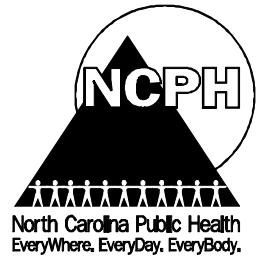


Checklist for Inspection of the Pump Tank and Pump Components



Tax Map # _____

Applicant/Owner: _____

Location: _____ Date of First Inspection: _____

System Installer: _____ System type: _____

PUMP TANK

Manufacturer _____

Capacity _____ GAL.

Date _____

Riser (min. 6 in.) _____

Gal. Per inch in Tank _____

PT- _____

Strength Test _____ PSI

Leak Test _____

Riser Sealed Properly _____

One piece _____ Two piece _____

PUMP REQUIREMENTS

_____ GPM @ _____' TDH

Brand _____

Model _____

Alarm Audible _____

Alarm Visible _____

Float Tree _____

Proper Dosing Vol. _____

Draw Down in Inches _____

Block for Pump (3" min.) _____

Rope _____

SUPPLY LINE

Size _____"

Length _____

PVC Unions _____

PVC Ball Valve _____

PVC Check Valve _____

Valves Accessible _____

Antisiphon Hole _____

ELECTRICAL EQUIPMENT

NEMA 4X Box _____

Box 12" above land surface _____

Box Adjacent to Pump Tank _____

Piggyback Plug _____

Weatherproof Sealant _____

Pump Manually Operable _____

