City of Bridgeton, Missouri

LATERAL SEWER REPAIR INSPECTION FORM

To be completed by plumbing contractor

Submit with 'Lateral Sewer Repair Application' for reimbursement

Property Address: _____

Service Requested by:

Owner:_____phone no._____
print name

Tenant:_____phone no._____
print name

Lateral inspection device:

Cable:_____ Camera:_____ Other:_____(explain)

_____

Lateral Condition: Open:_____ Root Bound:_____ Blocked:_____
Collapsed:_____

Lateral Length: _____ft. from foundation to main.

Location of problem at:

- **____ft. from base of stack**
- **____ft. out from foundation**
- **____ft. in from yard trap/clean-out**
- **____ft. out from yard trap/clean-out**
- **____ft. in from curb**
- **____ft. out from curb**

Approximate lateral depth: _____feet

Estimated cost of repair: $_____ Actual cost of repair: $_____
(answer only if selected to perform work)

Does lateral connect to, and cross adjoining property? _____yes ____no

I certify that the sewer lateral at this location has been cabled, and that cabling did not resolve the problem.

_____ _____
Print Company name **address & phone number**

_____ _____ _____
License Number of Master Plumber **Print name of inspector** **Date**

Work completed: _____yes _____no (if yes, the date of completion _____)

May, 2015