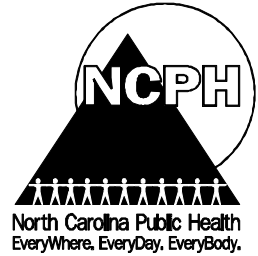


Checklist for Inspection of the Pump Tank and Pump Components



Tax Map # _____

Applicant/Owner: _____

Location: _____ Date of First Inspection: _____

System Installer: _____ System type: _____

PUMP TANK

Manufacturer _____	PT- _____
Capacity _____ GAL.	Strength Test _____ PSI
Date _____	Leak Test _____
Riser (min. 6 in.) _____	Riser Sealed Properly _____
Gal. Per inch in Tank _____	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 _____

