



HIGHWAYS DIVISION
PIPE ROUTE CERTIFICATE

MOWI FILE NO: H 8/ /

Client:

DATE:.....

dd/mm/yyyy

PROJECT NAME:

IN-HOUSE: []

CONSULTANT: []

PROJECT LOCATION:

CONTRACTOR: []

Class of road:

Traffic Conditions at peak hours: Heavy [] Moderate [] Light []

Location of apparatus: (tick) Road [] Verge [] shoulder [] road edge []

Remarks on Pipe/Duct Route:.....

Distance of pipeline from road edge (mm):

Existing Conditions: (tick) bridges [] cyclinder crossings [] box culverts [] box drains [] slipper drains [] earthen drains []
side walk [] shoulders [] verges [] landslips [] retaining wall [] utility poles [] utility pipelines [] existing customers [] others []

Remarks:

General Comments on Restoration :

Location of Pipe Route Approved (tick) : yes [] no []

Client Representative
(Name in Block Letters)

MOWI Representative
(Name in Block Letters)

MOWI STAMP

Designation

Designation

Signature

Signature

Date:

Date: