

# **APPENDIX H**

**Appendix H** **Final Lift Station Inspection Report**

Development Name: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

**Lift Station**

1. Has a manufacturer's representative inspected and approved the lift station?  
Yes \_\_\_\_ No \_\_\_\_ . If yes, attach the manufacturer's approval inspection and testing report.
2. Is wet well, underside of lift station slab and pipe penetrations lined with an approved liner? Yes \_\_\_\_ No \_\_\_\_ .
3. Has a manufacturer's representative inspected and approved the wet well lining?  
Yes \_\_\_\_ No \_\_\_\_ . If yes, attach the manufacturer's approval inspection report.
4. Are pump control "On" and "Off" elevations in accordance with the approved plans?  
Yes \_\_\_\_ No \_\_\_\_ .
5. Is the enclosure a minimum 5 ft from the fence? Yes \_\_\_\_ No \_\_\_\_ .

**Electrical**

1. Is the above grade electrical conduit rigid galvanized tubing? Yes \_\_\_\_ No \_\_\_\_ .
2. Are the above grade electrical conduit horizontal runs less than 12 inches and supported by galvanized unistrut? Yes \_\_\_\_ No \_\_\_\_ .
3. Are all electrical and SCADA panels secured to a common stand (galvanized)?  
Yes \_\_\_\_ No \_\_\_\_ .
4. Has a manufacturer's representative inspected and approved the generator?  
Yes \_\_\_\_ No \_\_\_\_ . If yes, attach the manufacturer's approval inspection and testing report.
5. Is the generator securely anchored to the slab? Yes \_\_\_\_ No \_\_\_\_ .
6. Has a manufacturer's representative inspected and approved the SCADA system?  
Yes \_\_\_\_ No \_\_\_\_ . If yes, attach the manufacturer's approval inspection and testing report.

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3. Does the combination air/vacuum release valve function properly during force main operation? Yes \_\_\_\_ No \_\_\_\_.
  
4. Is the manhole that receives the force main discharge and the next downstream manhole coated with an approved coating system? Yes \_\_\_\_ No \_\_\_\_.
  
5. Has a manufacturer's representative inspected and approved the manhole coatings? Yes \_\_\_\_ No \_\_\_\_ . If yes, attach the manufacturer's approval inspection report.

**Are all lift station components functioning properly and site area complete and ready to be accepted by City of Locust Grove?**

Yes \_\_\_\_ No \_\_\_\_ If no, List Reasons \_\_\_\_\_

\_\_\_\_\_

LGWSD Inspector: \_\_\_\_\_

Date: \_\_\_\_\_

LGWSD General Services: \_\_\_\_\_

Date: \_\_\_\_\_

**Appendix H**

**Final Sewer Inspection Report**

Development Name: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

1. Have the following sewer tests been passed on all sections of the system:

Visual: Yes \_\_\_ No \_\_\_; Mandrel: Yes \_\_\_ No \_\_\_; Air Pressure: Yes \_\_\_ No \_\_\_

2. Is all road pavement over sewers complete: Yes \_\_\_\_\_ No \_\_\_\_\_

3. Are all crossings and valves identified by saw-cuts in the curb: Yes \_\_\_\_\_ No \_\_\_\_\_

4. Are all manhole covers flush with pavement: Yes \_\_\_\_\_ No \_\_\_\_\_

(If No, List Station No.s \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_)

5. Are all manhole covers of correct size and weight: Yes \_\_\_\_\_ No \_\_\_\_\_

(If No, List Station No.s \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_)

6. Is the word "SEWER" cast into all manhole covers: Yes \_\_\_\_\_ No \_\_\_\_\_

(If No, List Station No.s \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_)

6. Are all manhole sections in good condition without cracks: Yes \_\_\_\_\_ No \_\_\_\_\_

(If No, List Station No.s \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_)

7. Are all manhole inverts complete with smooth transition: Yes \_\_\_\_\_ No \_\_\_\_\_

(If No, List Station No.s \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_)

8. Are all manhole inverts free from dirt and debris: Yes \_\_\_ No \_\_\_

(If No, List Station No.s \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_)

9. Are all manhole steps properly installed and spaced: Yes \_\_\_ No \_\_\_

(If No, List Station No.s \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_)

**Is the sewer system ready to be accepted by the City of Locust Grove?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If No, List Reasons \_\_\_\_\_

\_\_\_\_\_

If yes, have all sewer line plugs been removed: Yes \_\_\_ No \_\_\_

LGWSD Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix H**

**Final Water Inspection Report**

Development Name: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

**Water Main**

1. Have the following water tests been passed on all sections of the system:

Pressure Tests: Yes \_\_\_\_\_ No \_\_\_\_\_ Disinfection: Yes \_\_\_\_\_ No \_\_\_\_\_

2. Is all road pavement over water system complete: Yes \_\_\_\_\_ No \_\_\_\_\_

3. Are all hydrants and valves at curb grade: Yes \_\_\_\_\_ No \_\_\_\_\_

4. Are all crossings and valves identified by saw-cuts in the curb: Yes \_\_\_\_\_ No \_\_\_\_\_

5. Are the water services installed correctly: Yes \_\_\_\_\_ No \_\_\_\_\_

6. Are all the meter boxes set to grade: Yes \_\_\_\_\_ No \_\_\_\_\_

7. Are all the valves on hydrants and in-line valves on: Yes \_\_\_\_\_ No \_\_\_\_\_

**Meters Vaults**

1. Are vaults the correct size: Yes \_\_\_\_\_ No \_\_\_\_\_

2. Do vaults have a concrete base with drain: Yes \_\_\_\_\_ No \_\_\_\_\_

3. Are access hatches the correct size and material: Yes \_\_\_\_\_ No \_\_\_\_\_

4. Do the vault lids have 4 lifting points: Yes \_\_\_\_\_ No \_\_\_\_\_

5. What type of meter is installed: Fire \_\_\_\_\_ Domestic \_\_\_\_\_ Combination \_\_\_\_\_

6. Is double check valve an approved model: Yes \_\_\_\_\_ No \_\_\_\_\_

**Is the water system ready to be accepted by City of Locust Grove?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, List Reasons \_\_\_\_\_

\_\_\_\_\_

LGWSD Inspector: \_\_\_\_\_

Date: \_\_\_\_\_