

BUILDING PERMIT CLEARANCE, OPERATION PERMIT & OCCUPANCY CLEARANCE CHECKLIST

PIN:

PUBLIC SEWER

PUBLIC WATER

Building Permit Clearance

Specialist: (EHS)

Date:

- | | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 1) Well Permit Number: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a) Well Grouting Approved and Documented | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) All Unused Wells Abandoned | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Well Completion Statement received. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) GW-2 (Place a copy of Hydro Study files into proper Laserfiche file, if required) | | | |
| d) Well Yield is >= than 5 GPM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Yield & Draw Down Test Complete and Correct (if yield is < 5 GPM) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Chemical Analysis received | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (Note: Primary Contaminant above approvable limits – write letter.) | | | |
| (Place a copy of Hydro Study files into proper Laserfiche file, if required) | | | |
| 4) Septic Permit Number: | | | |
| f) Issued & Valid; Number of Bedrooms: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Conditional Permits have been recorded in the deed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Survey attached to application or waived (Attachment A) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Operation Permit

Specialist: (EHS)

Date:

- | | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 1) Building Clearance issued | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Sewage Disposal System | | | |
| a) Inspection is Completed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) As built present | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Completion Statement Signed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Engineer or OSE Completion Statement Received & Complete (State Form BB) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Pump Sheet Completed & Received | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Pump Curve Received | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) If survey is waived (Attachment A), then Attachment B completed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Alternative Sewage Disposal System? (If "No" then A-C below are N/A) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a) 1067 Agreement Recorded (If contained in the original permit issued) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) State Notice of Recordation Recorded | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Operations & Maintenance Manual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) If the system is large AOSS (Over 1000 GPD FS+) then an Expiring OP is required. (See Jerry Franklin) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

** # of Bedrooms on OP is Consistent w/ Permit & OP sheet is signed..... (EHS)

Comments:

Occupancy Clearance

Specialist: (EHS)

Date:

- | | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 1) Operations Permit issued correctly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Water Sample | | | |
| a) Water Sample taken after well was grouted. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Bacteriological Test Satisfactory | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Chlorine Residual Tested 0.0 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Sample Taken from Approved Point | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Water Sample Certification Statement Received | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Primary Contaminants within Approvable Limits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Water Works Operation Permit (From Office of Drinking Water for Public Wells.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |