

# 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:	
<b>CONTRACTOR INFORMATION</b>			
BUSINESS NAME		STATE CONTRACTORS LICENSE No	
NAME OF TECHNICIAN CONDUCTION INSPECTION/TESTING			
BUSINESS MAILING ADDRESS			
BUSINESS PHONE NUMBER		BUSINESS LICENSE No	
<b>WORK CONDUCTED</b>			
<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	
<b>Comments Regarding Condition of Sewer Lateral</b>			
_____ _____ _____			
PASS	FAIL	Plumbers Signature _____	
Official Use Only: Witnessed By _____		Refer to Building Inspector	
<b>CERTIFICATION</b>			
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.