



Rodeo Sanitary District

800 San Pablo Ave. Rodeo, CA 94572
 Tel: (510) 799-2970 / Fx: (510) 799-5403
 Email to: permitting@rodeosan.org

Sewer Lateral Inspection Request

SEC I: PROPERTY INFORMATION			
Project Address			Assessor Parcel No.

SEC II: OWNER 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 with BWOD?			IMPORTANT NOTICE: <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>
Any Other Cleanouts? How many?			
Any other connections seen on video?			
Is the system pumped?			
Where does video start?			
Where does the video end?			
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