

**ST. JOHNS COUNTY UTILITY DEPARTMENT  
2M - INSPECTION - WARRANTY INSPECTION CHECKLIST**

PROJECT NAME: \_\_\_\_\_

SJCUD INSPECTOR: \_\_\_\_\_

LINES AND TAPS OPERATOR: \_\_\_\_\_

DATE: \_\_\_\_\_

*Warranty inspection should be 9 months after final BCC approval of project.*

**Checked Work Order History**

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contacted Lift Station Manager in Area (if applicable)**

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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	Item	NA	Completed	Pending
<b>WATER</b>				
1	Fire Hydrants operated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Gate Valves operated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Flushing Valves inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Meter Boxes inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SEWER</b>				
1	Gate Valves operated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Manholes Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Air Release Valves inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Service Laterals inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>RECLAIMED WATER</b>				
1	Gate Valves operated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Sign(s) verified – location/standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Meter Boxes Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Field Observations:

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