Appendix C – CCTV / Diagnostic Documentation Form

Submit this form only if you have CCTV or Diagnostic Inspection documentation to be submitted with your application.

CCTV / Diagnostic Documentation Form – Private Sewer Lateral Repair Program

Inspection Provider
Completed by: ☐ City Crew ☐ Contractor

Inspector Name: _____
Company: _____
License #: _____ Phone: _____

☐ Approved by City prior to repair authorization

Inspection Type
☐ CCTV Inspection
☐ Push Camera
☐ Cleanout Evaluation
☐ Other: _____

Findings:
☐ Broken pipe
☐ Root intrusion
☐ Offset joints
☐ Sag
☐ Cracks
☐ Collapse
☐ Illegal clean-water connections
☐ Other: _____

Observations Summary:

_____

_____

_____

_____

Attachments:
☐ CCTV video

☐ Photos

☐ Inspection report

All CCTV inspection documentation must be reviewed and approved by the City prior to authorizing repair work.

Inspector Certification

Signature: _____

Date: _____