



# Sewer Lateral Inspection

Date of inspection: \_\_\_\_\_

Property address: \_\_\_\_\_

Parcel number (APN): \_\_\_\_\_

Contractor & License Number: \_\_\_\_\_

Technician's Name: \_\_\_\_\_

Existing Sewer Lateral Material: Cast Iron  SDR

ABS  HDPE  VCP  Orangeburg

Is there a two way cleanout: Y  N

Is there a Sewer Relief Valve: Y  N

Is there a Backwater/Check Valve: Y  N

Is the existing lateral in a maintenance free condition: Y  N

Does the lateral need replacement: Y  N

If so how long is the sewer lateral: \_\_\_\_\_

Is the connection at the main sewer a factory wye: Y  N

Does this property share a sewer lateral with any other dwellings on other properties: Y  N

Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

