## County of Santa Cruz PRIVATE SANITARY SEWER LATERAL INSPECTION REPORT

This form to be completed by a **licensed plumber** and submitted prior to any repair work, along with an uploaded video inspection to the County's BOX Drive (only MP4, MPG or WMV formats accepted). Video shall be clear, well lit, in color, traveling no more than 20ft/min, hold for minimum of 5 seconds at defects/joints/connections, and record distances as it travels. There shall be no flow in the lateral if possible. Video may be rejected if not recorded to specifications. For instructions and permission to upload to BOX, please email DPW.LateralProgram@SantaCruzCounty.us.

Customer's Mailing Address:  Sewer Usage: Resider			esiden	Street Addr	ess		ess: Stre Ci School Commercial	_	r (Spe	State		Zip (		
For	Escrow: Yes	No_	Realto	or Name:	_		Re	altor Email <i>i</i>	Addre	ss:				
	nbing npany Nar	ne:												
Ema	ail Address	s:				Insp	ector's Name	:		Phone:				
ССТ	V Date:		Tim	ne:	Camera	Direct	ion: With	Flow A	gainst	Flow Total Leng	gth:			
	CCTV Date: Time: Camera Pipe Size: Pipe Material:													
•				_ '			RVATION (	CODES						
В	B BROKEN		I INFILTRATION		ATION	OR	OR OUT OF ROUND		S	SAG	0 0		OFFSET	
С	C CRACK		СР	CP CHANGE IN PIPE		F	F FRACTURE		R	ROOTS	JZ			
				LATE	RAL INSPEC	TION	LOG (Add add	litional sheets i	f neces	ssary)		<u>.1</u>		
D				RKS (Including cleanouts/tie-ins & severity of defects)					COUNTY USE					
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2.														
3.														
4.														
5.														
6.														
7.														
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11	1.													
12	2.													
13	3.												$\overline{}$	
14	<b>1</b> .													

**NOTE**: County Code prohibits the connection of outside drains or drainage pump systems to the sewer lateral. Sewer laterals shall have a standard cleanout installed per County Code.

				APN:
С	OMPLETE S	TANDARD DRAWING	OR	DRAW A CUSTOM SKETCH
i (DRA	BU H DIRECTION AW NORTH W IN BOX)	ILDING  CLEANOUT  R/W  R/W		
Fill in: from fix	(1) the distan	ces (to cleanout and lateral) the building, (2) street name and (4) access point.	N	Show distance from building to cleanout, and cleanout to public sewer main. Also, please indicate street name(s), approximate property lines, north direction, and access point.
	re to answer	all of the questions below:  Is cleanout accessible outs	side of bu	uilding?
Yes	No	Is there a sewer ejector pu	ımp at thi	s property?
Yes	No	Does private sewer lateral	appear to	o cross neighboring private property?
Yes	No	Does private sewer lateral	connect	to County sewer in public right of way?
Yes	No			this address served by the private sewer lateral?

If YES, specify \_\_\_\_\_ (may require video)

If NO, does property appear to be 12" lower than the nearest upstream manhole?

Does property have a backflow preventer?

(backflow may be required) CBC 710.1

If YES, is backflow preventer functioning properly?

Please specify work recommended on the lateral, if any:

Yes \_\_\_\_ No \_\_\_\_

Yes \_\_\_\_ No \_\_\_\_

Yes \_\_\_\_ No \_\_\_\_

certify that the informa	on and video recording I have	provided	with this form a	re true and	correct.
Inspector's/ Plumber's signature:	D	ate:		License#_	