

County of Santa Cruz

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 an uploaded video inspection to Box (only MP4, MPG or MWV accepted). 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. Video may be rejected if not recorded to specifications. For instructions and permission to upload to BOX, please email DPW.LateralProgram@SantaCruzCounty.us.

Customer's Name: _____ Address: _____ Phone: _____
Street Address, City, Zip code

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

Plumbing Company Name: _____

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

For Escrow Only: Realtor Name: _____ Realtor Email Address: _____

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

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

Pipe Size: _____ Pipe Material: _____ Camera Access Point: _____

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)

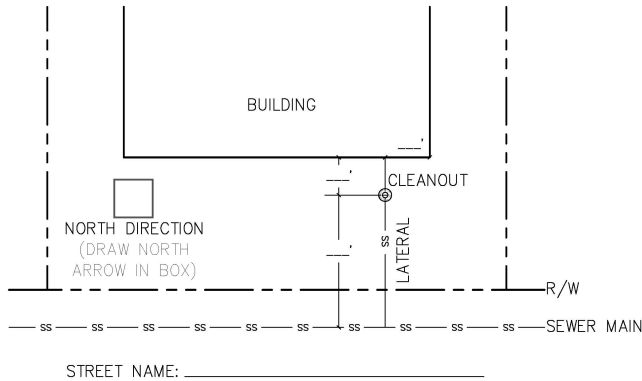
DISTANCE	OBSERVATION CODE	REMARKS (Including cleanouts/tie-ins & severity of defects)	COUNTY USE	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				

NOTE: County Code the prohibits the connection of outside drains or drainage pump systems to the sewer lateral.
 Sewer lateral shall have a standard cleanout intalled per County Code.

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, (4) access point.

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

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?
If YES, specify _____ (may require video)
- Yes ___ No ___ Does property have a backflow preventer?
- Yes ___ No ___ If YES, is backflow preventer functioning properly?
- Yes ___ No ___ If NO, does property appear to be 12" lower than the nearest upstream manhole?
(backflow may be required) CBC 710.1

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 # _____

Please allow 10 working days for video review period from submittal date. Incomplete forms will not be reviewed.