

# ALTO SANITARY DISTRICT

PO Box 163, Mill Valley, CA 94942

## Questions? Contact District Manager:

Tel: (415) 388-3696

Email: [Manager@AltoSanitaryDistrict.org](mailto: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:	
Realtor/Contractor Company:	
Realtor/Contractor Name:	
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>B</b>	Broken	<b>I</b>	Infiltration	<b>R</b>	Roots: 25% 50% 75%
<b>C</b>	Crack	<b>O</b>	Offset	<b>CP</b>	Change in Pipe
<b>F</b>	Fracture	<b>S</b>	Sag	<b>OR</b>	Out of Round
<b>CO</b>	Clean Out	<b>SC</b>	Side Connection	<b>MC</b>	Material change

Plumber/Contractor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Plumber/Contractor's Name: \_\_\_\_\_ License #: \_\_\_\_\_

#### For Staff Use Only

Fee Amount: \_\_\_\_\_ Payment Method: \_\_\_\_\_ Reviewer: \_\_\_\_\_  Violation

Re-Submittal