

Condition				Preferred Customer Plumbing Inspection Report				 <p>Plumb Star Plumbing • Heating Electrical • Pumps</p>
Not Installed	Good	Fair	Replace	Name: _____		Inspection Date: _____		
				Address: _____		Technician: _____		
				City, State, Zip: _____				
				Phone: _____				
				1-866-262-4522		www.plumbstar.com		

Hot Water Tank							
Tank:	Model:	Size:	Age:				
Seismic Support: Y N	Type:	Pan: Y N	Pan Drain: Y N				
Expansion Tank: Y N	Stand: Y N	Pad: Y N	P&T Run to Outside: Y N				
Notes:			Pressure:	PSI			
Kitchen							
Sink:	# of Basins:	Type:	Color:				
Tubular:							
Disposer: Y N	Make:	Age:	Dishwasher: Y N				
Instant Hot: Y N	Make:	Age:	Icemaker: Y N				
Notes:							

Condition					Condition						
Not Installed	Good	Fair	Replace		Not Installed	Good	Fair	Replace			
				Master Bathroom							
				1 st Lav Sink	Type:			Lav Sink	Type:		
				1 st Lav Faucet	Type:			Lav Faucet	Type:		
				1 st Lav Tubular				Lav Tubular			
				1 st Lav Stops	Type:			Lav Stops	Type:		
				2 nd Lav Sink	Type:			Tub	Jetted: Y N		
				2 nd Lav Faucet	Type:			Valve	Type:		
				2 nd Lav Tubular				Shower			
				2 nd Lav Stops	Type:			Valve	Type:		
				Tub	Jetted: Y N			Toilet			
				Tub Valve	Type:			Toilet Stops			
				Shower				Notes:			
				Shower Valve	Type:			Laundry Room			
				Toilet				Washer Hoses			
				Toilet Stops				Laundry Tub			
				Notes:				Laundry Tub Faucet			
								Laundry Tub Tubular			
				Main Bathroom							
				Lav Sink	Type:			Tub	Jetted: Y N		
				Lav Faucet	Type:			Valve	Type:		
				Lav Tubular				Shower			
				Lav Stops	Type:			Valve	Type:		
				Notes:				Toilet			
								Toilet Stops			
Waterline, Well, and Water Filtration											
				Well Pump:	Type:	Age:	Depth:	Voltage:			
				Pressure Tank:	Type:	Age:	Static Pressure:				
				Pressure Switch:	Type:	Water Filter: Y N	Type:				
				Water Pressure:	PSI						
				Pressure Regulator Valve:	Y N	Location:					
				Main Water Shutoff:	Y N	Location:					
				Notes:							