

Property Address: _____

Inspection type: (i.e. video camera, pressure test, etc.)			
Lateral Material: (i.e. PVC, cast iron, concrete, etc)		Pipe Size:	Estimated Age:
CCTV Date:	Time:	Total Length:	Camera Direction: (Circle) With Flow Against Flow
Comments: (please include any connections to the lateral other than toilet, shower, and sinks)			

Details: (Check off Yes or No for each item below)

YES NO

Cleanout is accessible outside of building

There is a sewer ejector pump at this property

Private sewer lateral crosses neighboring private property

Private sewer lateral connects to Authority's 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 having no outside surface drains (rainwater runoff) connected to sewer system

Test Results: _____ Pass _____ Fail _____ Inconclusive

(lateral functions effectively; no holes, breaks, or cracks)

(lateral is structurally compromised or is dysfunctional)

LATERAL INSPECTION OBSERVATION LOG

Observation Codes:

B	BROKEN	I	INFILTRATION	R	ROOTS: 25% 50% 75%
C	CRACK	O	OFFSET	CP	CHANGE IN PIPE MATERIAL
F	FRACTURE	S	SAG	OR	OUT OF ROUND

CODE	DISTANCE	OBSERVATION

Property Address: _____

I recommend the following repairs to restore normal lateral function:

- Recommended repairs have been made (enclose a copy of the repair authorization, contract, or invoice signed by the property owner)
- Lateral has been re-inspected to verify repairs
- I certify that the information, recommended repairs and video recording I have provided with this form are true and correct:

The information submitted herewith complies with all requirements set forth by the Borough of Dublin Code inclusive. I declare under penalty of perjury that all information submitted here applies to the listed address only:

Inspected and Tested By: _____ Date: _____ License# _____

FOR DEPARTMENT USE ONLY		
Lateral Certificate processing fee received	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date received:
Compliance Review date:		
Certified by:		
Signature		
Name	Title	Date