

**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

<b>Building Address:</b> _____ <b>Date:</b> _____																									
<b>City, State, Zip:</b> _____																									
<b>Owner / Contact Information:</b> Name: _____ Address: _____ City, State, Zip: _____ Phone: Home: _____ Work: _____	<b>Multi-Family or Commercial Building</b> Common Sewer Service        Y        N If yes, please list all addresses served. _____ _____																								
<b>Building Type:</b> _____ Single Family _____ Multi-Family _____ Commercial _____ Industrial _____ Other _____	<b>New Construction</b> Y        N  FOR NEW CONSTRUCTION, ALL INTERNAL PLUMBING MUST BE IN PLACE PRIOR TO CERTIFICATION																								
<table style="width:100%;"><tr><td>1. Roof Drain Discharges to Sanitary Sewer</td><td align="right">Y</td><td align="right">N</td></tr><tr><td>2. Foundation Drain Discharges to Sanitary Sewer</td><td align="right">Y</td><td align="right">N</td></tr><tr><td>3. Storm/Ground Water Sump Pump Discharges to Sanitary Sewer</td><td align="right">Y</td><td align="right">N</td></tr><tr><td>4. Combination Storm/Sanitary Pump Discharges to Sanitary Sewer</td><td align="right">Y</td><td align="right">N</td></tr><tr><td>5. Diverter Valve on Storm Water Sump Pump Discharge</td><td align="right">Y</td><td align="right">N</td></tr><tr><td>6. Sanitary Sewer Sump Pit Without Sealed Bottom</td><td align="right">Y</td><td align="right">N</td></tr><tr><td>7. Flexible Discharge Hose on Storm/Ground Water Sump Pump</td><td align="right">Y</td><td align="right">N</td></tr><tr><td>8. Backflow Preventers <i>ie: Sanitary Check Valves</i></td><td align="right">Y</td><td align="right">N</td></tr></table>		1. Roof Drain Discharges to Sanitary Sewer	Y	N	2. Foundation Drain Discharges to Sanitary Sewer	Y	N	3. Storm/Ground Water Sump Pump Discharges to Sanitary Sewer	Y	N	4. Combination Storm/Sanitary Pump Discharges to Sanitary Sewer	Y	N	5. Diverter Valve on Storm Water Sump 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
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<b>Plumber Information:</b> Plumber Name: _____ Plumber's License No.: _____ Company Name: _____ Address: _____ <p align="center"><i>(List Plumber or Company Address, as applicable)</i></p>																									
<b>Proper Connection :</b> _____ Certification of Compliance with City Code of Ordinances Ch. 106, Art. III <b>Improper Connection:</b> _____ Building does NOT meet City Code of Ordinances Ch. 106, Art. III																									
<b>Plumber's Signature:</b> _____ <b>Phone:</b> _____																									
<b>INSPECTION FORM NOT VALID WITHOUT SIGNATURE</b> <b>And Complete Plumber Information</b> <b><i>Certification Valid for One Year from Date of Inspection</i></b> <b><u>**If any questions please contact Jeff Reininger at 815-389-3070**</u></b>																									