

JOHNSON COUNTY UNIFIED WASTEWATER DISTRICTS
I/I INSPECTION FORM

PERMIT # _____ ENTERED IN DATA BASE? _____

TYPE OF INSPECTION: _____ VERIFY DISC. PROJECT/PHASE
_____ CONSULTATION MT#1 _____
_____ DYE TEST ICM1 _____
SMTC _____

STREET ADDRESS: _____

OCCUPANTS NAME: _____

TELEPHONE # HM: _____ WK MR/MRS _____

LINE SEGMENT: () _____ () _____ DATE INSPECTED ___ / ___ / ___

INSPECTOR: _____ TIME OF INSPECTION _____

PLUMBER: _____ BID PRICE \$ _____

RELEASE RECEIVED? Y/N _____

SOURCES EXAMINED:

PUMPS OR PITS: _____ STORM SUMP PUMP _____ SUMP PIT
_____ COMBO SUMP PUMP _____ COMBO PIT
_____ UNSEALED SUMP PUMP _____ OTHER

AREA DRAINS: _____ B/ENTRY # _____ DRIVEWAY
_____ PATIO _____ WINDOW WELL

OTHER SOURCES: _____ DOWNSPOUTS # _____ CLEANOUT
_____ MISC. _____

BULK BID: _____

COMMENTS: _____

SKETCH: _____