

**Clearwater Inspection Form – Account Transfer /New Account**

Required by FRSA Code of Ordinances, Title 2, Article II, Section 1

To be completed by an Illinois-licensed plumber

<b>Building Address:</b> _____ <b>Date:</b> _____ <b>City, State, Zip:</b> _____																						
<b>Owner / Contact Information:</b> Name: _____ Address: _____ City, State, Zip: _____ Phone: Home: _____ Work: _____	<b>Multi-Family or Commercial Building</b> Common Sewer Service      Y      N If yes, please list all addresses served. _____ _____																					
<b>Building Type:</b> <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other _____	<b>New Construction</b> Y      N  FOR NEW CONSTRUCTION, ALL INTERNAL PLUMBING MUST BE IN PLACE PRIOR TO CERTIFICATION.																					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1. Roof Drain Discharges to Sanitary Sewer</td> <td style="width: 10%; text-align: center;">Y</td> <td style="width: 10%; text-align: center;">N</td> </tr> <tr> <td>2. Foundation Drain Discharges to Sanitary Sewer</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>3. Storm/Ground Water Sump Pump Discharges to Sanitary Sewer</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>4. Combination Storm/Sanitary Pump Discharges to Sanitary Sewer</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>5. Diverter Valve on Storm Water Sump Pump Discharge</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>6. Sanitary Sewer Sump Pit Without Sealed Bottom</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>7. Flexible Discharge Hose on Storm/Ground Water Sump Pump</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> </table>		1. Roof Drain Discharges to Sanitary Sewer	Y	N	2. Foundation Drain Discharges to Sanitary Sewer	Y	N	3. Storm/Ground Water Sump Pump Discharges to Sanitary Sewer	Y	N	4. Combination Storm/Sanitary Pump Discharges to Sanitary Sewer	Y	N	5. Diverter Valve on Storm Water Sump Pump Discharge	Y	N	6. Sanitary Sewer Sump Pit Without Sealed Bottom	Y	N	7. Flexible Discharge Hose on Storm/Ground Water Sump Pump	Y	N
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<b>Plumber Information:</b> Plumber Name: _____ Plumber's License No.: _____ Company Name: _____ Address: _____ <p style="text-align: center;"><i>(List Plumber or Company Address, as applicable)</i></p> <b>Proper Connection:</b> <input type="checkbox"/> Certification of Compliance with FRSA Code of Ordinances, Title 2, Article II, Section 1 <b>Improper Connection:</b> <input type="checkbox"/> Building does NOT meet FRSA Code of Ordinances, Title 2, Article II, Section 1 <b>Plumber's Signature:</b> _____ <b>Phone</b> _____																						
<b>INSPECTION FORM NOT VALID WITHOUT SIGNATURE          And Complete Plumber Information</b>																						
<i>Certification Valid for One Year from Date of Inspection</i>																						