



Date of inspection: _____

Property address: _____

Property owner: _____

Contractor: _____

Contractor license number: _____

Contractor contact number: _____

Contractor email: _____

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Is the lowest trap outlet served by the building sewer greater than 2' above the rim of the nearest manhole uphill from the point of connection of the building sewer to the public sewer? | YES | NO |
| 2. Where is the upstream manhole? (address # or cross-streets) _____ | | |
| 3. Is a sewer Back-Water Valve (BWV) installed? | YES | NO |
| 4. Is the required cleanout/Sewer Relief Valve (SRV) installed? | YES | NO |
| 5. Is the connection to the sewer main serviceable and in working condition? | YES | NO |
| 6. Is the sewer lateral free from roots, grease deposits and other solids that may impede or obstruct the transmission of flow of wastewater? | YES | NO |
| 7. Are all joints watertight, sound, and free from structural defects, cracks, breaks, openings, sags, or missing portions to prevent exfiltration by waste or infiltration by ground or storm water? | YES | NO |
| 8. Is this a shared lateral? | YES | NO |

If YES, what is the shared property address: _____

Based on the information provided, a Notice to Repair may be issued within thirty (30) business days after receipt of this form. The Notice to Repair shall specifically identify the deficiencies to be corrected and shall establish a deadline of 30 days within which the property owner shall complete the required corrective actions. The corrective action may include replacement of the lateral and installation of an SRV and BWV as required by the City or the current and adopted version of the California Plumbing Code.

The property owner shall maintain the sanitary sewer lateral which includes the connection to the City main sewer line and perform any repair or replacements necessary to meet these standards and requirements.

This form must be completed and signed by a licensed plumbing contractor.
I verify to the best of my knowledge and belief that the information above is true and correct.

_____/_____
Plumbing Contractor Signature Print Name Date