

Johnson County Wastewater Districts

Infiltration/Inflow Removal Program
Follow up I/I Inspection Form

Project/Phase _____ / _____

Site Address _____
Name _____
Owner Address _____
Original Disc Date _____

Date Scheduled _____ Time _____
Home# _____
Work# _____ Ext _____
Contact _____
Inspector _____



Contractor (s) _____

Source (s) _____

Comments: _____

Inspection Checklist	Pass / Fail	
	y	n
GFCI	<input type="checkbox"/>	<input type="checkbox"/>
Pump	<input type="checkbox"/>	<input type="checkbox"/>
Inside Piping	<input type="checkbox"/>	<input type="checkbox"/>
Discharge Point	<input type="checkbox"/>	<input type="checkbox"/>
Back-Up System (if installed)	<input type="checkbox"/>	<input type="checkbox"/>
Source Capped	<input type="checkbox"/>	<input type="checkbox"/>

This inspection is provided solely to determine continued compliance with County Resolution No. WD 92-22 adopting Regulations for Private Infiltration/Inflow, as amended, and with County Resolution No. WD 85-96, its predecessor, and does not warrant the proper design or installation of any work performed or equipment installed pursuant to permits and inspections thereunder.

Site Sketch

Indicate North

