WHITE DEER TOWNSHIP SEWER AUTHORITY

PRIVATE SEWER LATERAL INSPECTION FORM FOR EVIDENCE OF COMPLIANCE

*To be completed by Plumber/Inspector and submitted to WDTSA prior to any repairs.

Customer Name:	:	Address:			Phone:		
Mailing Address	:						
C	Stree	t Address	City		State	Zip Code	
Company Name:	:	Pl	umber/Inspect	or's Name:		Phone:	
Sewer Usage:	□ Residential □	Commercial	Condo	Pipe Size: _		Pipe Material:	
CCTV Date:	Time:	Time: Camera Direction: With Flow Against Flow Total Length:					
Please be sure to	o answer all of	the questions be	elow:				
Yes	_ No	Is Cleanout ac	cessible outsi	de of building	?		
Yes	_ No						
Yes	_ No						
Yes	_ No						
Yes	_ No						
Yes	No	Pictures included?					
Yes	No	Thumb Drive included?					
Method(s) used to verify all of the above:							
							
	submitted herevand Regulations	vith complies wi	ith all requirer	nents set forth	by the Whi	and correct. te Deer Township Sewe submitted here applies t	
		Plumber/Inspec	tor's signature):	 	Date:	
WDTSA's confirming receipt of Application.							
		Manager or Ass	t. Manager's s	ignature:			
		Date:					

OBSERVATION CODES

В	BROKEN	I	INFILTRATION	R	ROOTS: 25% 50% 75%
C	CRACK	О	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