

PRIVATE SANITARY SEWER LATERAL INSPECTION REPORT

Form to be completed by a **licensed plumber** and submitted to the County prior to any repair work, along with **copy of video** inspection (CD or USB drive). Video shall be clear, well lit, in color, traveling no more than 20ft/min, hold for minimum of 5 seconds at defects & joints/connections, & record distances as it travels. No flow in lateral if possible.

Customer's Name: _____ Property Address: _____ Phone: _____

Customer's Mailing Address: _____
 Street Address _____ City _____ State _____ Zip code _____

Company Name: _____

Email Address: _____ Inspector's Name: _____ Phone: _____

Contractor's License No.: _____ Pipe Size: _____ Pipe Material: _____

Sewer Usage: Residential (House/Mobile) School Other (Specify): _____
 Multi-Family (Condo/Apartment) Commercial

CCTV Date: _____ Time: _____ Camera Direction: With Flow Against Flow Total Length: _____

OBSERVATION CODES

B	BROKEN	I	INFILTRATION	OR	OUT OF ROUND	S	SAG	O	OFFSET
C	CRACK	CP	CHANGE IN PIPE	F	FRACTURE	R	ROOTS	JZ	DAMAGED JOINT

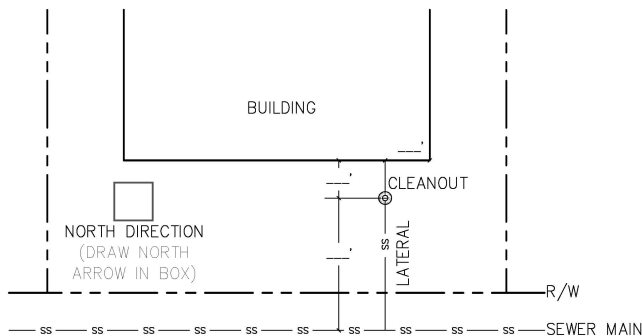
LATERAL INSPECTION LOG (Add additional sheets if necessary)

DISTANCE	OBSERVATION CODE	REMARKS (Including severity of defects)	COUNTY USE	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

COMPLETE STANDARD DRAWING

OR

DRAW A CUSTOM SKETCH



Fill in: (1) the distances (to cleanout and lateral) from fixed point on the building, (2) street name and (3) north direction.

Show distance from building to cleanout and cleanout to public sewer main. Also, please indicate street name(s), approximate property lines and north direction.

Please be sure to answer all of the questions below:

- Yes ___ No ___ Is cleanout accessible outside of building?
- Yes ___ No ___ Is there a sewer ejector pump at this property?
- Yes ___ No ___ Does private sewer lateral appear to cross neighboring private property?
- Yes ___ No ___ Does private sewer lateral connect to County sewer in public right of way?
- Yes ___ No ___ Is there more than one structure at this address served by the private sewer lateral?
- Yes ___ No ___ Does property have a backflow preventer?
- Yes ___ No ___ If YES, is backflow preventer functioning properly?
- Yes ___ No ___ If NO, does property require a backflow preventer per Uniform Plumbing Code 710.1?
- Yes ___ No ___ Are there any outside drains connected to the sewer system?
- If yes, where does the drain enter the sewer system and what is its source?
-

Please give professional opinion on the condition of the sanitary sewer lateral:

Please specify work recommended on the lateral, if any:

I certify that the information and video recording I have provided with this form are true and correct.

Inspector's/

Plumber's signature: _____ Date: _____ License # _____

COUNTY USE ONLY

COUNTY COMMENTS:

STATUS: VIDEO RECEIVED VIDEO NOT RECEIVED
 REQUIRES WORK WORK RECOMMENDED NO WORK REQUIRED *

COPY TO: COUNTY OF SANTA CRUZ- SANITATION OWNER/SITE ADDRESS

DISTRICT: SANTA CRUZ DAVENPORT FREEDOM CSA _____

Forms available on line at www.dpw.co.santa-cruz.ca.us/home/sanitation.aspx

(rev 01/09/19)

*Lateral meets requirements of ordinance, however, the County does not certify its condition or guarantee future performance