



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:

Cast-in-place Concrete Drilled Piers	Has the diameter of the concrete foundations been verified to match the original design?	Yes	No
	Has the depth of the concrete foundations been verified to match the original design?	Yes	No
	Has the embedment depth of the columns into the concrete foundations been verified to match the original design?	Yes	No
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?	Yes	No
	<u>Note:</u> Please attach the test reports. If test reports are not attached, they will be requested.		
Concrete Ballast Block	Have the dimensions of the concrete foundation been verified to match the original design?	Yes	No
	Have the columns been verified to be centered on the concrete foundations?	Yes	No
	Has the anchorage of the columns to the foundation been verified to match the original design?	Yes	No

Contractor or Installer Company Name: _____

Responsible Party Answering this Checklist:

Print Name: _____

Signature: _____

Date: _____