

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 _____

