

# City of McMinnville

## Building Sewer Condition Assessment Report

DATE:

ADDRESS/LOCATION:

### BUILDING SEWER CONDITION

<p><b>ESTIMATED AGE OF BUILDING SEWER (years):</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><i>(Circle One)</i></th> <th style="text-align: center;"><u>Value</u></th> <th style="text-align: center;"><u>Points</u></th> </tr> </thead> <tbody> <tr> <td>0 - 10</td> <td style="text-align: center;">0</td> <td style="text-align: center;"><input style="width: 50px; height: 20px;" type="text"/></td> </tr> <tr> <td>11 - 20</td> <td style="text-align: center;">100</td> <td style="text-align: center;"><input style="width: 50px; height: 20px;" type="text"/></td> </tr> <tr> <td>21 - 30</td> <td style="text-align: center;">500</td> <td style="text-align: center;"><input style="width: 50px; height: 20px;" type="text"/></td> </tr> <tr> <td>&gt; 30</td> <td style="text-align: center;">1000</td> <td style="text-align: center;"><input style="width: 50px; height: 20px;" type="text"/></td> </tr> </tbody> </table>	<i>(Circle One)</i>	<u>Value</u>	<u>Points</u>	0 - 10	0	<input style="width: 50px; height: 20px;" type="text"/>	11 - 20	100	<input style="width: 50px; height: 20px;" type="text"/>	21 - 30	500	<input style="width: 50px; height: 20px;" type="text"/>	> 30	1000	<input style="width: 50px; height: 20px;" type="text"/>	<p><b>CORROSION:</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><i>(Circle One)</i></th> <th style="text-align: center;"><u>Value</u></th> <th style="text-align: center;"><u>Points</u></th> </tr> </thead> <tbody> <tr> <td>None</td> <td style="text-align: center;">0</td> <td style="text-align: center;"><input style="width: 50px; height: 20px;" type="text"/></td> </tr> <tr> <td>Light</td> <td style="text-align: center;">100</td> <td style="text-align: center;"><input style="width: 50px; height: 20px;" type="text"/></td> </tr> <tr> <td>Medium</td> <td style="text-align: center;">250</td> <td style="text-align: center;"><input style="width: 50px; height: 20px;" type="text"/></td> </tr> <tr> <td>Heavy</td> <td style="text-align: center;">500</td> <td style="text-align: center;"><input style="width: 50px; height: 20px;" type="text"/></td> </tr> </tbody> </table>	<i>(Circle One)</i>	<u>Value</u>	<u>Points</u>	None	0	<input style="width: 50px; height: 20px;" type="text"/>	Light	100	<input style="width: 50px; height: 20px;" type="text"/>	Medium	250	<input style="width: 50px; height: 20px;" type="text"/>	Heavy	500	<input style="width: 50px; height: 20px;" type="text"/>
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SUBTOTAL "BUILDING SEWER CONDITION":

**OTHER TESTS**

<p><b>SMOKE TESTING:</b></p> <p><i>Test Conducted: Yes / No (Circle)</i> <i>(Circle One)</i></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Value</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Points</u></th> </tr> </thead> <tbody> <tr> <td>None</td> <td style="text-align: center;">0</td> <td style="text-align: center;"><input style="width: 50px; height: 20px;" type="text"/></td> </tr> <tr> <td>Light</td> <td style="text-align: center;">200</td> <td style="text-align: center;"><input style="width: 50px; height: 20px;" type="text"/></td> </tr> <tr> <td>Medium</td> <td style="text-align: center;">500</td> <td style="text-align: center;"><input style="width: 50px; height: 20px;" type="text"/></td> </tr> <tr> <td>Heavy</td> <td style="text-align: center;">1000</td> <td style="text-align: center;"><input style="width: 50px; height: 20px;" type="text"/></td> </tr> </tbody> </table>		<u>Value</u>	<u>Points</u>	None	0	<input style="width: 50px; height: 20px;" type="text"/>	Light	200	<input style="width: 50px; height: 20px;" type="text"/>	Medium	500	<input style="width: 50px; height: 20px;" type="text"/>	Heavy	1000	<input style="width: 50px; height: 20px;" type="text"/>	<p><b>ROOF DRAINS:</b></p> <p><i>Test Conducted: Yes / No (Circle)</i></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Number</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Value</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Points</u></th> </tr> </thead> <tbody> <tr> <td>Not Con'd</td> <td style="text-align: center;"><input style="width: 50px; height: 20px;" type="text"/></td> <td style="text-align: center;">0</td> <td style="text-align: center;"><input style="width: 50px; height: 20px;" type="text"/></td> </tr> <tr> <td>Connected</td> <td style="text-align: center;"><input style="width: 50px; height: 20px;" type="text"/></td> <td style="text-align: center;">1000</td> <td style="text-align: center;"><input style="width: 50px; height: 20px;" type="text"/></td> </tr> </tbody> </table>		<u>Number</u>	<u>Value</u>	<u>Points</u>	Not Con'd	<input style="width: 50px; height: 20px;" type="text"/>	0	<input style="width: 50px; height: 20px;" type="text"/>	Connected	<input style="width: 50px; height: 20px;" type="text"/>	1000	<input style="width: 50px; height: 20px;" type="text"/>
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Connected	<input style="width: 50px; height: 20px;" type="text"/>	1000	<input style="width: 50px; height: 20px;" type="text"/>																			

SUBTOTAL "OTHER TESTS":

**LATERAL CONDITION ASSESSMENT POINTS**

TOTAL POINTS:

**SUMMARY**

<p><b>BUILDING SEWER CONDITION ASSESSMENT:</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Total Points</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Condition</u></th> </tr> </thead> <tbody> <tr> <td>0-500</td> <td>Good</td> </tr> <tr> <td>500-1000</td> <td>Fair</td> </tr> <tr> <td>&gt;1000</td> <td>Poor</td> </tr> </tbody> </table>	<u>Total Points</u>	<u>Condition</u>	0-500	Good	500-1000	Fair	>1000	Poor	<p><b>RECOMMENDATIONS:</b></p> <p style="text-align: right;"><i>(Check Appropriate)</i></p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>No Action Required</td> <td style="text-align: center;"><input style="width: 50px; height: 20px;" type="checkbox"/></td> </tr> <tr> <td>Remove Foundation Drains</td> <td style="text-align: center;"><input style="width: 50px; height: 20px;" type="checkbox"/></td> </tr> <tr> <td>Remove Roof Drains</td> <td style="text-align: center;"><input style="width: 50px; height: 20px;" type="checkbox"/></td> </tr> <tr> <td>Replace Building Sewer</td> <td style="text-align: center;"><input style="width: 50px; height: 20px;" type="checkbox"/></td> </tr> </tbody> </table>	No Action Required	<input style="width: 50px; height: 20px;" type="checkbox"/>	Remove Foundation Drains	<input style="width: 50px; height: 20px;" type="checkbox"/>	Remove Roof Drains	<input style="width: 50px; height: 20px;" type="checkbox"/>	Replace Building Sewer	<input style="width: 50px; height: 20px;" type="checkbox"/>
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Notes:  
Laterals with a "Poor" assessment rating require replacement

**NOTES**