



Sanitary Sewer Service Compliance Inspection

| | | | |
|------|--------------------|--|--|
| Date | Time _____ : _____ | <input type="checkbox"/> am <input type="checkbox"/> pm | <input type="checkbox"/> POS <input type="checkbox"/> PMP (year _____) <input type="checkbox"/> Re-inspection <input type="checkbox"/> Sump pump |
|------|--------------------|--|--|

Contact Information

| | | |
|---|--|--|
| Name | | <input type="checkbox"/> Residential <input type="checkbox"/> Commercial |
| Address | | Phone |
| Alternate mailing address/email address | | Reviewed _____ <input type="checkbox"/> Further investigation <input type="checkbox"/> Non comp <input type="checkbox"/> Comp <input type="checkbox"/> Grout/T-Liner <input type="checkbox"/> Obstruction |

Signature

| | | |
|--|---|---------------------------------|
| Owner/Representative signature X | Owner/Representative (Print name) X | Inspector signature X |
|--|---|---------------------------------|

Service Lateral Inspection Findings (Inspector's Note)

Entered S. L. at: Stack C. O. Final C. O. EXT C. O. Toilet flange

Roots _____

Mineral/Unknown deposits _____

Chipped/Cracked pipes _____

Sag/Pipe deflection _____

Notes _____

| | | | | |
|------------|------------|-----------|---------------------|-------------------|
| Final C.O. | Ext. C. O. | Row C. O. | 4" to 6" transition | Length of service |
|------------|------------|-----------|---------------------|-------------------|

| Sump Pumps | Foundation Drains | Further Investigation |
|-----------------------------------|-----------------------------------|---|
| Number _____ | Number _____ | <input type="checkbox"/> No one home |
| Number discharged _____ Correctly | Number discharged _____ Correctly | <input type="checkbox"/> Access to service lateral needed |
| _____ Incorrectly | _____ Incorrectly | <input type="checkbox"/> Obstruction _____ |
| _____ Unknown | _____ Unknown | _____ |
| | | <input type="checkbox"/> Other _____ |

Review notes _____

 This document is available in alternate formats upon a 72-hour request. Please call 763-593-8006 (TTY: 763-593-3968) to make a request. Examples of alternate formats may include large print, electronic, Braille, audiocassette, etc. 