

CLEVELAND WATER DEPARTMENT METER VAULT INSPECTION FORM



JOB # _____

ADDRESS: _____

MUNICIPALITY: _____

OWNER _____

PLUMBER: _____

-

PHONE: _____

CONNECTION # AND SIZE

_____ / _____

VAULT MFG: (NORWALK / MACK / KATONA / MICHELBRINK / LINDSAY / MC GILL)

METER SETTING INSTALLED?	<u>YES</u>	<u>NO</u>
BYPASS SEALED?	<u>YES</u>	<u>NO</u>
PRE-CA.ST?	<u>YES</u>	<u>NO</u>
IRRIGATION STYLE?	<u>YES</u>	<u>NO</u>
RIM & COVER OK?	<u>YES</u>	<u>NO</u>
TRAFFIC BEARING?	<u>YES</u>	<u>NO</u>
DIRT BOTTOM?	<u>YES</u>	<u>NO</u>
VALVE BOXES TO GRADE/PERPENDICULAR?	<u>YES</u>	<u>NO</u>
5.5' TO 6' DEEP?	<u>YES</u>	<u>NO</u>
LID 1' MAXIMUM ABOVE VAULT TOP?	<u>YES</u>	<u>NO</u>
VALVE BOXES TO GRADE/PERPENDICULAR?	<u>YES</u>	<u>NO</u>
STEPS INSTALLED?	<u>YES</u>	<u>NO</u>

CIRCLE ONE

VIOLATION# _____

INSPECTED BY

DATE: _____

REMARKS: _____