

SALSIPUEDES SANITARY DISTRICT

739 East Lake Ave., #2
Watsonville, CA 95076
(831) 722-7760

Website: salsipuedessanitary.specialdistrict.org
Email: salsan@sbcglobal.net

SEWER LATERAL INSPECTION REPORT

This report is to be completed by the contractor performing the inspection. Submit this report along with the video, if applicable, to the District office. On a separate piece of paper, include a sketch depicting the building, driveway, all clean-outs, the sewer main, and the lateral. Include comments regarding the observed condition of the sewer lateral. The District's Inspector will review the video, make a determination, and will notify parties involved. File in office.

SEWER LATERAL TESTING PERMIT No: _____		Property Address: _____	
CONTRACTOR INFORMATION			
BUSINESS NAME _____		STATE CONTRACTORS LICENSE No _____	
NAME OF TECHNICIAN CONDUCTION INSPECTION/TESTING _____			
BUSINESS MAILING ADDRESS _____			
BUSINESS PHONE NUMBER _____		BUSINESS LICENSE No _____	
WORK CONDUCTED			
<input type="radio"/> CCTV INSPECTION <input type="radio"/> WATER EXFILTRATION <input type="radio"/> AIR EXFILTRATION <input type="radio"/> OTHER			
LATERAL DEPTH (feet) _____	TOTAL LATERAL LENGTH (feet) _____	PIPE DIAMETER _____	PIPE MATERIAL _____
TV DIRECTION <input type="radio"/> DOWNSTREAM <input type="radio"/> UPSTREAM		TOTAL LENGTH TELEVISED (feet) _____	
LOCATION LATERAL ACCESSED _____			
DATE OF CCTV INSPECTION _____	INSPECTION START TIME _____	INSPECTION END TIME _____	
Comments Regarding Condition of Sewer Lateral			
_____ _____ _____			
PASS	FAIL	Plumbers Signature _____	
Official Use Only: Witnessed By _____		Refer to Building Inspector	
CERTIFICATION			
With my signature below, I certify that the information presented on this form herein is true and correct to the best of my knowledge.			
CONTRACTOR NAME _____		CONTRACTOR TITLE _____	
CONTRACTOR SIGNATURE _____		DATE _____	

* On a separate piece of paper, include a sketch depicting the building, driveway, all clean-outs, the sewer main, and the lateral.