



DEPARTMENT OF PUBLIC WORKS

809 Center Street, Room 201

Santa Cruz CA 95060

Phone (831) 420-5160

FAX (831) 420-5161

Private Sewer System Inspection Package

This package contains the forms needed for documenting Private Sewer System Cleanings and Inspections. Please read the instructions below before submitting the completed forms to the City.

Forms

There are 4 different forms included, which are listed below. The **General Information** and **Cleaning** shall only be filled out once for each cleaning or inspection event. However, each **Laterals** and **Mains** sections will require their own sheet for inspection, so make additional copies of the forms as necessary.

General Information – 1 per property

Cleaning – 1 per event

Laterals – 1 per lateral (multiple per property)

Mains – 1 per manhole-to-manhole pipe section (multiple per property)

Contractors are welcome to use their own inspection and grading software while onsite performing the inspection, but we ask that you translate that information onto the forms listed above. This is to ensure that all laterals and mains are graded correctly according to the City's passing criteria.

Site Map

A Site Map must be submitted along with the inspection forms. The Site Map shall indicate the following:

- Manhole locations and unique identifying information/names used on inspection forms
- Lateral locations and addresses/unit numbers

The Site Map does not have to be a professionally produced map but should clearly show the layout of the private sewer system. You may print out a Google Maps image and draw over it.

Submittal of Completed Forms

Within 45 calendar days after the completion of the inspection, the original hardcopies of all inspection forms and the Site Map must be submitted to:

City of Santa Cruz Public Works Department

809 Center Street, Room 201

Santa Cruz, CA 95060

831-420-5160

Private Sewer System Inspection Form - General Information

Within 45 calendar days after the completion of the inspection, the original hardcopy of this form, along with accompanying copies of all lateral inspection forms, main inspection forms, and a Site Map, 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: _____

Work completed:

Cleaning Date(s): _____ Inspection Date(s): _____

Inspector Information:

Company Name: _____ Inspector Name: _____

Contact Phone: _____

Email address (print) _____

Inspection Summary:

Laterals

of building laterals: _____ Material(s): Plastic Clay Other _____

Service Laterals

of Service Laterals: _____ Material(s): Plastic Clay Other _____

Sanitary Sewers

of Sanitary Sewers: _____

Please answer ALL of the questions below:

Yes___ No___ All laterals from buildings have standard cleanouts

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: For the property to pass inspection, each of the following requirements must be met :

1. Individual laterals and mains must meet the passing criteria listed on the individual inspection forms.
2. The sewer system shall not have any connections to outside drains or sump pumps.
3. The sewer system shall not have any P-traps.

OPTIONAL: Give your professional opinion on the condition of this private sewer system:

Signature of Inspector: _____ Date: _____

Private Sewer System Cleaning Form



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: _____

Contractor Information:

Company Name: _____ Inspector Name: _____
Contact Phone: _____
Email address _____

Cleaning Summary:

Date(s) of Cleaning: _____

Laterals

of building laterals: _____ Material(s): Plastic Clay Other _____

Service Lines

of Service Lines: _____ Material(s): Plastic Clay Other _____

OPTIONAL: Include any additional relevant information below:

Signature of Contractor: _____ Date: _____

Private Sewer System Inspection Form - Lateral

Inspection Information:

Address/Unit #: _____
 Date of inspection: _____ Time of Day: _____
 Pipe Material: Plastic Clay Other _____ Diameter: _____ Length to main: _____

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

Lateral Inspection:

Distance (ft)	Defect	Grade	Remarks
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
Sum of Grades:		_____	

Please answer ALL of the questions below:

- Yes ___ No ___ There is a standard cleanout
 Yes ___ No ___ Lateral requires a backwater valve
 Yes ___ No ___ Lateral has a working backwater valve
 Yes ___ No ___ Lateral has outside drains or sump pumps connected

Passing Criteria

For a Private Sewer System Inspection, 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"), while operational defects are counted on a per incident basis.

Final grade: Pass Fail

OPTIONAL: Give your professional opinion on the condition of this sewer lateral:

Private Sewer System Inspection Form - Main

Inspection Information:

From Manhole #: _____ to Manhole #: _____
 Date of inspection: _____ Time of Day: _____
 Pipe Material: Plastic Clay Other _____ Diameter: _____ Length of main: _____

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

Main 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:		_____	

Passing Criteria

For a private sewer inspection, the main 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"), while operational defects are counted on a per incident basis.

Final grade: Pass Fail

OPTIONAL: Give your professional opinion on the condition of this sewer main section:
