

*This form must be completed by the <u>District's Licensed Inspector</u>. A signed and dated original must be submitted to Emerald Bay Municipal Utility District Office at the address below for record keeping purposes.

PLUMBING TOP OUT INSPECTION REPORT

PWS I.D. Number: 2120105	Inspection Permit Number:
Name of Contractor:	Phone Number:
Name of Owner:	Phone Number:
Address of Construction:	Bullard, Texas 75757
REASON FOR INSPECTION	
□ New construction	☐ Major renovation or expansion
RESULTS OF INSPECTION	
I certify that I have inspected the facilities loany, are noted in the check list section of this	
□ Approved	☐ Stop work
☐ Re-Inspection required	□ Approved with corrections
the Emerald Bay Municipal Utility District perr Name of Inspector:	Phone Number:
Address:	
City: State: _	
Remarks:	
Inspector Signature:	Date:
Registration Number:	Type of Registration:
Distribution: To File Builder	