Written Report	

City of Vernon Center

POINT-OF-SALE WATER INSPECTION/CERTIFICATION

Date	PID No.					
CODE SECTIONS						
Ord. #93 Sect. 5.a: Scope and Intent. The provisions of pumps, and water service lines, located within the City from cracked and leaking pipes, foundation drain conto determine proper water connections including water Point of Sale shall be valid for 3 years.	y. It is the intent of this ordinance to ider nections, roof drain connects, and sump	ntify and eliminate inflow and pump connections. These p	nd infiltration resulting provisions will also be used			
	PROPERTY ADDRESS					
ADDRESS:						
	OWNER INFORMATION					
OWNER (SELLER) NAME:		PHONE NO:				
ADDRESS:	сіту:	STATE:	ZIP:			
QUALIFIED PERSON INFORMATION						
	LICENSE NO:	PHONE NO: (
ADDRESS:	СІТҮ:	STATE:	ZIP:			
	System					
Water Line & Water Meter: All piping, connections and appurtenances shall be installed and performed strictly in accordance with the MN Plumbin. Code by a plumber licensed in the State of MN. Working shut-off valves the same size as the service line shall be placed before and after the water meter to isolate the meter. The valves and meter shall be placed far enough into the structure to be well protected from freezing. YesNo Shut-off Valves working, sames size as the service line? YesNo Shut-off Valves before & after the water meter? If not, explain on reverse side? Distance of meter/valve from exterior wall How far are the valves and meter placed from the outstide structure wall? Lead Pipe Identification: Please identify any lead pipe for this property. Please fill out details on the reverse side of this form.						
	Notes:					
Please fill out back page of report Compliance Inspection Certification						
The undersigned hereby acknowledges the requirement disclosed prior to Closing and shall be corrected within days prior to closing, the Seller shall provide proof to the undersigned hereby certifies that the above inform Qualified Person's Signature:	ents in City Ordinance #93 Section 5.d. All in twelve (12) months from Closing. A com the City that funds were placed in an escr mation is true and correct to the best of t	deficiencies discovered dur npleted Point of Sale is valia row account at Closing to co	d for 3 years. At least 2			

Date:

Date:

Please fill out reverse side of report.

Owner's (Seller) Signature:

Buyer's Signature:

WRITTEN REPORT

Date	PID No.					
PROPERTY ADDRESS						
ADDRESS:						
Person Performing Inspection:						
Approximate Depth of Service: Water Lines	·					
Type & Size of Service: Water Lines						
Condition of Service Pipes:						
	WATER Report:					
Valve	Water Meter					
Locations Inspection Notes:	location					
	,					
Person Performing Inspection Signature (W	'ater):		Date:			
Determination of CompliancyTHIS SECTION F	FOR City Official					
Authorized City Official: Name	Signature	Compliant	Non-Complaint			
DATE:						
COMMENTS:						