

Erie County Sewer Districts (ECSD) - House Inspection Form

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

Property Address: _____ Town: _____

<input type="checkbox"/> VOP Compliance	<input type="checkbox"/> Owner Occupied	Present at Inspection: _____
<input type="checkbox"/> Lateral Rehab Prog.	<input type="checkbox"/> Rental Property	

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

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"/> Ground <input type="checkbox"/> Creek <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	Floor Drain <input type="checkbox"/> Yes <input type="checkbox"/> No Connected to: <input type="checkbox"/> Storm <input type="checkbox"/> Sanitary
Basement Bathroom Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	If more than 1, put # on the box <input type="checkbox"/> Sink <input type="checkbox"/> Shower <input type="checkbox"/> Toilet <input type="checkbox"/> Pump	Footer Drains Observed <input type="checkbox"/> Yes <input type="checkbox"/> No Notes: _____

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 Ground _____	# of Discharges to: ___ Unknown ___ Sanitary ___ Bubbler ___ Storm ___ Ground ___ Creek
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"/> Low Hanging Trap, Visible Above Ground _____" <input type="checkbox"/> Replace Solid Cap <input type="checkbox"/> Cannot Locate or Buried, Must be Raised <input type="checkbox"/> Install Mushroom Cap <input type="checkbox"/> Roof Vent Observed Location: _____ <input type="checkbox"/> Cracked/Broken Riser <input type="checkbox"/> Through Building _____	
Clean-out(s) requires solid cap	<input type="checkbox"/> Yes <input type="checkbox"/> No # _____	<input type="checkbox"/> Install Solid Cap <input type="checkbox"/> Replace Perforated Cap with Solid Cap <input type="checkbox"/> Cracked/Broken Riser <input type="checkbox"/> Replace Mushroom Cap with Solid Cap Location(s) (Inside and Outside): _____	

Status	<input type="checkbox"/> Violation <input type="checkbox"/> Violation Corrected	<input type="checkbox"/> No Violations Noted at Time of Inspection	<input type="checkbox"/> Dye Test (Any Unknown) <input type="checkbox"/> Needs to be Scheduled
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Comments: _____

Dye Testing	Date: _____	By: _____	Results: _____
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Re-inspections	Date: _____	By and Notes: _____
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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