

GILPIN TOWNSHIP MUNICIPAL AUTHORITY
LATERAL SEWER SERVICE INSPECTION REPORT

Property Owner's Name / Address:
Property Owner's Phone No.

(CHECK ONE) CALL WHEN ON YOUR WAY
ID SHOWN TO: OWNER_____ REP./AGENT_____ NO ONE PRESENT_____

Name(s) of Inspector(s): _____

Date of Testing: _____ **Time:** _____

Initial Inspection is Incomplete _____

Reason: _____

Downspouts tied in? Yes _____ **No** _____

Lateral Condition: (CIRCLE ALL THAT APPLIES)

Open Blocked Infiltration Other

Lateral Construction: PVC SDR35 Slip-lined ABS VCP

Distance from inspection location to foundation: _____

Depth of lateral at entry point _____

Distance from entry location to curb/property line: _____

Is there a check valve installed on the sewer lateral? Yes _____ No _____

Is there a trap installed on the sewer lateral? Yes _____ No _____
If yes: Inside Trap _____ Or Outside Trap _____

Is a sump pump connected to the sanitary sewer? Yes _____ No _____
If yes: Comments _____

Is a cleanout installed on the service lateral and located within 5 feet of the building?
Yes _____ No _____ Comments: _____

Is an inspection stack installed at the property line? Yes _____ No _____

INITIAL SEWER LATERAL INSPECTION IS: **Incomplete** _____

1ST SEWER LATERAL INSPECTION HAS: Passed _____ Failed _____

2nd SEWER LATERAL INSPECTION HAS: Passed _____ Failed _____

3rd SEWER LATERAL INSPECTION HAS: Passed _____ Failed _____

REQUIREMENTS/DEFICIENCIES BASED ON ABOVE FINDINGS:

GALLONS USED TO DYE: _____

DRAWING OF HOME AND LATERAL LOCATION (Show Traps, Cleanouts, Inspection Stack, Lateral, etc.):

ALL ITEMS MUST BE CHECKED OFF WHEN COMPLETED

LATERAL INSPECTIONS

	Mark location of all deficiencies.
--	---

	Dye test all floor drains.
--	-----------------------------------

	Check for sump pumps
--	-----------------------------

	Locate Tap
--	-------------------

	Provide the Authority with a copy of the video and form (i.e, DVD or Thumb Drive)
--	--

--	--

--	--

--	--

--	--

--	--