

COVER:

FOLDER "SEWER LATERALS/PROPERTIES/12345 CRESCENT"

COVER:
FILE "REPORT"



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

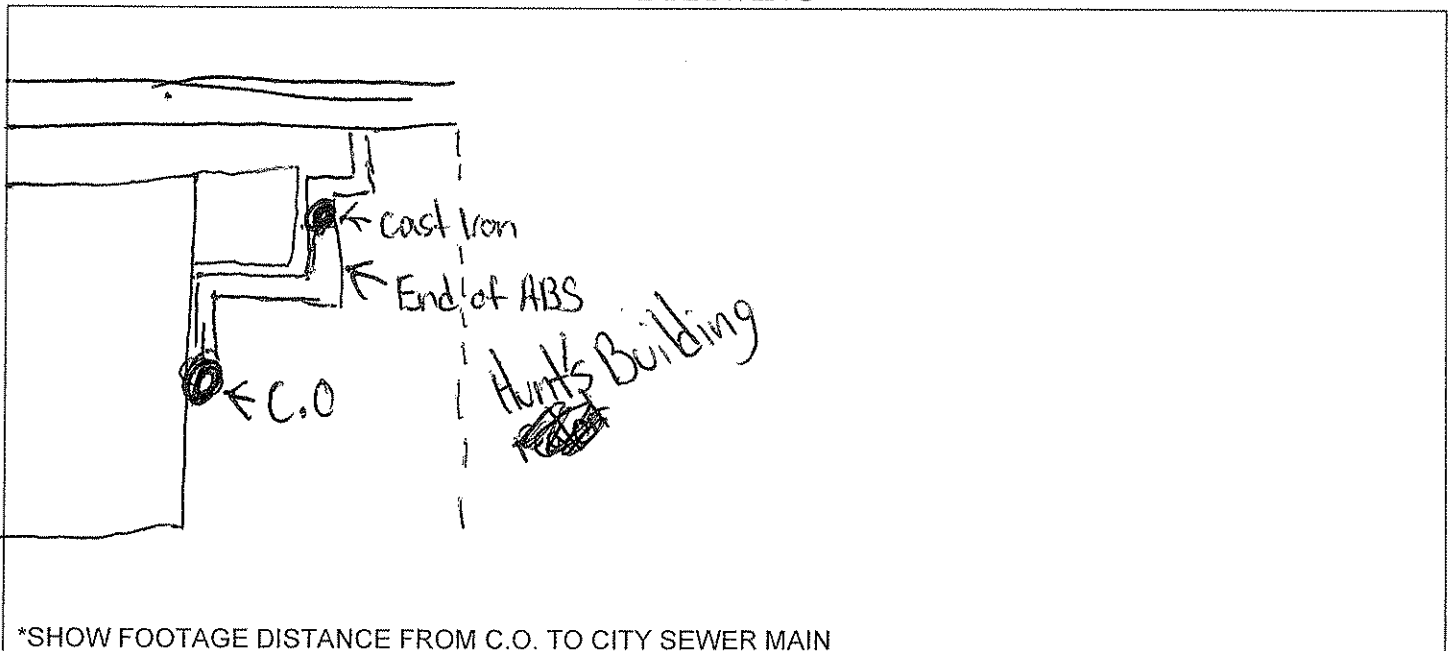
LATERAL INSPECTION LOG

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)

COVER:
FILE "LETTERTOOWNER"



CITY OF AVALON

MEMORANDUM

To: Richard & Anney Denney

From: Dennis Jaich - Capital Improvements Project Manager

Date: October 31, 2013

Subject: Notice to Repair Sewer Lines – 371 Whittley Rd.
Avalon Municipal Code – Title 6, Chapter 7, Article 3

As you have been notified, your property located at 371 Whittley Rd., has been inspected and found to be in violation of specific Avalon Municipal Codes. Your sewer laterals, and some connection piping, must be repaired or replaced as soon as possible.

These repairs shall be complete, and acceptable to the City of Avalon (COA) Public Works Department representatives. During, and upon completion of the repairs, the COA will inspect and determine the integrity of your sewer system. After the repair process, your contractor will need to certify that the sewer system in the specific property is sufficient and satisfactory.

Fortunately, your specific necessary repairs appear to be relatively minor in nature compared to other properties in the area. However they are still necessary.

We need to reiterate that a licensed contractor **MUST** perform your sewer repairs. They will also have to come to City Hall and procure the required permits necessary for your application. We would like to suggest that when this process starts, they discuss your specific situation, with either myself, or Mr. Pastor Lopez in the Public Works Department. Details of your needs will be presented and considered. Any prior meetings or discussions can be arranged, and frankly encouraged.

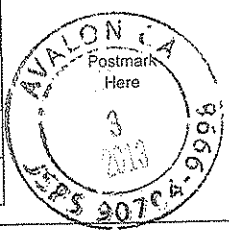
Your anticipated efforts to help reduce pollutants from entering our bay and other areas will be greatly appreciated. We all benefit by protecting the water quality of Avalon Harbor and our ocean beaches. Your help is essential to support the City as we continue to implement our programs to eliminate pollutants from entering any areas that pose a health and safety factor to our residents and visitors.

The City of Avalon would like to thank you in advance for your cooperation and commitment to rectify the condition of your piping. Should you have any questions or concerns, please do not hesitate to contact myself, Dennis Jaich, at City Hall, 310-510-0220 ext. 129.

COVER:
FILE "CERTIFIEDRECEIPTS"


7012 1570 0003 2385 3419

U.S. Postal Service	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11



Sent To	
Karen Baker	
Street, Apt. No., or PO Box No. Box 216	
City, State, ZIP+4 Avalon, CA 90704	

PS Form 3811, August 2005 See back for instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Richard and Anney Denney P.O. Box 2533 Avalon, CA 90704</p>	<div style="text-align: right;"></div>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7011 1570 0003 2385 3419

COVER:
FILE "INVOICE"

City of Avalon**INVOICE**

410 Avalon Canyon Road
Avalon, Ca 90704
310-510-0220

TO: **Jean Allen Escrow Co., Inc.**
Attn: Cheri L. Parks - Escrow #13210
3341 Cerritos Ave.
Los Alamitos, CA 900720

INVOICE NUMBER 1302
INVOICE DATE October 30, 2013
TERMS UPON RECEIPT

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	For the Sewer Inspection of 371 Whittley Rd., as requested by CIRE Realtors. Please Note- Repairs are necessary. Report to follow.		
1	Housing Inspection Service: Sewers to Main Line	\$ 710.00	\$ 710.00
1	Discounted Amount - 2 Hours At This Location	\$ (360.00)	\$ (360.00)
		SUBTOTAL	\$ 350.00
		TAX	\$ -
		TOTAL DUE	\$ 350.00

DIRECT ALL INQUIRIES TO:
Finance Department
310-510-0220 (Ext 502)

MAKE ALL CHECKS PAYABLE TO:
City of Avalon
Attn: Accounts Receivable
PO Box 707
Avalon, Ca 90704

THANK YOU FOR YOUR BUSINESS!