



PRIVATE SEWER LATERAL INSPECTION REPORT FORM

To be completed by **Certified Company Representative** and submitted to City prior to any repair work.

Customer Name: _____ Address: _____ Phone: _____

Mailing Address: _____
Street Address City State Zip code

Company Name: _____ Inspector's Name: _____ Phone: _____

Sewer Usage: Residential Commercial Condo Pipe Size: _____ Pipe Material: _____

CCTV Date: _____ Time: _____ Camera Direction: With Flow Against Flow Total Length: _____

Please be sure to answer all of the questions below:

- Yes ____ No ____ Is Cleanout accessible outside of building?
- Yes ____ No ____ Is there a sewer ejector pump at this property?
- Yes ____ No ____ Does private sewer lateral cross neighboring private property?
- Yes ____ No ____ Does private sewer lateral connect to City sewer in public right of way?
- Yes ____ No ____ Is there more than one structure at this address served by the private sewer lateral?
- Yes ____ No ____ Does property have a backwater valve?
- Yes ____ No ____ If **YES**, is backwater valve functioning properly?
- Yes ____ No ____ If **NO**, does property require a backwater valve per Uniform Plumbing Code 710.1?
- Yes ____ No ____ Has property been verified as having no outside drains connected to the sewer system?

Method used to verify no outside drains connected to the sewer system: _____

I certify that the information and video recording I have provided with this form are true and correct.

Inspector's signature: _____ Date: _____

The information submitted herewith complies with all requirements set forth by the City of Santa Barbara Municipal Code Sect.14.46 inclusive. I declare under penalty of perjury that all information submitted here applies to the listed address only.

Plumber's signature: _____ Date: _____ License # _____

*Forms available on line at www.santabarbara.ca.gov/lateral

OBSERVATION CODES

B	BROKEN	I	INFILTRATION	R	ROOTS: 25% 50% 75%
C	CRACK	O	OFFSET	CP	CHANGE IN PIPE
F	FRACTURE	S	SAG	OR	OUT OF ROUND

LATERAL INSPECTION LOG

DISTANCE	OBSERVATION CODE	REMARKS
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

BRIEF SUMMARY OF WORK PERFORMED

DRAWING

Show footage distance from C.O. to City sewer main.
 Also please indicate street name(s) and show relationship of building to the lateral(s) and the main in the street.