

## AFFIDAVIT OF SUMP PUMP/SEWER INSPECTION

Date of Inspection: \_\_\_\_\_ Time of Inspection: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Property Owner Phone: \_\_\_\_\_

Property Owner Mailing Address: \_\_\_\_\_

### **Sump Pump Inspection**

- Compliant to External (Rigid PVC pipe, backflow preventer)
- Non-Compliant
- Compliant with Dual-Valve System (requires a seasonal permit)
- Not Applicable
- Other/Comments: \_\_\_\_\_

### **Method of Repair (all conversions must include a backflow preventer)**

**Sump pump inspection repair photos are required. Please provide via email or by USB flash drive.**

- Converted Flexible Tubing to PVC and with permanent discharge to the exterior of the building
- PVC Conversion from a Sanitary Sewer Discharge to the permanent exterior.
- PVC conversion with a dual valve system to direct water to the exterior and allow sanitary discharge by permit only in the winter months.

### **Sanitary Sewer Inspection**

- Compliant
- Non-Compliant
- Not Applicable
- Other/Comments: \_\_\_\_\_

### **Method of Repair**

**Sanitary Sewer Inspection repair photos are required. Please provide via email or by USB flash drive.**

- Lined or sleeved (PVC or Resin Sock)
- Remove/Replaced (PVC and supported Fernco Connections)
- Spot repair (PVC Schedule 40 and supported Fernco Connections)
- Other/Comments: \_\_\_\_\_

***Continue to the next page***

**Licensed Plumber's Certification (please print):**

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Company Name

License Number

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Company Mailing Address, City State, and ZIP

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Company Phone

Company Email

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Name of Individual

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Signature

Date

**Property Owner's Certification (please print):**

By signing below, I acknowledge the results of this inspection.

If non-compliant, I acknowledge that it is my responsibility to have the appropriate corrections completed and a subsequent inspection and affidavit of compliance (this form) completed by a licensed plumber and submitted to the City of Redwood Falls within 90-days of receiving this notice of noncompliance (if applicable).

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Property Owner's Signature

Date

By checking this box, I agree to receive email notifications for the sump pump/sanitary sewer inspections from the City of Redwood Falls at the email address provided on this form.

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Email address