

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:**

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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: \_\_\_\_\_