

Sanitary Sewer Overflows Inspection

This form must be completed and signed by a licensed contractor who is on the City of Santa Cruz Public Works Department list of "Certified Sewer Inspectors". Within 14 calendar days after the notice of violation has been served, the original hardcopy of this form, along with a copy of the post-correction video, must be submitted to:



City of Santa Cruz Public Works Department
809 Center Street, Room 201
Santa Cruz, CA 95060
831-420-5160

Property Information:

Property Address: _____
Property Owner(s) name: _____
Mailing address of owner (if different from above): _____
City: _____ State: _____ Zip Code: _____
Owner Contact Phone Number: _____

Inspector Information:

Company Name: _____ Inspector Name: _____
Contact Phone: _____
Email address (print) _____

Inspection: Post-Correction

Date of Overflow: ___/___/___ Pipe Size: _____ Pipe Material: _____
CCTV Date: ___/___/___ Time: _____ Length: _____
Cause of Overflow: Roots Grease Other _____

Overflow was corrected by (select all that apply): Full lateral replacement
 Spot repair
 New connection to main
 Old P-trap removed / New cleanout installed
 Cleaning - Jet to remove debris/deposits/blockage
 Cleaning - Root removal

Please answer ALL of the questions below:

Yes___ No___ There is a standard clean-out in the sidewalk area
Yes___ No___ There is a sewer lift station (pump) at this property
Yes___ No___ Property requires a backwater valve
Yes___ No___ Property has a working backwater valve
Yes___ No___ Property has outside drains or sump pumps connected to building sanitary sewer

NOTE: To pass inspection, each of the following requirements must be met:

1. Pipe shall have a standard clean-out in the sidewalk area (P-traps are not allowed).
2. The Building Sanitary Sewer shall not have any connections to outside drains or sump pumps.
3. The Building Sanitary Sewer shall not have a grade (4) or grade (5) structural defect.
4. The Building Sanitary Sewer shall not have a grade (3) or grade (4) or grade (5) operational condition.
5. The sum of all defect grades is less than eight (8) (see inspection sheet for grading scores).
6. The cause of the overflow was determined by a licensed and certified plumber and corrected.
7. All internal pipe surface area shall be visible in the inspection video.
8. Submit video recording of the passing inspection.

Please see the reverse page for Pre-correction and Post-correction inspection notes

As the inspector for the above-mentioned property, I certify under penalty of law that the information and video recording I have provided with this form is true and correct.

Signature of Inspector: _____ Date: _____

City of Santa Cruz - Sanitary Sewer Overflows Inspection

Passing Criteria

For a Sanitary Sewer Overflow, the post-correction video shall show a building sanitary sewer with **no pipe structural grade 4 or 5 defects and no operational grade 3 or 4 or 5 defects, and the sum of all defect grades shall be less than eight (8).**

Please note that structural defects are counted on a per pipe section basis (i.e. two separate cracks in a given pipe section will only be scored as "2"), while operational defects are counted on a per incident basis.

Scoring System

Structural Defects

- Crack = 2
- Fracture = 3
- Broken/Hole/Deformed/Collapsed = 5
- Medium offset or Separation = 3
(≤ 1 pipe thickness)
- Large offset or Separation = 4
(> 1 pipe thickness)

Structural Defects (Continued)

- Sag - Shallow (< 30%) = 3
- Sag - Medium (30% - 50%) = 4
- Sag - Deep (> 50%) = 5

Operational Defects

- Roots - Fine (< 5%) = 1
- Roots - Medium (5% - 50%) = 3
- Roots - Ball (> 50%) = 4
- Deposits (<20%) = 2
- Deposits (20%-30%) = 4
- Deposits (>30%) = 5

Pre-correction Inspection:

<u>Distance (ft)</u>	<u>Defect</u>	<u>Grade</u>	<u>Remarks</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
Sum of Grades:		_____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Post-correction Inspection:

<u>Distance (ft)</u>	<u>Defect</u>	<u>Grade</u>	<u>Remarks</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
Sum of Grades:		_____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Please give your professional opinion on the condition of the building sanitary sewer or sanitary sewer collection system: _____

For City Use Only

Date of Overflow: _____
 Date Received: _____
 Reviewed by: _____

A review of the post-correction video file revealed that the cause of the overflow has been corrected and that the pipe passes inspection.