

Village of Menomonee Falls Daily Inspection Report

Sanitary Sewer Manhole Vacuum Test _____ **Date** _____

Project Name _____
Number _____
Subdivision _____
Contractor _____

Foreman _____
Tester _____
Weather _____
Inspection firm _____

VACUUM TEST

Sketch Area

Inspectors time	Hours:	Date :	Name:	Page	of
Comments					