

PRIVATE SEWER LATERAL AND PRIVATE SANITARY SEWER COLLECTION SYSTEM INSPECTION REPORT

(1) Complete form (2) Bring 2 Copies to Utility Billing with DVD/Flash Drive

Property Owner Name:									
Property Address:									
Customer Phone:									
confirm that I have reviewed the results of the attached Private Sewer Inspection Report conducted for my property by a licensed Plumber (below).									
Property Owner's Signature:									
Printed Name:	Date:								
Plumbing Company Name:									
I certify that information, recommended repairs correct.	s and video recording I have provided with this form are true and								
Video Technician's Signature:	Date:								
•	with all requirements set forth by the City of Morgan Hill Municipal e penalty of perjury that all information submitted here applies to								
Plumber's Signature:	Date:								
Printed Name:	Phone Number:								
ontractor's License #City of Morgan Hill Business License #									
Contractors NASSCO Certificate #									
Note: Please subm	nit the original signed report with DVD to:								
City of Morgan Hill, Utility Billing, 17575 Peak Ave., Morgan Hill, CA 95037									
<u> </u>	Friday from 8:00 am – 5:00 pm organ-hill.ca.gov/1708/Sewer-Lateral								
FOR OFFICIAL USE ONLY									
Filed With the City Date:	Staff Signature:								

Property Address:								
Sewage Usage:								
Residential Commercial Condo/Apt								
Pipe Characteristics:								
Pipe Size:								
Pipe Material:								
☐ Cleanout is accessible outside of the building								
☐ There is a sewer ejector pump at this property								
☐ Private lateral crosses adjoining private property								
☐ Private lateral connects sewer main in public right of way								
☐ More than one structure at this address served by the private lateral								
☐ Property has a working backwater valve								
☐ Property has been verified as having no outside surface drains (rainwater runoff)								
NSPECTION RESULTS								
□ No Deficiencies Identified in Private Sewer Lateral/Private Sanitary Sewer Collection System								
☐ Private Sewer Lateral/Private Sanitary Sewer Collection System Failed Inspection								
LUMBING COMPANY RECOMMENDATION								
LOWIDING COMPANT RECOMMENDATION								
Plumber's Signature: <u>Date</u>								

Required Enclosures:

- 1. DVD video inspection (address written on DVD).
- 2. Completed Inspection Log. Note any observation using observation codes.
- 3. Sketch of lateral, lot and building referenced to front curb or edge of pavement and side property lines where possible. Note spacing of cleanouts and entry location for insertion of camera.

PRIVATE SEWER INSPECTION REPORT OBSERVATIONS

CC	TV D	ate:	Time:					
Camera Direction - with flow:			against flow: total length:FT			FT		
Ob	serva	tion Codes:						
В	BROI	KEN OR MISSING	G PIPE OR JOINTS	S	SAG			
С	C CRACKED OR FRACTURED PIPE OR JOINS		D	SOLIDS/DEBRIS				
G	GRE/	ASE DEPOSITS		R	ROOTS			
I	INFIL	TRATION OR EX	FILTRATION	DC	OTHER DRAINAGE CONNECTION (NOT SEWER)			
0	OFFS	SET JOINTS		OR	PIPE OUT OF ROUND			
	PSL mad		inspection if any o	of th	e observations r	noted in the table	below	
	-	·	<u>Insp</u>	ecti	on Log			
Co	de	Distance			Observation			
			<u> </u>					
			<u> </u>					
			Si	ite S	ketch			