

Village of Menomonee Falls Daily Inspection Report

Sanitary Sewer Manhole Vacuum Test_____ **Date** _____

Project Name	_____	Foreman	_____
Number	_____	Tester	_____
Subdivision	_____	Weather	_____
Contractor	_____	Inspection firm	_____

[illegible]

Sketch Area

Inspectors time	Hours:	Date :	Name:	Page	of
Comments					