

BOROUGH OF ROSE VALLEY
SEWER LATERAL INSPECTION FORM

NAME OF PROPERTY OWNER: _____

ADDRESS OF PROPERTY: _____

SUMP PUMP CONNECTIONS

Do Any Sump Pumps Discharge into the Sanitary Sewer System Yes: _____ No: _____

Comments: _____

STORM WATER DRAIN CONNECTIONS

Do Any Downspouts or Outside Storm Water Drains Connect into the Sanitary Sewer System? Yes: _____ No: _____

Comments: _____

CONDITION OF SEWER LATERAL

Is Sewer Lateral in Satisfactory Condition? Yes: _____ No: _____

Comments: _____

CERTIFICATION OF INSPECTION

Plumbing Company or Other Qualified Contractor

Name: _____

Address: _____

Phone Number: _____ Email: _____

Signature of Representative: _____ Date: _____

Name of Representative (please print) _____