



City of Lakeport Municipal Sewer District

LATERAL INSPECTION AND TESTING REPORT FORM

Please have a licensed plumber or inspector complete this form. Attach copies of any additional reports from your inspection and return it to the Community Development Department, 225 Park Street, Lakeport.

PROPERTY INFORMATION			
Address:			
Property use:	Residential	Commercial	Industrial
Owner name:			
Mailing address:			
Phone:	Street	City	State/Zip

INSPECTION AND TESTING DETAIL (to be completed by licensed plumber or City inspector)
Inspection date:
Structural Diagram (e.g., house, lateral location, cleanout, street):

Property Address: _____

Inspection type (i.e., smoke test, camera, pressure test, etc.):

Lateral material (i.e., PVC, cast iron, concrete, etc.):

Estimated age:

Testing details:

Comments (please include any connections to the lateral other than toilet, shower, and sinks):

Test results (circle one):	Pass (lateral functions effectively; no holes, breaks, or cracks)	Fail (lateral is structurally compromised or is dysfunctional)	Inconclusive
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Inspected and tested by: _____

Print Signature License #

Company information: _____

Name Phone number

Property Address: _____

FOR DEPARTMENT USE ONLY			
Lateral Certificate processing fee received (\$50):	Yes	No	Date Received:
Compliance review date:			
Certified by:			
Signature			
Name		Title	Date
Comments:			