

CERTIFICATION OF WORK	
(To be completed by the Contractor and saved in the Contractor's CMBS)	
FACID/Building: <u>4429 OLK 121</u>	Date of Visit: <u>4/17/23</u>
Location Address: <u>6700 Hwy NW</u>	
Contractor Personnel on Site: <u>STEVEN S. CAMPBELL</u>	
Work Performed: <u>Replace main line storm pipe in corner yard</u>	
Service Call - POCS# <u>CL158135</u> <u>442 2177</u>	
Please take pictures and send with quote	
CERTIFICATION OF WORK	
To be signed by the Contractor:	
Print Name: <u>STEVEN S. CAMPBELL</u>	Date: <u>4/17</u>
Signed: <u>[Signature]</u>	
To be signed by Facility Manager:	
I certify that the above named individuals representing the Contractor arrived on site.	
Print Name/Rank: <u>PETER D. CAMPTO, SPS</u>	Date: <u>4/20/23</u>
Signed: <u>[Signature]</u>	
Email: <u>PETER.D.CAMPTO@SBBN.MIL</u>	

