

CITY OF SOUTH BELOIT, ILLINOIS
Clearwater Inspection Form-Account Transfer/New Account

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

TO BE COMPLETED BY AN ILLINOIS-LICENSED PLUMBER

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

Building Address: _____	Date: _____
City, State, Zip: _____	

Owner / Contact Information: Name: _____ Address: _____ City, State, Zip: _____ Phone: _____ Work: _____	Multi-Family or Commercial Building Common Sewer Service Y N If Yes, please list all addresses served. _____ _____
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Building Type: _____ Single Family _____ Multi-Family _____ Commercial _____ Industrial _____ Other _____	New Construction Y N FOR NEW CONSTRUCTION , ALL INTERNAL PLUMBING MUST BE IN PLACE PRIOR TO CERTIFICATION
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1. Roof drain Discharges to Sanitary Sewer	Y	N
2. Foundation Drain Discharges to Sanitary Sewer	Y	N
3. Storm/Ground Water Sump Pump Discharge to Sanitary Sewer	Y	N
4. Combination Storm/Sanitary Pump Discharges to Sanitary Sewer	Y	N
5. Diverter Valve on Storm Water Sumo 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
8. Backflow Preventers <i>ie: Sanitary Check Valves</i>	Y	N
<p align="center">* If last question is marked "NO" This Property IS NOT In Compliance with City Code of Ordinances Ch. 106, Art. III *</p>		

Plumber Information: Plumber Name: _____ Plumber's License No: _____ Company Name: _____ Address: _____ <p align="center">(List Plumber or Company Address, as applicable)</p>	
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 Certification Valid for One Year from Date Inspection	
<p><u>*If any questions please contact Jeff Reininger at 815-389-3070*</u></p>	