

Time of Sale Sewer Lateral Inspection Form

This form must be completed by a licensed contractor who is on the City of Santa Cruz list of "Certified Sewer Inspectors". The inspection is to be completed and this form is to be submitted prior to the sale of any property with an existing sewer lateral. This form shall 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) _____

Lateral Inspection Information

Inspection Date: ___/___/___ Pipe Size: _____ Pipe Material: _____
Length (from cleanout to sewer main): _____
Other information: _____

Were any corrections required to bring the lateral up to "passing" condition? Yes No

- If "Yes", please 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
 - Other: _____

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 should have 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 a Time of Sale Sewer Lateral 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 (5) structural defect.
4. The Building Sanitary Sewer shall not have a grade (4) or grade (5) operational condition.
5. The sum of all defect grades is less than thirteen (13) (see inspection sheet for grading scores).
6. All internal pipe surface area shall be visible in the inspection video.

Please see the reverse page for 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: _____

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Passing Criteria

For a Time of Sale Sewer Lateral Inspection to pass, the lateral shall have **no pipe structural grade 5 defects and no operational grade 4 or 5 defects, and the sum of all defect grades shall be less than thirteen (13).**

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" and not "4"), 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

Initial Inspection:

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

Post-correction Inspection (if needed):

Distance (ft)	Defect	Grade	Remarks
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 Received: _____

Reviewed by: _____