



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: _____
