

CITY OF PLYMOUTH USE ONLY

	NAME / INSPECTOR	DATE
SIZE OF LINE AND METER RECOMMENDED		
TAP INSPECTION		
HYDROSTATIC TESTING		
BACTERIA TESTING		
FIRE SYSTEM INSPECTION		
METER		
METER LOCATION: INSIDE / OUTSIDE		
OCCUPANCY PERMIT		
FINAL INSPECTION		
WATER ON FOR CUSTOMER		
BACKFLOW PREVENTION DEVICE: YES / NO		

PHOTOS TAKEN:

YES	NO	INITIALS: _____
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INSTALLATION DIAGRAM: