## Household Sewage System Evaluation For Sanitary Sewer Conversion

The Cuyahoga County Department of Public Works has deemed that the property referenced below is located in an area that is or will soon be accessible to a sanitary sewer. An evaluation of the existing plumbing system, potentially involving a dye test, must be performed to verify the proper connection of all plumbing fixtures and drains and to determine if the required separation of storm water and sanitary wastewater exists. Any corrective actions in response to a failed evaluation must be completed in accordance with all codes and requirements of the State of Ohio, Cuyahoga County Department of Public Works, and the Cuyahoga County Board of Health (CCBH). A plumbing permit must be secured from CCBH prior to the initiation of any plumbing work, as required by the CCBH Plumbing Regulation. All plumbing work conducted under a permit must be inspected by the CCBH Plumbing Inspector. Any plumbing repairs or corrections that do not justify the issuance of a permit shall be inspected by a plumbing inspector certified with the State of Ohio.

Date of Evaluation				
Property Owner				
Property Address	Street			
	Street	Township	Zip	
Phone: Home	Cell	Email		
***************************************				
Evaluation Results				
Exterior	Results of Exterior Verification:	Pass	-ail	
Total number of roof downspouts, yard drains, driveway drains, etc. tested:				
If the result is a failing evaluation, identify the drains that are in need of modification or disconnection from the sanitary sewer system:				
	Roof Drain Yard Drain	n Driveway drain	-	
0	ther (Please specify)			
<u>Interior</u>	Results of Internal Plumbing Conr	nection Verification: Pass	Fail	
If the result is a failing evaluation and a repair, replacement, or an improper connection(s) was identified, describe the plumbing or fixtures that had to be repaired, replaced, connected, or disconnected. Prior to conducting any plumbing work, other than a basic repair to the existing plumbing, a CCBH Plumbing Permit must be secured.				
Plumber Conducting Evaluation:				
Name Company Name				
Address	011			
	Street Work	City	Zip	

By signing above, I certify that the above evaluation and related actions were conducted as described and that all of the information provided herein is accurate, to the best of my knowledge.

## **Documentation of Corrective Actions Taken**

Instructions for completion of this form:		
A. Sketch all structures, driveway, sidewalks, etc. at their approximate location on the lot.		
B. Identify the street and locations of manholes (MH) and storm inlets (SI).		
C. Show the following, using the symbols indicated: SS - approximate location of sanitary sewer # - downstream test manhole or test location for observance of testing dye RD - roof drain / downspout location YD - yard drain location DD - driveway drain location		
	Front of Struct	ure (to Street)
If necessary, please attach sheets with additional detail	s and sketches.	
Comments:		
Corrective Actions Verified By:		
Name of Plumber (Printed)	Company _	
AddressStreet	01	Zip
Phone Home Work		
Signature of Plumber		Date

By signing above, I hereby certify that all required corrective actions have been completed and that as a certified plumber, I have conducted a subsequent evaluation (dye test) and have certified that there are no storm or surface water drains connected to the sanitary sewer system and that no sanitary sewer lines drain to the storm sewer system. I also certify that the information provided herein is accurate, to the best of my knowledge.