

PRIVATE SEWER LATERAL INSPECTION
UPPER BERN TOWNSHIP

Customer Name: _____ Email: _____ Phone: _____

Address: _____

Company Name: _____ Inspector's Name: _____ Phone: _____

Sewage Use: Residential/Commercial/Condo/Apt Pipe Size: _____ Pipe Material: _____
(Circle one)

Number of EDUs (@250 GPD) _____

CCTV Date: _____ Time: _____ Camera Direction: With Flow/ Against Flow Total Length: _____
(Circle one)

- Cleanout is accessible outside of building
- Cleanout and vents are property capped and not damaged
- There is a sewer ejector pump at this property
- Private sewer lateral crosses neighboring private property
- Private sewer lateral connects to Township's sewer in public right of way
- There is more than one structure at this address served by the private lateral
- Property has been verified as having no illicit connections (such as sump pumps, roof leaders, foundation or garage drains, etc.) connected to the sewer system and NO Inflow or Infiltration into the private sewer lateral.

I recommend the following repairs to restore normal lateral function:

(PLEASE NOTE: ANY REPAIR REQUIRES A PERMIT FROM UPPER BERN TOWNSHIP @ 610-488-1191

Master Plumber Signature: _____ Date: _____ License #: _____

- Recommend repairs have been made (enclose a copy of the repair authorization, contract, or invoices 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 proved with this form are true and correct

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

Sewer Lateral Video MUST be from House to Trap AND Trap to Main

WARNING: All Video MUST be clear in order to pass inspection

Township Representative Signature: _____ Date: _____ Approve / Deny
 (Circle one)

Required enclosures:

1. Repair Authorization
2. DVD video inspection and re-inspection following repairs if needed
3. Complete Inspection Log. Note any observations using the observation codes
4. Sketch of lateral, lot, and building with dimensions referenced to front curb or edge of pavement and side property lines where possible. If inspection is a long lateral, not spacing of cleanouts and entry locations for insertion of camera.

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 |

LATERAL INSPECTION LOG

| CODE | DISTANCE | OBSERVATION |
|--|----------|-------------|
| | | |
| | | |
| | | |
| | | |
| <u>*Sewer Lateral Video MUST be from House to Trap AND Trap to Main*</u> | | |

Site Sketch