

**STATE OF IDAHO
DIVISION OF PUBLIC WORKS**

502 North 4th Street - P.O. Box 83720
Boise, Idaho 83720-0072
PH: (208) 332-1900 fax: (208) 334-4031

NON-COMPLIANCE NOTICE

Report No: _____

Contractor: _____

Date: _____
A/E: _____
Field Rep: _____
Proj Mgr: _____

Project: _____

DPW Project No. _____

You are hereby notified that ___ test(s) and/or ___ inspection(s) indicate that the _____

does not conform to the Specification requirements. The specification violated is (are) Section(s) _____
_____ Article/Paragraph(s) _____

Under the provisions of the contract, the requirement(s) is (are) _____

Non-complying work will be required to be removed and replaced at no cost to the Owner.

It shall be the contractor's responsibility to determine the corrective action necessary, and to determine whether the contractor wishes to discontinue operations until additional investigations by the architect/engineer confirms or refutes these initial findings. The contractor shall give a written notice to the field representative stating when the specific non-conformity will be corrected. All non-conforming work shall be corrected by the contractor or accepted by the architect/engineer within 30 days of the receipt of this notice.

Field Representative

The Contractor received non-compliance notice on:

Date

By: _____

Title: _____

DISTRIBUTION: File (original), Contractor (yellow), DPW FR, DPW PM, A/E, Testing Firm (for testing results only)