



Daily Water Line Inspection Log Sheet

Facility Name: _____ NPDES Permit No.: _____

Instructions:

- Initial the form *each day* after the inspection is complete
- If a leak is detected, place a check in the “leak detected” column

January, 20__		
Day	Initials	√ if Leak Detected
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February, 20__		
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March, 20__

Day	Initials	√ if Leak Detected
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April, 20__

Day	Initials	√ if Leak Detected
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May, 20__		
Day	Initials	√ if Leak Detected
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June, 20__		
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July, 20__		
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August, 20__

Day	Initials	√ if Leak Detected
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September, 20__

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October, 20__		
Day	Initials	√ if Leak Detected
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November, 20__		
Day	Initials	√ if Leak Detected
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December, 20__		
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