



“Sewer Smart” Home Sewer Inspection Checklist

Homeowner: _____ Telephone: _____

Address: _____

		Inspection Criteria	Circle One			Possible Recommendations
ARRIVAL	1.	Does home appear to have floor levels lower than the sewer main (street level where main is located in street)?	YES	NO	UNK	1. Further inspection for determination of need for BPD
GREET	2.	Is homeowner aware of problems, such as backups or overflows? Are there signs, in the home or outside, of past problems?	YES	NO	UNK	1. Lateral maintenance 2. Lateral video inspection
INSIDE	3.	Does the elevation of any drain (shower, floor drain, etc.) appear to be BELOW the elevation of the next UPSTREAM manhole’s rim?	YES	NO	UNK	2. BPD installation if indicated by 7 below and allowed by local regulation
	4.	When stressed by running multiple water sources for several minutes, does sewer system show signs of slow running or backup at the cleanout or other points?	YES	NO	UNK	1. Lateral maintenance 2. Lateral video inspection
OUTSIDE	5.	Is a cleanout installed on the home’s service lateral and located within five feet of the building foundation.	YES	NO	UNK	1. Cleanout installation 2. BPD installation if indicated by 6 below and allowed by local regulation
	6.	Is the cleanout equipped with a backup prevention device (BPD), including pressure-relief, back-flow or other types of such devices?	YES	NO	UNK	1. BPD inspection/maintenance 2. BPD installation if indicated by 7 below and allowed by local regulation
	7.	Does it appear, based on the home’s location, and the elevation of any drains relative to the next UPSTREAM manhole rim, that it should be protected by a BPD (pressure-relief, back-flow or other type) device?	YES	NO	UNK	1. BPD installation if appropriate cleanout present and allowed by local regulation
	8.	Are water seeking trees and/or shrubs prevalent in the area above and/or within 10 - 15 feet of the sewer lateral’s location?	YES	NO	UNK	1. Replacement of sewer-unfriendly plantings with recommended ones at www.sewersmart.org 2. Lateral maintenance 3. Video inspection of lateral

Recommendations Based on Above Findings:

Inspector Name: _____ Date: _____

Company: _____ Telephone: _____