



OJAI VALLEY SANITARY DISTRICT

A Public Agency

1072 Tico Road, Ojai, California 93023

(805) 646-5548 • FAX (805) 640-0842

www.ojaisan.org

PRIVATE SEWER LATERAL INSPECTION REPORT & LOG

Property Owner/Customer Name: _____

Property Address: _____

Customer Phone: _____

I confirm that I have reviewed the results of the attached Private Sewer Lateral Inspection Report conducted for my property by a licensed Plumber (below).

Property Owner's Signature: _____

Printed Name: _____ **Date:** _____

Plumbing Company Name: _____

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

Video Technician's Signature: _____ **Date:** _____

The information submitted herewith complies with all requirements set forth in the Ojai Valley Sanitary District Code of Regulations. I declare under the penalty of perjury that all information submitted here applies to listed address only.

Plumbers' Signature: _____ **Date:** _____

Printed Name: _____ **Phone No.** _____

Contractor's License # _____

Note: Please submit the original signed report with DVD by mail or in person: Ojai Valley Sanitary District
1072 Tico Road Ojai, CA 93023. Monday – Friday 8:00 a.m.-5:00 p.m.

OVSD Private Sewer Lateral Inspection Report

Property Address: _____

Sewage Usage:

Residential _____ Commercial _____ Condo/Apt _____ Pipe Size: _____ Pipe Material: _____

CCTV Date: _____ **Time:** _____

Camera Direction: With Flow: _____ Against Flow: _____ Total Length: _____ FT

- Cleanout is accessible outside of building.
- There is a sewer ejector pump at this property.
- Private sewer lateral crosses neighboring private property.
- Private sewer lateral connects to District sewer in public right of way.
- There is more than one structure at this address served by the private sewer lateral.
- Property has been verified as not requiring a backflow valve.
- Property needs a backflow valve.
- Property has been verified as having no outside surface drains (rainwater and/or yard runoff) connected to the sewer system.

Plumbing Company Recommendation:

OR

- No deficiencies identified in private sewer lateral**

Plumber's Signature: _____

Required Enclosures:

1. DVD video inspection (address written on DVD).
2. Completed Inspection Log. Note any observation using observation codes.
3. Sketch of lateral, lot and building reference3d to front curb or edge of pavement and side property lines where possible. Note spacing of cleanouts and entry location for insertion of camera.

PRIVATE SEWER LATERAL INSPECTION LOG

Date: _____ Property Address: _____

Contractor/Plumber _____ Phone: _____

OBSERVATION CODES

B	BROKEN	I	INFILTRATION	R	ROOTS: 25%50%75%
C	CRACK	O	OFFSET	CP	CHANGE IN PIPE
F	FRACTURE	S	SAG	OR	OUT OF ROUND

LATERAL INSPECTION LOG

DISTANCE	OBSERVATION CODE	REMARKS

SITE SKETCH

(For Official Use Only)

REPORT & DVD RECEIVED BY DISTRICT: _____
Date District Inspector's Signature

APPROVAL TO ISSUE: Compliance Certificate Video/DVD and Inspection form of the Sewer Lateral
 Conditional Compliance Certificate Deficiency Notice

PROBLEM WITH:

Upper Sewer Lateral Only Lower Sewer Lateral Only Upper and Lower Sewer Lateral

CLEARANCE TO ISSUE CERTIFICATE FOR:

Upper Sewer Lateral Only Lower Sewer Lateral Only Upper and Lower Sewer Lateral

Date of Approval: _____ **District Inspector's Signature** _____