



**DRAPER, UTAH**  
**(801) 990-1775**  
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**SUBJECT** GROUND MOUNT POST-INSTALL SURVEY

INSTRUCTIONS:

1. Complete this post-install survey when the jurisdiction requires a post-install (or affidavit) letter.
2. All listed information is required. Incomplete forms will delay our review and will be sent back to be completed.
3. Provide a minimum of (3) photos of the installation.

SURVEY INFORMATION:

Project Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Vector Project Number: \_\_\_\_\_

Have the following been verified to match the original design?

- The front and rear column heights:  Yes  No
- The slope of the PV panels:  Yes  No
- The panel orientation (i.e. portrait or landscape):  Yes  No
- The number of panels in each direction:  Yes  No
- All racking member sizes:  Yes  No
- All connections between racking members:  Yes  No
- The spacing between columns:  Yes  No

SEE THE NEXT PAGE FOR  
 FOUNDATION SURVEY QUESTIONS



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Select the Foundation Type:

<input type="checkbox"/> Cast-in-place Concrete Drilled Piers	Has the diameter of the concrete foundations been verified to match the original design? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Has the depth of the concrete foundations been verified to match the original design? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Has the embedment depth of the columns into the concrete foundations been verified to match the original design? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Ground Screws or Helical Piers	Has at least one screw/helical been tested for both uplift and lateral loads, and been found to meet or exceed the test loads required by the original design? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Concrete Ballast Block	Have the dimensions of the concrete foundation been verified to match the original design? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have the columns been verified to be centered on the concrete foundations? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Has the anchorage of the columns to the foundation been verified to match the original design? <input type="checkbox"/> Yes <input type="checkbox"/> No

Contractor or Installer Company Name: \_\_\_\_\_

Responsible Party Answering this Checklist:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_