



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

Plymouth Township 3rd Party Sewer Lateral Inspection Report

Please type or print clearly

I. LOCATION

Address:	Date
----------	------

II. PROPERTY OWNER / CONTACT

Name	E-Mail
Address	Phone #
City, State, Zip	Alt. Phone #

III. MASTER PLUMBER

Name	E-Mail
Address	Phone #
City, State, Zip	Alt. Phone #

The sanitary sewer lateral at the above property was, unless noted below, inspected and televised for its **entire length from the exterior building foundation up to and including its connection to the public sewer main** with the following results:

- [☐] **PASSED** – No defects were noted
- [☐] **PENDING** – Cleaning required to complete inspection (mud / debris / solids in lateral)
- [☐] **FAILED** – Repairs required by property owner (**CHECK category and CIRCLE defect**)

___ Cracked Pipe/Broken Pipe/Offset Joint(s) at _____ (location/footage)
___ Root Intrusion/Groundwater Infiltration at _____ (location/footage)
___ Unable to Televiser – Could Not Get Through Trap: ___ To House ___ To Street

[☐] **Additional Notes:**

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

I further 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: ____/____/____

A copy of this report along with a CD / DVD / USB Drive / or Electronic Link of the video of the entire length of the lateral must be submitted to the Plymouth Township prior to a Certificate of Adequacy being issued for transfer of property ownership.