

TIME OF SALE SEWER LATERAL INSPECTION FORM

Per Watsonville Municipal Code Sec. 6-3.508 (d), this form must be completed by a certified plumber licensed to do business in the City of Watsonville. The form can be downloaded from the following website: www.cityofwatsonville.org/sewerlateral. This form with inspection video is to be submitted for City approval prior to the sale of property requiring a sewer lateral inspection to: sli@cityofwatsonville.org*. The City approved form will be returned to plumber upon receipt of a passing score and payment of City fee \$166/staff hr.



*Please allow for City to review the time of 3 business days.

City of Watsonville Public Works & Utilities Department
250 Main Street
Watsonville, CA 95076
831-768-3100

www.cityofwatsonville.org/sewerlateral

PROPERTY INFORMATION

Property Address: _____
Property Owner(s) Name: _____
Mailing Address of Owner (If different from above): _____
City: _____ State: _____ Zip Code: _____
Owner Contact Phone Number: _____

INSPECTOR INFORMATION

Company Name: _____ Inspector Name: _____
Contact Phone Number: _____ Email address (Print): _____
Contractor's License: _____ Expiration Date: _____
City Business License: _____ Expiration Date: _____

LATERAL INSPECTION INFORMATION

Inspection Date: ____ / ____ / ____ Pipe Size: _____ Pipe Material: _____
Length (from cleanout to sewer main): _____ Number of Laterals: _____
Other Information: _____

A lateral must be cleaned with low to no flow and video camera ran at 2 secs./ft. in order to provide a clear video of the pipe invert and walls. Provide a sketch of the building being sewerred, street with sewer main and lateral run, and approx. location of cleanout.

Are any corrections required to bring the lateral up to "passing" condition? Yes No

If "YES", please select all that apply:

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Full lateral replacement | <input type="checkbox"/> Spot repair | <input type="checkbox"/> Remove old P-trap/Install new cleanout |
| <input type="checkbox"/> Install cleanout | <input type="checkbox"/> Slip-line | <input type="checkbox"/> Other: _____ |

PLEASE NOTE: any correction requires City approval of either a City "Building Permit" for on-site plumbing improvements or a City "On/Off Site Permit" for offsite plan improvements.

PLEASE ANSWER ALL OF THE QUESTIONS BELOW:

- Yes ___ No ___ There is a standard cleanout within 5' of the building it serves.
Yes ___ No ___ There is a sewer lift station (pump) at this property.
Yes ___ No ___ Property should have a backwater valve.
Yes ___ No ___ Property has a working backwater valve.
Yes ___ No ___ Property has outside drains or sump pumps connected to building sanitary sewer.

NOTE: To pass a Time of Sale Sewer Lateral inspection, each of the following requirements must be met:

1. Pipe shall have a standard cleanout within 5' of the building it serves (P-traps are not allowed).
2. The Building Sanitary Sewer shall not have any connections to outside drains or sump pumps.
3. The Building Sanitary Sewer shall not have a grade (5) structural defect.
4. The Building Sanitary Sewer shall not have a grade (4) or grade (5) operational condition.
5. The sum of all defect grades is less than thirteen (13) (see Inspection Form page 3 for grading scores).
6. All internal pipe surface area shall be visible in the inspection video.

As the inspector for the above-mentioned property, I certify under penalty of law that the information and video recording I have provided with this form are true and correct.

Signature of Inspector: _____ Date: _____

CITY OF WATSONVILLE - TIME OF SALE SEWER LATERAL INSPECTION

Passing Criteria

For a Time of Sale Sewer Lateral Inspection to pass, the lateral shall have **no pipe structural grade 5 defects and no operational grade 4 or 5 defects, and the sum of all defect grades shall be less than thirteen (13).**

Please note that structural defects are counted on a per pipe section basis (i.e. two separate cracks in a given pipe section will only be scored as "2" and not "4"), while operational defects are counted on a per incident basis.

Scoring System

STRUCTURAL DEFECTS	SCORE	OPERATIONAL DEFECTS	SCORE
Crack	2	Roots - Fine (<5%)	1
Fracture	3	Roots - Medium (5%-50%)	3
Broken/Hole/Deformed/Collapsed	5	Roots - Medium (>50%)	4
Medium offset or Separation (≤1 pipe thickness)	3	Deposits (<20%)	2
Large offset of Separation (≥1 pipe thickness)	4	Deposit (20%-30%)	4
Sag- Shallow (<30%)	3	Deposit (>30%)	5
Sag-Medium (30%-50%)	4		
Sag-Medium (>50%)	5		

INITIAL INSPECTION

Date of Inspection: _____ / _____ / _____

	<u>Distance (ft.)</u>	<u>Defect</u>	<u>Score</u>	<u>Remarks</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

Sum of Scores: _____ Pass Fail

As the inspector for the above-mentioned property, I certify under penalty of law that the information and video recording I have provided with this form are true and correct.

Signature of Inspector: _____ Date: _____

*If City agrees that the initial inspection failed, the required City permit(s) must be obtained for approval of the correction:
a) for on-site plumbing improvements, a City "Building Permit" is required.
b) for off-site improvements in City right-of-way, a City "On/off Site Permit" is required.*

POST-CORRECTION INSPECTION (IF NEEDED):

Date of Inspection: _____ / _____ / _____

	<u>Distance (ft.)</u>	<u>Defect</u>	<u>Score</u>	<u>Remarks</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

Sum of Scores: _____ Pass Fail

As the inspector for the above-mentioned property, I certify under penalty of law that the information and video recording I have provided with this form are true and correct.

Signature of Inspector: _____ Date: _____

For City Use Only	
Date Received: _____	Date Approved: _____
Reviewed by: _____	Approved by: _____