



# PRIVATE SEWER LATERAL INSPECTION REPORT FORM

To be completed by Certified Inspector and submitted to City prior to any repair work.

Tenant Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Address: 121 Clarissa St

Business Name: Christy Lin Street Address: \_\_\_\_\_ City: Frank State: Jeff Zipcode: \_\_\_\_\_  
Inspector's Name: Ivan Phone: \_\_\_\_\_

Sewer Usage: ☐ Residential ☒ Commercial ☐ Cond Pipe Size: 4" Pipe Material: ABSTO clay

CCTV Date: 9-27-13 Time: \_\_\_\_\_ Camera Direction: ☒ With Flow ☐ Against Flow Total Length: \_\_\_\_\_

- ☐ Cleanout is accessible outside of building.
- ☐ There is a sewer ejector pump at the property.
- ☐ Private sewer lateral crosses neighboring private property.
- ☐ Private sewer lateral connects to City sewer in public right of way.
- ☐ There is more than one structure at this address served by the private sewer lateral.
- ☐ Property has been verified as not requiring a backwater valve.
- ☐ Property has been verified as having a working backwater valve.
- ☐ Property needs a backwater valve.
- ☐ Property has been verified as having no outside drains connected to the sewer system.

Method used to verify not outside drains connected to the sewer system: \_\_\_\_\_

I certify that the information I have provided with this form are true and correct:

Inspectors signature: \_\_\_\_\_ Date: \_\_\_\_\_

The information submitted herewith complies with all requirements set forth by the City of Avalon, I declare under penalty of perjury that all information submitted here applies to the listed address only.

COA Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COPY TO: ☐ Building & Safety ☐ Owner/Site Address ☐ Public Works

## 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

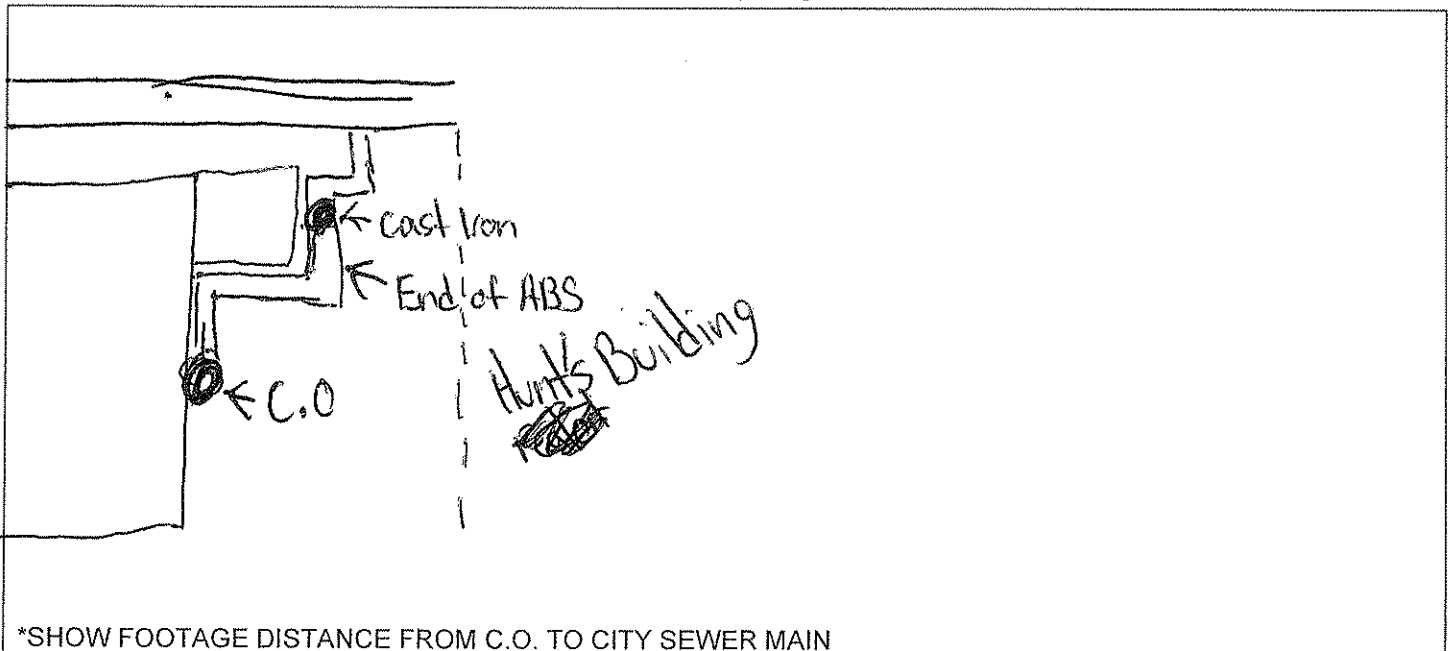
## LATERAL INSPECTION LOG

DISTANCE	OBSERVATION CODE	REMARKS
1.	CP	ABS to Cast Iron Pipe
2.		
3.		
4.		
5.		
6.		
7.	Pics # under →	Christy Lins Accounting
8.		
9.	Video #	0112.
10.		

## BRIEF SUMMARY OF WORK PERFORMED

Clean Out on Ocean Side of the Building  
Cast Iron pipe goes underground ~~at~~ at the end of ABS Pipe

## DRAWING



My signature below acknowledges that I have received the SLIP information packet.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Tenant or Property Owner's Signature)