PRIVATE PROPERTY INSPECTION CHECKLIST

Inspection #: Address:			Inspecti	Inspection Date: Inspected By:				
			Inspecte					
GE	NERAL							
1.	Property Type:	☐ Single Family	☐ Multi Fami	ly Commercial	☐ Other			
2.	Sanitary Plumbing Type:	☐ Gravity	☐ Overhead					
3.	Foundation Type:	☐ Basement	☐ Crawl Space	ee 🗆 Slab				
4.	Has the property experience	ced a sewer backup?	\square No	☐ Yes				
5.	5. Has the property experienced stormwater flooding?			□ No □ Yes				
EX'	ΓERNAL							
6.	Are there underground do	wnspouts with no visi	ble discharge loca	tion? □ No □ Yes				
7.	Are there underground downspouts with no visible discharge location? \square No \square Yes Does the property have outside drains? \square No \square Yes							
	7a. If outside drains exist, record the number of each type: Area Driveway Patio							
INT	TERNAL		Stai	rwell Window Wel	l			
8.		X						
	Basement Grade:							
FII	ECTOR PUMP							
10.	Does the property have a	an eiector nump?	□ No	□ Yes				
11.	Is the ejector pit sealed?		□ No	□ Yes				
12.	Where does the ejector p		☐ To Ground	☐ To Sanitary ☐ Unki	nown			
13.	Cover Type:	1 0						
14.	Check Valve:		□ No	□ Yes				
CL	EARWATER SUMP							
15.	Does the property have a	a clearwater sump?	\square No	□ Yes				
16.	Where does the clearwat	ter sump discharge?	☐ Storm Sewer	☐ Sanitary Sewer ☐ Ove	er Ground 🗆 Unknown			
17.	Are there any visible san	nitary utilities entering	g the clearwater su	imp, i.e. is it a combination s	ump? □ No □ Yes			
18.	Identify the type of drain	ns entering the sump p	oit: ☐ Floor Dr	Ģ	Laundry Drain			
19.	Is the bottom of the sum	p pit sealed?	□ No	□ Yes				
20.	Cover type: Bolted	☐ Loose ☐ Non	e 🗆 Other					
21.	Check Valve:		□ No	□ Yes				

INSII	DE PIPING AND FLOOR DRAINS					
22.	Is there a direct connection between sanitary	\square No	□ Yes			
23.	Are there observable diverters?	\square No	☐ Yes			
24.	Are there floor drains?	\square No	☐ Yes			
25.	Is there a suspected footing tile connection?	\square No	□ Yes			
DYE	TEST					
26.	Were dye tests performed?	\square No		□ Yes		
26a.	List dye tests performed:					
		Positive?	□ No	□ Yes		
		Positive?	\square No	□ Yes		
		Positive?	□ No	□ Yes		
СОМ	MENTS:					
NOT	IFICATION CHECKLIST					
Letter 1 st Pas 2 nd Pa	ss:					
Final	Notice:					