LEWISBURG AREA JOINT SEWER AUTHORITY

PRIVATE SEWER LATERAL INSPECTION FORM FOR EVIDENCE OF COMPLIANCE

*To be completed by Plumber/Inspector and submitted to LAJSA prior to any repairs.

Customer Name	:	Address:			Phone:	
Mailing Address		Address	City	State	Zip Code	
Company Name	:	Plumb	er/Inspector's	Name:	Phone:	
Sewer Usage:	\Box Residential \Box	Commercial Co	ndo Pi	pe Size:	Pipe Material:	
CCTV Date:	Time:	Camera	Direction: \Box V	With Flow 🗆 Again	nst Flow Total Length:	
Please be sure t	to answer all of t	<u>he questions below</u>	<u>v:</u>			
Yes	No	Is Cleanout access	sible outside of	building?		
Yes	No	Is there a sewer g	rinder pump at	this property?		
Yes	No	Does private sewe	er lateral cross r	eighboring private	e property?	
Yes	No	Is there more than	one structure a	t this address serve	ed by the private sewer lateral?	
Yes	_ No				nections including: sump pumps, nnected to the sewer system?	
Yes	No	Pictures included?	?			
Yes	No	Thumb Drive incl	uded?			

Method(s) used to verify all of the above:

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

The information submitted herewith complies with all requirements set forth by the Lewisburg Area Joint Sewer Authority Rules and Regulations. I declare under penalty of perjury that all information submitted here applies to the listed address only.

	Plumber/Inspector's signature:	Date:
LAJSA's confirming receipt of	of Application.	
	Manager or Asst. Manager's signature:	
	Date:	

OBSERVATION CODES

В	BROKEN	Ι	INFILTRATION	R	ROOTS: 25% 50% 75%
С	CRACK	0	OFFSET	CP	CHANGE IN PIPE
F	FRACTURE	S	SAG	OR	OUT OF ROUND

LATERAL INSPECTION LOG

DISTANCE	OBSERVATION CODE	REMARKS
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

BRIEF SUMMARY OF WORK PERFORMED

DRAWING