



Sanitary District No. 2

300 Tamalpais Drive, Corte Madera, CA 94925
pwcounter@tcmmail.org | www.townofcortemadera.org
Phone: (415) 927-5057 | Fax: (415) 927-5039

SEWER LATERAL INSPECTION CERTIFICATION

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APPLICANT TO COMPLETE:

SITE ADDRESS:		APN:	
APPLICANT		Contractor	
Name:		Company Name:	
Street Address:		Street Address:	
City / State / Zip:		City / State / Zip:	
Phone:	Cell:	Contact Name:	
Email:		Phone:	Cell:
PROPERTY OWNER: (if different from Applicant) Name:		State License #	NASSCO #
Phone:			
REALTOR COMPANY NAME:		BUILDING PERMIT #:	
REALTOR CONTACT NAME:		FAX NO:	
EMAIL ADDRESS:		PHONE NO:	

REASON:

- PROPERTY SALE
- BUILDING PERMIT OVER \$50,000 VALUE
- CAPITAL IMPROVEMENT PROJECT
- LATERAL FAILURE/ BACKUP/CONDITION
- OTHER: _____
- THIS IS A RE-SUBMITTAL
- EXEMPTION:

EXEMPTION REASON (INCLUDE ATTACHMENTS):

Print Name of Applicant

Signature of Applicant

Date

APPLICANT IS: OWNER AGENT CONTRACTOR



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LICENSED PLUMBER/CONTRACTOR TO COMPLETE:

CCTV Date:	Pipe Length (feet):	<input type="checkbox"/> Site Plan Sketch Attached
Camera Direction: <input type="checkbox"/> With Flow <input type="checkbox"/> Against Flow		DVD, CCTV Log and Sketch <u>MUST</u> be attached.
<input type="checkbox"/> Lateral serves only one property	Other Properties Served:	
<u>THIS SECTION MUST BE FILLED OUT:</u> A backwater device is required on every property where any outlet or trap of the private sewer lateral is below the level of the nearest manhole. A check valve or grinder pump may also be required.		
<input type="checkbox"/> Property has a Popper valve/backwater device which is working properly. <input type="checkbox"/> Property needs a Popper valve/backwater prevention device installed or repaired. <input type="checkbox"/> Property already has a check valve/grinder pump installed w/ Alarm. <input type="checkbox"/> Property needs a check valve/grinder pump installed.		
<input type="checkbox"/> I certify that the Property has been inspected and to the best of my knowledge, the sewer lateral has no outdoor drain connections including sump pumps, roof gutters, foundation drains, heat pumps, etc.		
Number of Cleanouts:___ Number of Outlets from Building(s): ___ Pipe material(s): _____ Pipe Diameter(s): _____ Does the upper or lower lateral appear to have been replaced in the last 20 years? Y / N Depth at building:_____ Depth at curb:_____ Depth at main:_____ Main Material:_____ "S" on Curb Verified_____ Main CIPP-Lined? Y / N Connection Type: Wye / Hammer / Tee / Sags: Y / N Distance: _____ Bends \geq 45°: Y / N		
PLUMBER/CONTRACTOR'S REPAIR RECOMMENDATIONS AND/OR COMMENTS:		
Location of lateral connection to main: Easement <input type="checkbox"/> , Street Name:		
I declare under penalty of perjury that all information submitted herein is true and correct.		
Plumber Company Name: _____	Date: _____	
Plumber/Contractor's Name: _____	License Type & #: _____	
Plumber/Contractor's Signature: _____	PACP Certification #: _____	
<u>For Staff Use Only</u>		<input type="checkbox"/> VIOLATION
Fee Amount:\$_____	Payment Method:_____	City Engineer Reviewer:_____ <input type="checkbox"/> Re-Submittal



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PROPERTY ADDRESS:	
PROPERTY OWNER'S NAME:	

CCTV LATERAL INSPECTION LOG

(This Inspection Log **MUST** be filled out **OR** a Written Report in similar format **MUST** be attached)

Item	Length	Observation Code	Remarks (Attach a Sketch When Necessary)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

OBSERVATION CODES

B	BROKEN	I	INFILTRATION	R	ROOTS: 25% 50% 75%
C	CRACK	O	OFFSET	GV	GASKET VISIBLE
F	FRACTURE	S	SAG	OR	OUT OF ROUND
CO	CLEAN OUT	SC	SIDE CONNECTION	MC	MATERIAL CHANGE

Plumber/Contractor's Signature: _____

Date: _____



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Sketch of the Private Sewer Lateral and Site Plan:

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