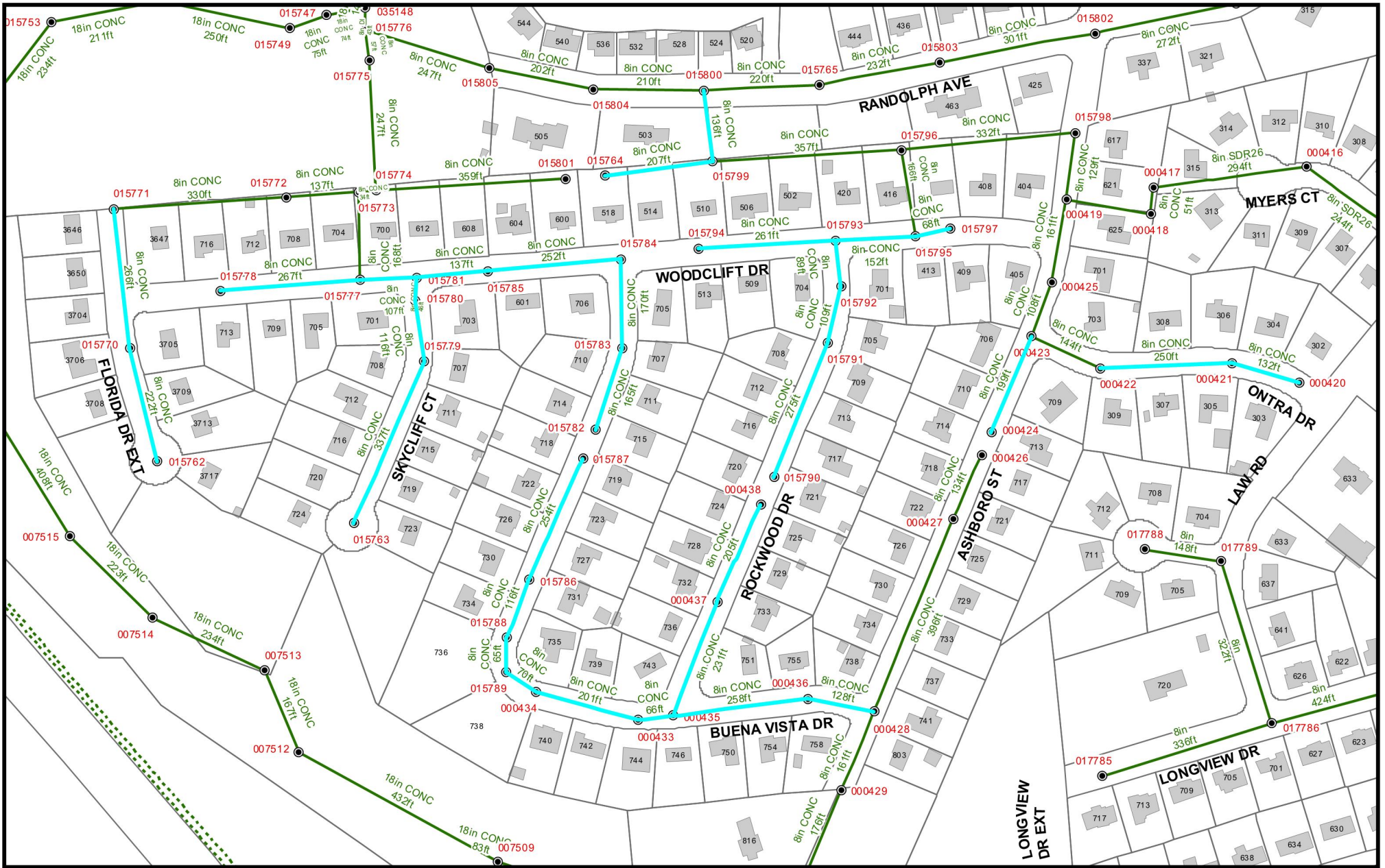

 11/21/2022
 1 inch = 250 feet


- Rehab
Sewer Main Rehabilitation 2023
ARPA Area 2 - Map 3



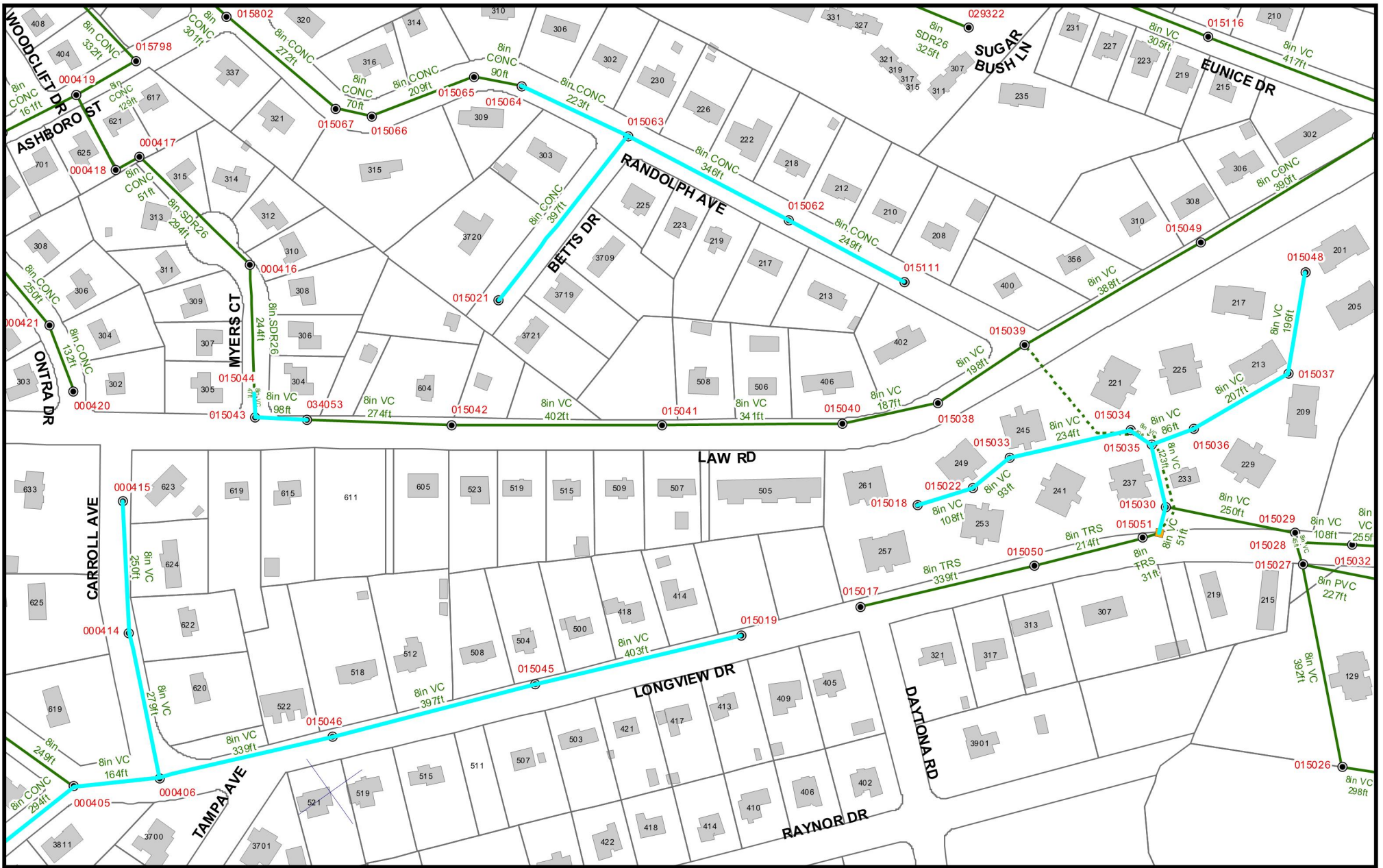

 N
 11/21/2022
 1 inch = 315 feet


- Rehab
Sewer Main Rehabilitation 2023
ARPA Area 3 - Map 1




 11/21/2022
 1 inch = 250 feet

- Rehab
Sewer Main Rehabilitation 2023
ARPA Area 3 - Map 2

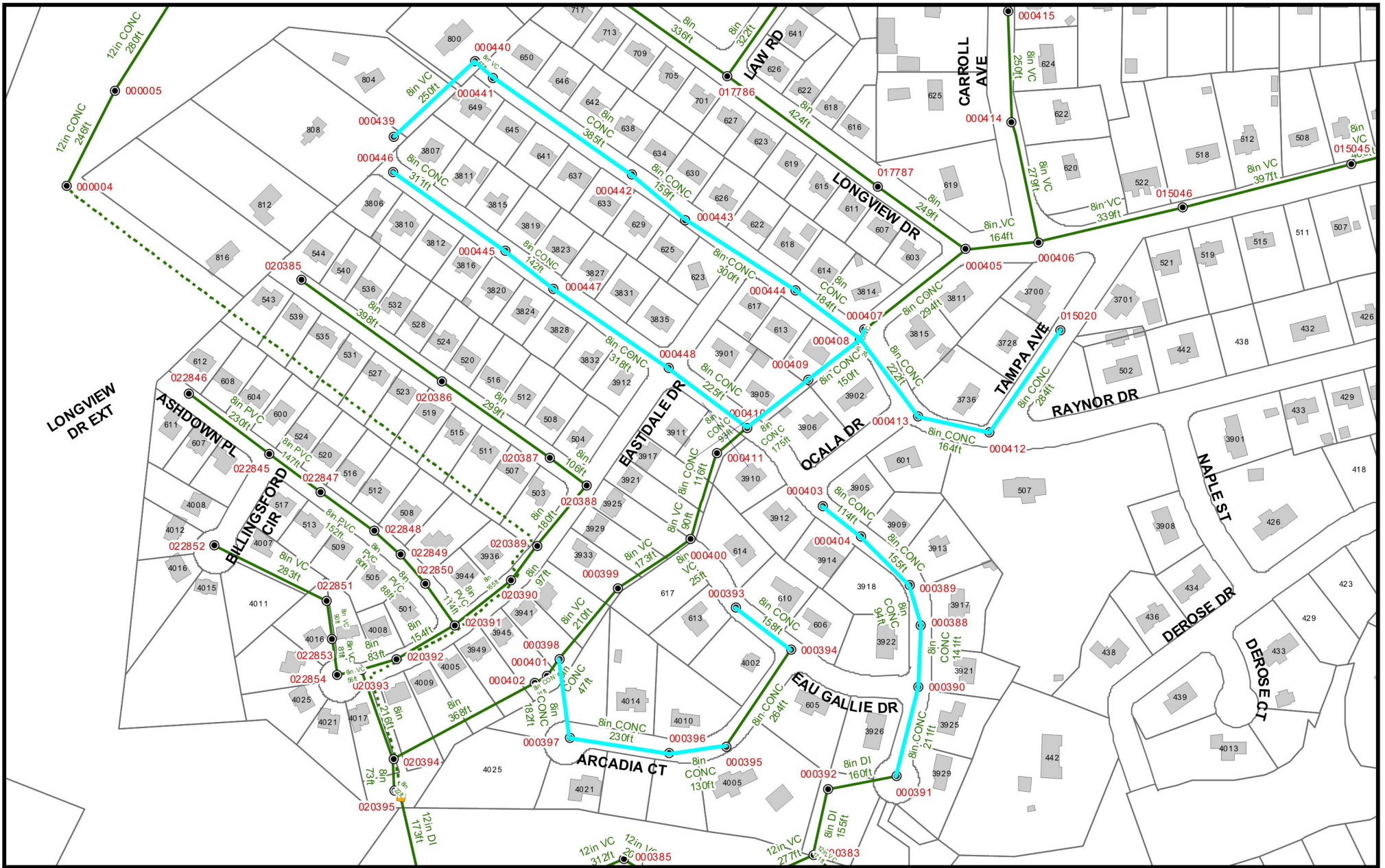




 11/21/2022
 1 inch = 250 feet

- Rehab

Sewer Main Rehabilitation 2023

ARPA Area 3 - Map 3




 N
 11/21/2022
 1 inch = 300 feet

- Rehab

Sewer Main Rehabilitation 2023

ARPA Area 3 - Map 4

APPENDIX B

**Chain of
Custody Form**

CHAIN OF CUSTODY FORM

CIPP LINER TEST SAMPLES

CLIENT: _____

PROJECT: _____

SAMPLE ID: _____ (Must be a unique identification number)

SAMPLE LOCATION: _____ (Manhole Facility ID No.)

SAMPLE TYPE: _____ (Restrained, flat plate)

PIPE DIAMETER (Inches): _____ LINER THICKNESS (mm) _____

Date and Time Sample Taken : ____/____/____ at _____ (AM / PM)

Sample taken by : _____ (Installer signature)

