



For Official Use Only
PSL-C Application Number: _____

PRIVATE SEWER LATERAL CERTIFICATE INSPECTION REPORT FORM AMC 6-7.3

To be completed by Certified Company Representative and submitted to City prior to any repair work.

Owner Name: _____ APN: _____ Address: _____ Phone: _____

Mailing Address: _____
City State Zip code

Company Name: _____ Inspector's Name: _____ Phone: _____

Sewer Usage: Single Family Residence Multi-family Residence Condo Commercial Common Interest Development

Pipe Size: _____ Pipe Material: _____ Varying Size and/or Material. *Please Note Size & Material in Observation Notes*

CCTV Date: _____ Time: _____ Camera Direction: With Flow Against Flow Total Length: _____

Please be sure to answer all the questions below:

- Yes _____ No _____ Is Cleanout accessible outside of building?
- Yes _____ No _____ If **YES**, is it installed properly?
- Yes _____ No _____ Is there a sewer ejector pump at this property?
- Yes _____ No _____ Does private sewer lateral cross neighboring private property?
- Yes _____ No _____ Does private sewer lateral connect to City sewer in public right of way?
- Yes _____ No _____ Is there more than one structure at this address served by the private sewer lateral?
- Yes _____ No _____ Does property have a backwater valve?
- Yes _____ No _____ If **YES**, is backwater valve functioning properly?
- Yes _____ No _____ If **NO**, is a backwater valve required?
- Yes _____ No _____ Has property been verified as having no outside drains connected to the sewer system?

Method used to verify no outside drains connected to the sewer system: _____

I certify that the information and video recording I have provided with this form are true and correct.

Inspector's signature: _____ Date: _____

The information submitted herewith complies with all requirements set forth by the City of Avalon Municipal Code Sec. 6-7 inclusive. I declare under penalty of perjury that all information submitted here applies to the listed address only.

Plumber's signature: _____ Date: _____ License # _____

For more information on the Private Sewer Lateral Program and Additional Forms visit www.cityofavalon.com/PSL

It is recommended to review the current requirements of the Avalon Municipal Code, which include the California Plumbing Code
Deliver your completed application and supporting documents via email: PSL@cityofavalon.com, by post or in person to
Avalon City Hall, Public Works Department 410 Avalon Canyon Road, Avalon CA 90704

For Official Use Sewer Tap ID: _____ Sewer Clean Out ID(s): _____ Lateral ID: _____

COPY TO: PUBLIC WORKS OWNER/SITEADDRESS

Address: _____ APN: _____ Contact: _____

Phone #: _____ Inspection Date: _____ Inspection Time: _____

PRIVATE SEWER LATERAL INSPECTION REPORT OBSERVATION CODES

D	DISPLACED JOINTS (Open/Offset)	J	JOINT (hard tap, Y, other)	I	INFILTRATION
C	CRACK	R	ROOTS: 25% 50% 75%	SD	SEDIMENT DEPOSITS
F	FRACTURE	L	LEAK	S	SAG
B	BROKEN	CP	CHANGE IN PIPE MATERIAL	O	OUT OF ROUND (Deformed)

LATERAL INSPECTION LOG

Please add as much detail as possible. GPS not required.

CODE	DISTANCE	GPS	MATERIAL	DEPTH	OBSERVATION

CCTV File Name: _____ File Format: _____
Preferred: .mp4 via USB or FTS

SITE SKETCH

Show footage distance from Clean Out to City sewer main.
 Please indicate street name(s) and show relationship of building to the lateral(s) and the main in the street.
 Use supplemental pages if necessary.

Corrective Action Recommended to Maintain, Repair, Rehabilitate or Replace the Private Sewer Lateral

Estimated Time and Cost Associated with such Maintenance, Repair, Rehabilitation or Replacement