



Sanitary/Plumbing: Evaluation Checklist

- Residential
- Commercial, Institutional, Industrial, Recreational

Project Title: _____ **Name of Evaluator:** _____
Project Location _____ **Date and Time Received:** _____
Owner/Authorized Representative: _____

	Date	Time	Forwarded to
1 st routing:			
2 nd routing:			
3 rd routing:			
4 th routing:			
5 th routing:			

Yes – Complied
No – Not Complied

Building Permit : RULE 3 SECTION 302.9 of PD 1096, Civil Code, Sanitation Code of the Phil., and Environmental Code	Remarks
Yes <input type="checkbox"/> No <input type="checkbox"/> On Sanitary Plans and Technical Specifications	
<input type="checkbox"/> <input type="checkbox"/> Scale 1:100m	
<input type="checkbox"/> <input type="checkbox"/> Readable Fonts and Texts	
<input type="checkbox"/> <input type="checkbox"/> Standard Legends and symbols	
<input type="checkbox"/> <input type="checkbox"/> General Notes and/or Specifications	
Sewer line Layout	
<input type="checkbox"/> <input type="checkbox"/> Complete sewer line connections	
<input type="checkbox"/> <input type="checkbox"/> Proper discharge point/area	
<input type="checkbox"/> <input type="checkbox"/> Isometric diagram	
<input type="checkbox"/> <input type="checkbox"/> Ventilation system	
Waterline Layout	
<input type="checkbox"/> <input type="checkbox"/> Complete cold waterline connection	
<input type="checkbox"/> <input type="checkbox"/> Complete hot waterline connection, if applicable	
<input type="checkbox"/> <input type="checkbox"/> Riser Diagram	
<input type="checkbox"/> <input type="checkbox"/> Isometric diagram	
<input type="checkbox"/> <input type="checkbox"/> Source of water supply	
<input type="checkbox"/> <input type="checkbox"/> Water tank details and location	
Storm/Drainage Line	
<input type="checkbox"/> <input type="checkbox"/> Adequate storm drainage plan	
<input type="checkbox"/> <input type="checkbox"/> Manhole/Junction/Catch Basin Location and Details	
<input type="checkbox"/> <input type="checkbox"/> Proper discharge point/area	
Waste Disposal System	
<input type="checkbox"/> <input type="checkbox"/> To Utilize Septic Tank	
<input type="checkbox"/> <input type="checkbox"/> Minimum of three chambers septic tank	
<input type="checkbox"/> <input type="checkbox"/> Adequate construction of septic tank	
<input type="checkbox"/> <input type="checkbox"/> Septic Tank Location and Details	
<input type="checkbox"/> <input type="checkbox"/> To Connect to City Sewerage System, if applicable	
<input type="checkbox"/> <input type="checkbox"/> To Provide Sewage Treatment Plan (STP)	
<input type="checkbox"/> <input type="checkbox"/> STP Details and Location	
Sanitary Facilities (commercial, institutional, industrial, recreational)	
<input type="checkbox"/> <input type="checkbox"/> To provide Materials Recovery Facility (MRF)	
<input type="checkbox"/> <input type="checkbox"/> Required number of cubicles, minimum of 3	
<input type="checkbox"/> <input type="checkbox"/> MRF Location and details	
<input type="checkbox"/> <input type="checkbox"/> To provide rainwater harvesting facility	
<input type="checkbox"/> <input type="checkbox"/> Location and Details	
Comfort Rooms/Toilet Facilities/Washing Areas	
<input type="checkbox"/> <input type="checkbox"/> Required number of fixtures (as to PD 856 Reqt.)	
Other requirements:	
<input type="checkbox"/> <input type="checkbox"/> Oil/Grease Separator Chamber Details and Location	
<input type="checkbox"/> <input type="checkbox"/> Grease Trap	
<input type="checkbox"/> <input type="checkbox"/> Material Size and Type	
<input type="checkbox"/> <input type="checkbox"/> Water Demand computation	
<input type="checkbox"/> <input type="checkbox"/> Wastewater Generation Computation	
<input type="checkbox"/> <input type="checkbox"/> Signature and seal by the Sanitary Engineer	
Master Plumber valid for 20 units max. only	
<input type="checkbox"/> <input type="checkbox"/> Signature of owner to all Sanitary/Plumbing plans and forms	
<input type="checkbox"/> <input type="checkbox"/> other requirements refer to PD 1096 (specify)	

