



Lake Arrowhead Community Services District Private Sewer Lateral Inspection Form

Customer Name: _____ Property Address: _____

Mailing Address: _____ Phone: _____

Company Name: _____ Inspector's Name: _____

Sewer Usage: *Residential/Commercial/Condo* Pipe Size: _____ Pipe Material: _____

(Circle One)

Please answer all of the questions below:

- Yes ____ No ____ Is Cleanout accessible outside of building?
- Yes ____ No ____ Is there a sewer ejector pump?
- Yes ____ No ____ To the best of your knowledge does PSL cross neighboring property?
- Yes ____ No ____ Does lateral connect to District sewer in road?
- Yes ____ No ____ Is there more than one structure connected to this lateral?
- Yes ____ No ____ Does this property have a backwater valve?
- Yes ____ No ____ If **YES**, is the backwater valve functioning properly?
- Yes ____ No ____ If **NO**, does this property require anti-flood protection?
- Yes ____ No ____ Does this property have any outside drains connect to the lateral?

Date: _____ Time: _____ Camera Direction: *with flow / against flow* Total footage: _____

(circle one)

I certify that the information and video recording I have provided with this form are true and correct and complies with all requirements set forth by the Lake Arrowhead Community Services District Private Sewer Lateral Compliance Policy. I declare under penalty of perjury that all information applies to the listed address only.

Inspector's Signature: _____ Date: _____ License #: _____

Property Owner's Signature: _____ Date: _____

CCTV OBSERVATION CODES

B	BROKEN	I	INFILTRATION	R	ROOTS: 25%,50%,75%
C	CRACK	O	OFFSET	CP	CHANGE IN PIPE
F	FRACTURE	S	SAG	OR	OUT OF ROUND

CCTV LATERAL INSPECTION LOG

DISTANCE	OBSERVATION CODE	REMARKS

SKETCH

*Show footage from c/o to District sewer main