



700 Belvoir Rd.
 Plymouth Meeting, PA 19462
 610-277-4100 (Ph.)
 610-277-4335 (FX.)
 www.plymouthtownship.org

Plymouth Township Lateral Inspection Report Form

Please type or print clearly

I. Location

Address:	Date
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II. Owner

Name	E-Mail
Address	Phone #
City, State, Zip	Fax #

III. Master Plumber

Name	E-Mail
Address	Phone #
City, State, Zip	Fax #

Please check all that apply:

Cracks in pipe [] Broken pipes [] Sump Pumps hookups [] Roots []

Water infiltration [] Others _____ []

[] I have inspected and videoed the sewer lateral of the above address and have found **no deficiencies**.

[] I have inspected and videoed the sewer lateral of the above address and have found **deficiencies**.
 (NOTE: a permit may be required to repair deficiencies.)

The undersigned hereby verifies that the statements made in the foregoing report are true and correct to the best of my knowledge, information and belief.

I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904, relating to unsworn falsification to authorities.

Plumber's Signature: _____ Date: ____/____/____

-----Do not write below this line-----

A copy of this report along with a CD/DVD/Drive copy of the video of the lateral must be submitted to the Public Works Department prior to a Certificate of Adequacy being issued.

VII. APPROVAL

By:	Date:
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