BOROUGH OF ROSE VALLEY
SEWER LATERAL INSPECTION FORM

NAME OF PROPERTY OWNER: ________________________________________________

ADDRESS OF PROPERTY: ________________________________________________
________________________________________________________________________
________________________________________________________________________

SUMP PUMP CONNECTIONS
Do Any Sump Pumps Discharge into the Sanitary Sewer System   Yes: _____    No: _____
Comments: ____________________________________________________________________
______________________________________________________________________________

STORM WATER DRAIN CONNECTIONS
Do Any Downspouts or Outside Storm Water Drains Connect into the Sanitary Sewer System?    Yes: _____    No: _____
Comments: ____________________________________________________________________
______________________________________________________________________________

CONDITION OF SEWER LATERAL
Is Sewer Lateral in Satisfactory Condition?       Yes: _____    No: _____
Comments: ____________________________________________________________________
______________________________________________________________________________

CERTIFICATION OF INSPECTION
Plumbing Company or Other Qualified Contractor

Name: ________________________________________________________________________
Address: ______________________________________________________________________
Phone Number: __________________________ Email: _________________________________

Signature of Representative: __________________________ Date: ______________________
Name of Representative (please print) ________________________________