

**WESTERN BUTLER COUNTY AUTHORITY
SEWER SYSTEM EVALUATION SURVEY
RAINFALL SIMULATION
DYE TEST DATA SHEET**



Acct#

NAME: _____	SURVEY PARTY: _____
ADDRESS: _____	DATE: _____
APPT. TIME: _____	SHEET # 1 2 3
VISIT # <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	

SUMP PUMP SURVEY (Check one)

Does the building have a sump pump?
 Yes No Verbal

Is the pump unit connected to the sanitary sewer?
 Yes No Unable to determine

LAST INSPECTION DATE:

	Testing was not necessary
	All facilities discharge to ground surface.

SKETCH

(NO SCALE)

DYE POURED AT: _____

DYE OBSERVED AT: _____

COMMENTS:

VIOLATIONS AT LOCATIONS:

<input type="checkbox"/> DOWNSPOUTS	<input type="checkbox"/> LOW LYING VENTS
<input type="checkbox"/> STAIRWELL DRAIN	<input type="checkbox"/> DRIVEWAY DRAIN
<input type="checkbox"/> AREA DRAIN	<input type="checkbox"/> STORM DRAIN
<input type="checkbox"/> MANHOLE COVERED	<input type="checkbox"/> VENT-CLEANOUT COVERED