

# PORT HURON CSO ON-SITE INSPECTION FORM

**BUILDING ADDRESS:** \_\_\_\_\_

CSO AREA: \_\_\_\_\_

Building type: \_\_\_\_\_\*

No. of Households: \_\_\_\_\_

VISIT DATE/TIME: \_\_\_\_\_

\*R = residential, A = apartments

INSPECTOR(S): \_\_\_\_\_

\*C = commercial, I = industrial

I/I ISSUE: \_\_\_\_\_

WEATHER: \_\_\_\_\_

ATTEMPT: 1st \_\_\_ 2nd \_\_\_ 3rd \_\_\_

NOH: \_\_\_\_\_ DA: \_\_\_\_\_

**DYE TESTING**

#1	DAP: _____	DOP: _____*	Dir. _____	MH's observed _____	_____	_____	_____
#2	DAP: _____	DOP: _____*	Dir. _____	MH's observed _____	_____	_____	_____
#3	DAP: _____	DOP: _____*	Dir. _____	MH's observed _____	_____	_____	_____
#4	DAP: _____	DOP: _____*	Dir. _____	MH's observed _____	_____	_____	_____
#5	DAP: _____	DOP: _____*	Dir. _____	MH's observed _____	_____	_____	_____

\* Use U for unconfirmed or N for not needed

**ROOF DRAINAGE**

Pitched Roof _____	Flat Roof _____					
Internal: _____	Disappear: _____	Run on Ground: _____	Missing: _____	If on ground, no. < 5' _____		
External: _____	Disappear: _____	Run on Ground: _____	Missing: _____	If on ground, no. < 5' _____		

**AREA DRAINAGE**

Y	N	TWD: _____	WWD: _____	SWD: _____	DWD: _____	PD: _____	CB: _____
STO MH: _____		Cover type: _____	SAN MH: _____		Cover type: _____		
Combined MH: _____		Cover type: _____	Investigation Results: _____				

**BASEMENT**

Basement: Y	N	Depth below ground: _____ (in ft.)	(Measured from bottom of windowsill down to basement floor.) Note location on sketch.				
Any flooding history? Y		N	If yes, no. of times per year: _____				
Sanitary service to basement? Y		N					
Sump Pump? Y	N	Discharges on ground? Y	N	(Show on sketch.)			

**SERVICE LEADS**

Total number of leads from property: _____	No. Sanitary: _____	No. Storm: _____	No. Combined: _____	No. Unkn: _____
Does the building have any external clean out? Y	N	If yes, is cap intact and properly connected? Y		N

**RENOVATIONS**

Have there been renovations? Y	N
If yes, any new service leads? Y	N
Have there been any service lead repairs, cleanings, and/or replacements? Y	N
(If yes, describe in comments)	

**COMMENTS/NOTES:**

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