

CITY OF SOUTH BELOIT, ILLINOIS

Clearwater Inspection Form-Account Transfer/New Account

Phone (815)389-3023 Fax (815)389-8830

Required by City of South Beloit Code of Ordinances, Chapter 106, Article III

- To be completed by an Illinois-licensed plumber •

Please submit Clearwater Inspection Forms at least **10 Days** prior to closing

Building Address: _____ Date: _____	
City, State, Zip: _____	
Owner / Contact Information: Name: _____ Address: _____ City, State, Zip: _____ Phone: Home: _____ Work: _____	Multi-Family or Commercial Building Common Sewer Service <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please list all addresses served. _____ _____
Building Type: <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other <input type="checkbox"/>	New Construction <input type="checkbox"/> Y <input type="checkbox"/> N FOR NEW CONSTRUCTION, ALL INTERNAL PLUMBING MUST BE IN PLACE PRIOR TO CERTIFICATION
1. Roof Drain Discharges to Sanitary Sewer	<input type="checkbox"/> Y <input type="checkbox"/> N
2. Foundation Drain Discharges to Sanitary Sewer	<input type="checkbox"/> Y <input type="checkbox"/> N
3. Storm/Ground Water Sump Pump Discharges to Sanitary Sewer	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Combination Storm/Sanitary Pump Discharges to Sanitary Sewer	<input type="checkbox"/> Y <input type="checkbox"/> N
5. Diverter Valve on Storm Water Sump Pump Discharge	<input type="checkbox"/> Y <input type="checkbox"/> N
6. Sanitary Sewer Sump Pit Without Sealed Bottom	<input type="checkbox"/> Y <input type="checkbox"/> N
7. Flexible Discharge Hose on Storm/Ground Water Sump Pump	<input type="checkbox"/> Y <input type="checkbox"/> N
8. Backflow Preventers ie: Sanitary Check Valves	<input type="checkbox"/> Y <input type="checkbox"/> N
Plumber Information: Plumber Name: _____ Plumber's License No.: _____ Company Name: _____ Address: _____ <i>(List Plumber or Company Address, as applicable)</i>	
Proper Connection : _____ Certification of Compliance with City Code of Ordinances Ch. 106, Art. III	
Improper Connection: _____ Building does NOT meet City Code of Ordinances Ch. 106, Art. III	
Plumber's Signature: _____ Phone: _____	
INSPECTION FORM NOT VALID WITHOUT SIGNATURE And Complete Plumber Information <i>Certification Valid for One Year from Date of Inspection</i> **If any questions please contact Jeff Reininger at 815-389-3070**	