



# Rodeo Sanitary District

800 San Pablo Ave. Rodeo, CA 94572  
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 Email to: [permitting@rodeosan.org](mailto:permitting@rodeosan.org)

## Sewer Lateral Inspection Request

SEC I: PROPERTY INFORMATION			
Project Address			Assessor Parcel No.

SEC II: APPLICANT INFORMATION		
NAME:	PHONE:	EMAIL:
MAILING ADDRESS:		

SEC III: SEWER LATERAL INFORMATION	
Has the lateral been replaced within the last ten (10) years?	Yes (Provide documentation - COC)
	No (Sewer Lateral inspection required. See Section IV)

SEC IV: SEWER LATERAL INSPECTION (This section must be completed by a licensed plumber)			
Inspection Date		Contractor Name	
Contractor Phone		Contractor Email	
Contractor Mailing Address	Contractor License #:		
<i>All of the following questions must be answered</i>		YES	NO
Is cleanout/sewer relief vent installed?			
Is sewer backwater valve needed?			
Is sewer backwater valve installed?			
Is the connection to the sewer main serviceable and in good working condition?			
Is the sewer lateral free from roots, grease deposits and other solids that may impede or obstruct the transmission of wastewater?			
Are all joints watertight, sound and free from structural defects, cracks, breaks, openings, sags, or missing portions to prevent exfiltration by ground or storm water?			
		<b>IMPORTANT NOTICE:</b> <i>Based on the information provided, a Notice to Repair may be issued within thirty (30) business days after receipt of this form. The Notice to Repair shall specifically identify the deficiencies to be corrected and shall establish a deadline of 30 days within which the property owner shall complete the required corrective actions. The corrective action may include a requirement that the lateral be replaced altogether and also may include the installation of cleanouts and backwater valves if those devices are otherwise required by the City or the current and adopted version of the California Plumbing Code.</i>	
LICENSED PLUMBER SIGNATURE		PRINT NAME	DATE

APPLICANT DECLARATION: I hereby certify under that I have authority to make the foregoing application and the information contained herein is correct.		
PRIMARY APPLICANT SIGNATURE	PRINT NAME	DATE