

Borough of Emmaus Lateral Inspection Report

Date _____ Time _____ AM PM

Address _____

Property Owner's Name _____

Property Owner's Address _____

Property Owner's Phone Number _____

Weather _____ Last Rain Event _____

Location of Clean Out _____

Condition of Trap _____

Clean Out Depth _____

Type of Pipe = Cast DI VCP PVC Lined

Condition of Lateral= Dry Trickle Grease Roots Sag in Pipe
Broken Pipe Standing Water Displaced Joints

Distance C/O to Transition _____

Distance Transition to Mainline _____

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Total Length _____

New Cap Yes No Type/Size _____

Sump Pump Yes No N/A

Water Used Yes No

Clean Out At Curb Yes No

Pass

Fail

Comments:

Depth at Clean Out _____

Depth at MH _____

Obstacles if digging required

Company Name _____

Company Address _____

Phone Number _____

Inspector Name (Print) _____

Inspector Signature _____

License Number _____