

INSPECTION FORM
BLOOMFIELD ORCHARDS SUBDIVISION
FOUNDATION DRAIN DISCONNECT PROGRAM
CITY OF AUBURN HILLS

Date of Visit: _____ Time: _____ am/pm
Inspector's Name: _____
Weather Conditions: _____

Owner's Name: _____
Street Address: _____
Telephone No.: _____
Daytime Phone: _____

House Type: _____

History of Flooding? **YES/NO**
If so, details: _____
(Homeowner's
Comments) _____

Evidence of Seepage: _____
Wall Cracks? **YES/NO** Floor Drains? **YES/NO**
Floor Cracks? **YES/NO** Window Wells? **YES/NO**
Existing Sump Pump? **YES/NO** Functioning? **YES/NO**
Existing Check Valve? **YES/NO** Functioning? **YES/NO**

POTENTIAL DISCONNECTION PROBLEMS:

Landscaping: _____
Location of Sump: _____
Sump Discharge: _____
Construction Access: _____
Driveway/Sidewalk: _____
Power for Sump: _____
Connection Loc.: _____
Porch: _____
Finished Basement: _____
Other: _____

Floor to Window Sill Distance: _____ Floor to Max. Flood Distance: _____
Window Sill Location: _____

Misc. Notes: _____

(DRAW DIAGRAM ON BACK, IF APPLICABLE)