## PORT HURON CSO ON-SITE INSPECTION FORM

*R = residential, A = apartments INSPECTOR(S):	BUILDING ADDRES	s:			_	CSO AREA:			
DYE TESTING	*R = residential, A = apartments					VISIT DATE/TIME:INSPECTOR(S):			
ATTEMPT: 1st 2nd 3rd									
DAP   DOP	*C = commercial, I = indu	ustrial		WEATHER:					
DAP:	OYE TESTING								
2 DAP:	1 DAP:	DOP:	* Dir.	MH's observed					
AREA DRAINAGE Y N TWD: SAN MH: Cover type: SAN MH: Cover type: Sanitary service to basement? Y N Discharges on ground? Y N (Show on sketch.)  Baservolt Disappear: Y N Discharges on ground? Y N (Show on sketch.)  Baservolt Disappear: Y N Discharges on ground? Y N (Show on sketch.)  Baservolt Disappear: Y N Discharges on ground? Y N Discharges on ground? Y N (Show on sketch.)  Baservolt Disappear: Y N Discharges on ground? Y N (Show on sketch.)  Baservolt Disappear: Sanitary:									
A DAP: DOP: DOP: DIR. MH's observed DOP: DIR. MH's obs									
Use U for uncontinend or No root needed  ROOF DRAINAGE    Flat Roof									
Cope									
ASSEMENT  Sasement: Y N Depth below ground:									
Itemal:   Disappear:   Run on Ground:   Missing:   If on ground, no. < 5'	OOF DRAINAGE								
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: 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  Fotal number of No. No. No. No. No.  Does the building have any service leads from property: Sanitary: Storm: Combined: Unkn:  Does the building have any service leads? Y N N  RENOVATIONS  lave there been renovations? Y N N  fyes, any new service leads? Y N  lave there been any service leads? Y N  leads from proments)					-		-		
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