



PRIVATE SEWER LATERAL INSPECTION COMPLIANCE FORM

To be completed by Inspector and submitted to the Authority prior to any repair work.

Customer Name: _____ Phone: _____

Address: _____

Street Address

City

State

Zip

Company Name: _____ Inspector's Name: _____ Phone: _____

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

CCTV Date: _____ Time: _____ Camera Direction: With Flow Against Flow Total Length: _____

Please be sure to answer all of the questions below:

Yes ___ No ___ Is Cleanout accessible outside of building?

Yes ___ No ___ Is Cleanout above grade?

Yes ___ No ___ Is there a sewer grinder pump at this property?

Yes ___ No ___ Does private sewer lateral cross neighboring private property?

Yes ___ No ___ Does private sewer lateral connect to Authority sewer in a right-of-way?

Yes ___ No ___ Is there more than one structure at this address served by the private sewer lateral?

Yes ___ No ___ Does property have a backflow valve?

Yes ___ No ___ If **YES**, is backflow valve functioning property?

Yes ___ No ___ If **NO**, does property require a backflow valve per Uniform Plumbing Code 710.1?

Yes ___ No ___ Has property been verified as having no illegal connections including sump pumps, roof Gutters, foundation drains, floor drains, heat pumps, etc. connected to the sewer system.

Method used to verify no outside drains connection to the sewer system: _____

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

The information submitted herewith complies with all requirements set forth by the Middleburg Municipal Authority Rules and Regulations; Section 1.6 Vacating the Premises and Change of Ownership. I declare under penalty of perjury that all information submitted here applies to the listed address only. **A fee of \$50.00 per EDU, or portion of EDU, is collected after inspection is completed. The inspection fee is due within thirty (30) days of the date of inspection payable to "Middleburg Municipal Authority".**

Inspector's Signature: _____

Date: _____

Authority confirming receipt of Application.

Authority's Signature: _____

Date: _____

Official Use Only: Passed Failed

Paid \$50.00 Check No. _____

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

LATERAL INSPECTION LOG

DISTANCE	OBSERVATION CODE	REMARKS
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

BRIEF SUMMARY OF WORK PERFORMED

DRAWING

Show footage distance from C.O. to Authority sewer facility.
Also please indicate street name(s) and show relationship of building to the lateral(s) and the main in the street.