



SOAP ELIGIBILITY EVALUATION FORM

Name: _____

Address: _____

Phone: _____

Verify that the home is located within the unincorporated portion of Fox Metro's service area.

Are your downspouts connected to the sanitary sewer system? Yes No

Are your downspouts connected to a storm sewer system? Yes No

Does your home have an outside catch basin? Yes No

Does your home have a sump pump? Yes | No

Does your home have exterior foundation perimeter drain tile? Yes No

Please check all the plumbing fixtures that are present in the basement of your home.

Floor drain Shower or tub Lavatory

Laundry sink or wash basin Ejector pump Toilet

Sump pump: Does it discharge to Front, Rear, Side, or is it connected to the Storm Sewer in street?
(Circle one)

How many sanitary sewer basement backups due to rain have you experienced?

Since 2000 _____ Since you have occupied your home _____

Office use only: Inspector's notes

FMWRD APPROVAL (NAME): _____ DATE: _____