

SANITARY SEWER GRINDER PUMP INSPECTION REPORT

Property Address: _____ Date: _____

Property owner: _____

Phone Number: _____

Email Address: _____

Visual inspection of unit

Inside & Outside appear to be in good working order Y N

Check valve is holding Y N

Realtor Contact Name: _____

All floats have been tested and are in good working order Y N

Company Name: _____

Alarm sounds when tested & works properly with floats in the tripped position Y N

Phone Number: _____

Email Address: _____

Pump is working Y N

Contractor Contact Name: _____

Company Name: _____

Phone Number: _____

Email Address: _____

Notes:

Age of Home: _____

FOR OFFICIAL USE

Approved? Yes No

If no, required improvements:

Date Submitted: _____

Submitted By: _____

Date Reviewed: _____

Reviewed By: _____

Signature: _____

