

County of Santa Cruz

PRIVATE SANITARY SEWER LATERAL INSPECTION REPORT REVIEW

701 Ocean St. Rm 401, Santa Cruz CA 95060 | (831) 454-2160 | DPW.LateralProgram@santacruzcounty.us

Forcest Revere

COUN	NTY COMMENTS:	REVIEWER FRevere	DATE REVIEWED 07/07/2023				
SUBMIT STAT	TAL TUS: COMPLETE (VII	DEO, REPORT, ANY SUPPLE	EMENTAL INFORMATION PROVIDED)				
	LATERAL WORK RECOMN	MENDED THIS TIME - Lateral as-is meets i	irectly to request sewer repair permit. requirements of ordinance for transfer of addition or guarantee future performance.				
Video #1 Repairs required at ~52', 47', 43', 38', 34', 28' and 13' due to roots and offset Video #2 No comments							

<u>EFFCTIVE MARCH 2022</u> Sewer lateral repairs that are required within a public right-of-way shall be completed by a contractor who has been authorized by the District prior to requesting a sewer repair permit. Contractor shall provide proof of state licensing and insurance to the District (as well as any other requested documents). Required licensing shall be one of the following:

- C-34 Pipeline Contractor
- C-42 Sanitation System Contractor
- Class A General Engineering
- Class B General Building*

^{*}Only if part of a larger project that falls under the provisions of Business & Professions Code Section 7057.

County of Santa Cruz	APN:
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This form to be completed by a **licensed plumber** and submitted prior to any repair work, along with an uploaded video inspection to the County's BOX Drive (only MP4, MPG or WMV formats accepted). Video shall be clear, well lit, in color, traveling no more than 20ft/min, hold for minimum of 5 seconds at defects/joints/connections, and record distances as it travels. There shall be no flow in the lateral if possible. Video may be rejected if not recorded to specifications. For instructions and permission to upload to BOX, please email DPW.LateralProgram@SantaCruzCounty.us.

PRIVATE SANITARY SEWER LATERAL INSPECTION REPORT

Customer's Name Customer's		-	Addre	Street Address, C	ity, Zip	Code Phone:						
Mailing Address: Plumbing Company Name:				City			State	Zip Code				
Em	ail Address	s:				Insp	ector's Name:		Phone:			
For	Escrow O	nly: {	Realto	or Name:	, ,		Realtor E	mail A	ddress:	•		
Sev	wer Usage:	: I R	esiden	tial (House				er (Spe	ecify):			
CC.	TV Date: 0	7/07/23	Tin	ne: 11:21	AM Camera	Direct	ion: With Flow	gainst	Flow Total Len	gth:	54	
	_				Material: AE			C	Camera Access Po	oint: C	00	
	-						RVATION CODES			1		
В	BROKE	N	1	INFILTRATION OR OUT OF ROUND S SAG		SAG	0	OFFSET				
С	CRACK		CP	CP CHANGE IN PIPE		F	FRACTURE		ROOTS	JZ	DAMAGED JOIN	
				LATE	RAL INSPEC	TION	LOG (Add additional sheets	if nece	ssary)			*
DISTANCE OBSERVATION CODE 1. 52 R 2. 47 R		REMAR	REMARKS (Including cleanouts/tie-ins & severity of defects) COUNTY USE									
			R		Roots							
			R		Roots							
3.43 R		Roots										
4. 38			R			Roots						
5. 34			R				Roots					
6. 28			0			Offset						
7. 13			R			Roots						
8.												
9.												
10.			`							_		
11.												
12.												
13.												
14												

NOTE: County Code prohibits the connection of outside drains or drainage pump systems to the sewer lateral. Sewer laterals shall have a standard cleanout installed per County Code.

COMPLETE STAN	DARD DRAWING	DRAW A CUSTOM SKETCH					
BUILDING 2 NORTH DIRECTION 58 (DRAW NORTH 10	CLEA OUT 102 Dep 2						
ARROW IN BOX) V(Jeol							
Fill in: (1) the distances from fixed point on the b (3) north direction, and (4)	(to cleanout and lateral) puilding, (2) street name	Show distance from building to cleanout, and cleanout to public sewer main. Also, please indicate street name(s), approximate property lines, north direction, and access point.					
lease be sure to answer all c	of the questions below:						
	s cleanout accessible outside	of building?					
Yes No V	Is there a sewer ejector pump at this property?						
Yes No V	Does private sewer lateral appear to cross neighboring private property?						
Yes No No	Does private sewer lateral connect to County sewer in public right of way?						
Yes No V	Is there more than one structure at this address served by the private sewer lateral? If YES, specify (may require video)						
Yes No V	Does property have a backflow preventer?						
Ves No	If YES, is backflow preventer functioning properly?						
	If NO, does property appear to be 12" lower than the nearest upstream manhole?						
Yes No V	Yes No Vo (backflow may be required) CBC 710.1						
ease specify work recomme	ended on the lateral, if any:						
Replace Lateral/Repair n							
·		교육, [18] [18] 다 그런 스타디스 라스 [18]					
certify that the information	and video recording I have	e provided with this form are true and correct.					
nspector's/		ate: 07/07/23 License # 483881					
Plumber's signature:							

Please allow 10 working days from submittal date for video review period. Incomplete forms will not be reviewed.