Witnessed by : _____ (PWC Inspector signature)

TEST RESULTS WILL NOT BE ACCEPTED WITHOUT INSPECTOR'S SIGNATURE

SHIPPED BY: _____ (Shipper name) SHIPMENT ID: _____

TESTING LABORATORY: _____ (Lab Name)

TO BE FILLED OUT BY TESTING LAB: (OR ATTACH LAB FORM)

Date sample received : ____/____/____

Date Sample Tested : ____/____/____

Tested by : _____ (Lab technician signature)

Comments : _____

Attach Test Results to This Form and Return to PWC at: 955 Old Wilmington Road
Fayetteville, NC 28301

Attention : John P. Allen, P.E.

Test Results Received by PWC: _____ (PWC PM Signature)

Date Results Received by PWC: ____/____/____

APPENDIX C

Sales Tax Form

APPENDIX C

PROJECT TITLE _____ Pay App # _____

SALES/USE TAX CERTIFICATE

(Use as many sheets as needed/sign affidavit of last sheet per pay estimate)

Analysis of consumed material **Manufactured or Purchased** by you. Sales and/or Use Tax Regulation Number 41 requires that the City of Fayetteville secure from each contractor certified statements setting forth the cost of the materials and supplies manufactured or purchased by you and consumed in construction. This form is provided for you to list the materials consumed in construction. Please complete this form by inserting the information required below.

Vendor Name	Date Purchased	Invoice Number	Amount Less Tax	Sales Tax % State/ % Local	Invoice Total	County Paid
_____	_____	_____	_____	____/____	_____	_____
_____	_____	_____	_____	____/____	_____	_____
_____	_____	_____	_____	____/____	_____	_____
_____	_____	_____	_____	____/____	_____	_____
_____	_____	_____	_____	____/____	_____	_____
_____	_____	_____	_____	____/____	_____	_____
			\$ _____	\$ _____	\$ _____	\$ _____

AFFIDAVIT

This is to certify that sales/use tax was or will be paid as stated above on materials and supplies purchased or manufactured by the **City of Fayetteville, North Carolina**, for the above mentioned project during the period and billed on this payment application # _____

(Contractor)

(Authorized Signature/Date)

(Address)

(Telephone Number)

(City, State, Zip)

(Fax Number)

Date: _____

Page _____ of _____