

Upper Southampton Municipal Authority
Sewer Lateral Inspection Report Form

Address: _____

Property Use: Residential ____ Multi-Family ____ Commercial ____ Industrial ____

INSPECTION AND TESTING DETAILS

CCTV Date: _____ Time _____

Inspection Company Name _____ Phone # _____

Inspector's Name _____ License # _____ Exp. Date _____

Make and Model of Camera _____

Entering Point with Camera: Trap ____ Vent ____ Inside Cleanout ____ Other ____

Lateral Material: Cast ____ PVC ____ Other ____ Pipe Diameter _____

Property has been verified as having no outside surface drains connected to sewer. Yes ____ No ____

Include locations of tie-ins, root intrusions, breaks, offsets, cleanouts, traps, transition fittings, etc.

Video Footage: _____ Ft. Description: _____

Video Footage: _____ Ft. Description: _____

Video Footage: _____ Ft. Description: _____

REPAIRS REQUIRED AT THIS TIME TO ENSURE NORMAL LATERAL FUNCTION:

I certify that the information, recommended repairs and video recording that I have provided with this form are true and correct.

Inspected and tested by: _____ Date _____