

Erie County Sewer Districts - House Inspection Form

District: _____ Mini System _____ Date: _____ Inspector: _____

Property Address: _____ Town: _____

Name of Person Present at Inspection: _____

Owner Occupied **OR** Rental Property Phone: _____

Single Raised Ranch Double Apartment Townhouse Commercial/Indust

Interior Inspection

Base-ment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sanitary Wasteline	<input type="checkbox"/> Below Foundation <input type="checkbox"/> Above Floor & Attached On Wall (<18" off floor)	<input type="checkbox"/> Hung Plumbing (>18" off floor)	
Sump Pump	<input type="checkbox"/> Yes <input type="checkbox"/> No	Connected to:	<input type="checkbox"/> Surface Discharge <input type="checkbox"/> Storm <input type="checkbox"/> Unknown	Floor Drain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Visible
Washing Machine	<input type="checkbox"/> Yes <input type="checkbox"/> No	Connected to:	<input type="checkbox"/> 1st Floor <input type="checkbox"/> Sump <input type="checkbox"/> Sanitary <input type="checkbox"/> Laundry Tray/Tub	Footing Drain	<input type="checkbox"/> Yes <input type="checkbox"/> No
Laundry Tray/Tub	<input type="checkbox"/> Yes <input type="checkbox"/> No	Connected to:	<input type="checkbox"/> Sanitary <input type="checkbox"/> Sump		Connected to: <input type="checkbox"/> Unknown <input type="checkbox"/> Sump Pump

Exterior Inspection (items may not be visually apparent, note if smoke testing is needed)

Down Spouts/Gutters	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total # of Discharges _____	# Above Grade _____	# Below Grade _____	Discharges to: <input type="checkbox"/> Unknown <input type="checkbox"/> Bubbler <input type="checkbox"/> On Ground <input type="checkbox"/> Sanitary <input type="checkbox"/> Storm
Vent Trap (check all that apply)	<input type="checkbox"/> Yes <input type="checkbox"/> No Material:	<input type="checkbox"/> Replace Perforated Cap <input type="checkbox"/> Replace Solid Cap <input type="checkbox"/> Missing Mushroom Cap <input type="checkbox"/> Broken Mushroom Cap <input type="checkbox"/> Cracked/Broken Riser	<input type="checkbox"/> Low Lying Trap, But Visible Grade _____ "	<input type="checkbox"/> Cannot Locate or Buried, Must Locate & Raise <input type="checkbox"/> Location Known, But Buried, Must be Raised <input type="checkbox"/> Thru building wall - OK	Location:
Clean-out(s) (CO) (check all that apply)	<input type="checkbox"/> Yes <input type="checkbox"/> No How Many:	<input type="checkbox"/> Replace Perforated Cap <input type="checkbox"/> Replace Mushroom Cap <input type="checkbox"/> Missing Solid Cap <input type="checkbox"/> Broken Solid Cap <input type="checkbox"/> Loose Solid Cap	<input type="checkbox"/> Cracked/Broken Riser <input type="checkbox"/> Location Known, But Buried - OK <input type="checkbox"/> Cannot Locate - OK	Location(s):	
Status	<input type="checkbox"/> Approved <input type="checkbox"/> Violation Corrected <input type="checkbox"/> Violation <input type="checkbox"/> Dye Test (Any Unknown)				

Comments: _____

Reinspected Date: _____ Reinspected By: _____

Notes: Violations are in bold italics; Vent should be ~6" above grade;
Unknowns should be dye tested, except for footing drain