

ALTO SANITARY DISTRICT

PO Box 163, Mill Valley, CA 94942

Questions? Contact District Manager:

Tel/Fax: (415) 388-3696

Email: Manager@AltoSanitaryDistrict.org

Sewer Lateral Inspection Certification (Page 1 of 2)

Reason for Inspection (or check Exemption to request a review):

Property Sale New Construction Remodel \geq \$50,000 Sewer Project Exemption

Applicant to Complete:

| | |
|---|--|
| Property Address: | |
| Property Owner's Name (Last, First): | |
| Email: | Phone: |
| Assessor's Parcel Number: | <input type="checkbox"/> Re-Submittal? |
| Realtor/Contractor Company: | |
| Realtor/Contractor Name: | Fax: |
| Email: | Phone: |

Licensed Plumber/Contractor to Complete:

| | | |
|--|---|--|
| CCTV Date: | Length (ft): | <input type="checkbox"/> Site Plan Sketch Attached |
| Camera Direction: <input type="checkbox"/> With Flow <input type="checkbox"/> Against Flow | <input type="checkbox"/> CCTV Log and DVD attached. (Required) | |
| <input type="checkbox"/> Lateral serves only one property | Other Properties Served: | |
| <i>Note: A backwater device is required on every property where any outlet or trap of the private sewer lateral is below the level of the nearest manhole. A check valve or grinder pump may also be required.</i> | | |
| <input type="checkbox"/> Property has a Popper valve/backwater device which is working properly. | | |
| <input type="checkbox"/> Property needs a Popper valve/backwater prevention device installed. | | |
| <input type="checkbox"/> Property already has a valve/grinder pump installed. | | |
| <input type="checkbox"/> Property needs a check valve/grinder pump installed. | | |
| <input type="checkbox"/> I certify that the Property has been inspected and the sewer lateral has no outdoor drain connections including sump pumps, roof gutters, foundation drains, heat pumps, etc. | | |
| Repair Recommendations/Comments: | | |
| I declare under penalty of perjury that all information submitted herein is true and correct under penalty of perjury: | | |
| Plumber/Contractor's Signature: _____ | | Date: _____ |
| Plumber/Contractor's Name: _____ | | License #: _____ |

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Sewer Lateral Inspection Certification (Page 2 of 2)

Property Address:

Property Owner's Name (Last, First):

CCTV Lateral Inspection Log

(This Inspection Log must be filled out or a Written Report in similar format must be attached)

| Item | Length | Observation Code | Remarks |
|------|--------|------------------|---------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

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 |
| CO | Clean Out | SC | Side Connection | MC | Material change |

Plumber/Contractor's Signature: _____ Date: _____

Plumber/Contractor's Name: _____ License #: _____

For Staff Use Only

Fee Amount: _____ Payment Method: _____ Reviewer: _____ Violation

Re-Submittal