

Erie County Sewer Districts (ECSD) - House Inspection Form

ECSD: _____ Mini System: _____ Date: _____ Inspector: _____

Property Address: _____ Town: _____

VOP Compliance Present at Inspection - **Print Name:** _____

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

Single Double U or L
L or R Apartment Raised Ranch Townhouse Commercial/Indust

Interior Inspection

Base-ment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sanitary Wasteline	<input type="checkbox"/> Visible & Attached On Wall (Height above floor): <input type="checkbox"/> < 10 in. <input type="checkbox"/> Below Foundation (Not Visible) <input type="checkbox"/> > 4 ft <input type="checkbox"/> 10 in-4 ft		
Sump Pump	<input type="checkbox"/> Yes <input type="checkbox"/> No	Connected to: <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Sanitary <input type="checkbox"/> Storm <input type="checkbox"/> Unknown	Laundry Tray/Tub	<input type="checkbox"/> Yes <input type="checkbox"/> No	Connected to: <input type="checkbox"/> Sump <input type="checkbox"/> Sanitary
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	Basement Bathroom Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes _____
Floor Drain	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Valved Shut Off <input type="checkbox"/> Dye Test Needed Connected to: <input type="checkbox"/> Sanitary <input type="checkbox"/> Storm	If more than 1, put # of in the box	<input type="checkbox"/> Sink <input type="checkbox"/> Toilet <input type="checkbox"/> Shower	

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 _____	# of Discharges to: (fill in all that apply) _____ Unknown _____ Bubbler _____ On Ground _____ Sanitary _____ Storm		
Vent ~6" above grade with mushroom cap	<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, Visible Above Ground _____" <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 - perf cap OK Location: _____		
Clean-out(s) requires solid cap	<input type="checkbox"/> Yes <input type="checkbox"/> No How Many: _____	<input type="checkbox"/> Missing Solid Cap <input type="checkbox"/> Broken Solid Cap <input type="checkbox"/> Loose Solid Cap <input type="checkbox"/> Cannot Locate <input type="checkbox"/> Location Known, But Buried: _____	<input type="checkbox"/> Replace Perforated Cap with Solid Cap <input type="checkbox"/> Replace Mushroom Cap with Solid Cap <input type="checkbox"/> Cracked/Broken Riser Location(s): _____		

Status **Violation** Violation Corrected No Violations Noted **Dye Test (Any Unknown)**

Comments: _____
 Lateral Rehab Program _____

Reinspected Date: _____ Reinspected By: _____

Notes: **Violations & Unknowns are in bold italics**; Unknowns need to be dye tested.

This form is not a guarantee of full compliance with Article V of the ECSD Rules and Regulations.

Northern Region (ECSD 1,4,5) 684-1234; Central Region (ECSD 3,6,8) 823-8188; Southern Region (ECSD 2) 549-3161