



CLEAR CREEK CONSERVANCY DISTRICT  
P.O. Box 286  
Greencastle, Indiana 46135

Exhibit A

## SEWER LATERAL INSPECTION REPORT FORM

(To be completed by Licensed Plumber and submitted to Clear Creek)

PROPERTY OWNER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

Inspection Company Name \_\_\_\_\_ Inspector's Name \_\_\_\_\_

Inspection Company Phone \_\_\_\_\_ Inspector's Phone \_\_\_\_\_

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CCTV Date: \_\_\_\_\_ Time: \_\_\_\_\_ Camera Direction:  With Flow  Against Flow Total Length: \_\_\_\_\_

- Cleanout is accessible outside of building
- There is a sewer ejector pump at this property
- Private sewer lateral crosses neighboring private property
- Private sewer lateral connects to District sewer in public right of way
- There is more than one structure at this address served by the private sewer lateral
- Property has been verified as having a working backflow prevention device
- Property needs a backflow prevention device
- Property has been verified as having no illegal connections including sump pumps, roof gutters, foundation drains, heat pumps, etc. Method used to verify no outside drains connection to the sewer system:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Inspector's Signature \_\_\_\_\_ Date \_\_\_\_\_

The information submitted herewith complies with all requirements set forth by the Clear Creek Conservancy District Resolution \_\_\_\_\_. I declare under penalty of perjury that all information submitted here applies to the listed address only.

Plumber's signature \_\_\_\_\_ Date \_\_\_\_\_

License # \_\_\_\_\_

**OBSERVATION CODES**

B	BROKEN	I	INFILTRATION	R	ROOTS: 25% 50% 75%
C	CRACK	O	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**

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