Be a good neighbor...

STORM WATER COMPLIANCE INSPECTION
CITY OF OWATONNA

ID Number

Date ___ / ___ / ___

Time ___ ○ a.m. ○ p.m.

Inspection Attempt ○ #1 ○ #2 ○ #3

Name

House Number

Street Name

Telephone Number

Owner/Occupant Signature

Inspector Signature

Compliance

- ❑ No Foundation Drain Connection
- ❑ Sump Pit Not Connected to Sanitary Sewer
  - ❑ Sump Pump Properly Piped
  - ❑ Proper Overflow System
- ❑ Permitted Switchover (Permit Required)
- ❑ Sealed Switchover - Installed Seal
- ❑ Certificate of Compliance
- ❑ Issue Date: _____

Non-Compliance

- ❑ Foundation Drains Connected to Sanitary Sewer
- ❑ Sump Pump Improperly Piped Into Sanitary Sewer
- ❑ Roof Drains or Cisterns Drain Into Sanitary Sewer *(Circle One)*
- ❑ Sealed Switchovers are Broken Without City Permission
- ❑ Inspection is Refused
- ❑ 3 Attempts - No One Home - Letter

Further Investigation

- ❑ No One Home - Left Notice On Door
- ❑ Further Inspection Required - Notes:

_____

_____

_____

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_____

North

NOTICE

All repairs to your system must be completed by the date shown below.

___ / ___ / ___

(Date is one year from Inspection Date)

Upon completion of the repairs, please call 444-2487 to schedule an Inspection for certification

_____

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_____