



CITY of WILLMAR

Sump Pump Inspection Form

Name: _____ Date: _____ Time: _____ am/pm
Address: _____ First Inspection _____ Reinspection _____
Phone No.: _____ Account No.: _____

SUMP PUMP

BASEMENT _____ YES _____ NO
SUMP BASKET _____ YES _____ NO
SUMP PUMP _____ YES _____ NO

WATER IN BASKET _____ YES _____ NO
MULTIPLE PUMPS _____ YES _____ NO
RAIN LEADERS VISIBLE _____ YES _____ NO

Discharge Location: _____ Sanitary Sewer (i.e. floor drain, laundry tub, etc.)
_____ Lawn
_____ Curb
_____ other? _____

Notes: _____

PASS _____

FAIL _____

Inspector _____ Date: _____

Resident: _____ Date: _____

(Signing this form only indicates that a sump pump inspection was performed.)

You have **14 days** to bring your system into compliance with current regulations. When you are ready for a reinspection, call us at _____ to make an appointment.