

# LOWER MAKEFIELD TOWNSHIP PRIVATE SEWER LATERAL INSPECTION FORM

Customer: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Closing Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Inspector's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Sewage Use: Residential/ Commercial/ Condo/ Apt (Circle one) Pipe Size: \_\_\_\_\_ Pipe Material: \_\_\_\_\_

CCTV Date: \_\_\_\_\_ Time: \_\_\_\_\_ Camera Direction: With Flow/ Against Flow (Circle one) Total Length: \_\_\_\_\_

<input type="checkbox"/> Cleanout is accessible outside of building	<input type="checkbox"/> Cleanout & vents are property capped and not damaged
<input type="checkbox"/> There is a sewer ejector pump at this property	<input type="checkbox"/> Private sewer lateral crosses neighboring private property
<input type="checkbox"/> Private sewer lateral connects to Township's sewer in public right of way	<input type="checkbox"/> There is more than one structure at this address served by the private lateral
<input type="checkbox"/> Property has been verified as having no outside surface drains (rainwater runoff) connected to the sewer system	<input type="checkbox"/> Property has been verified as having no sump pumps or inside storm drains connected to the sanitary sewer system

I recommend the following repairs to restore normal lateral function:

**(PLEASE NOTE: ANY REPAIR REQUIRES A PERMIT FROM LOWER MAKEFIELD TOWNSHIP @ 267.274.1126)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Master Plumber Signature: \_\_\_\_\_ Date: \_\_\_\_\_ License #: \_\_\_\_\_

- Recommend repairs have been made (enclose a copy of the repair authorization, contract, or invoices signed by the property owner)
- Lateral has been re-inspected to verify repairs
- I certify that the information, recommended repairs and video recording I have provided with this form are true and correct

The information submitted herewith complies with all requirements set forth by the Lower Makefield Township Code inclusive.  
I declare under penalty of perjury that all information submitted here applies to the listed address only:

**\*Sewer Lateral Video MUST be from House to Trap AND Trap to Main\***

**\*WARNING: All Video MUST be clear in order to pass inspection\***

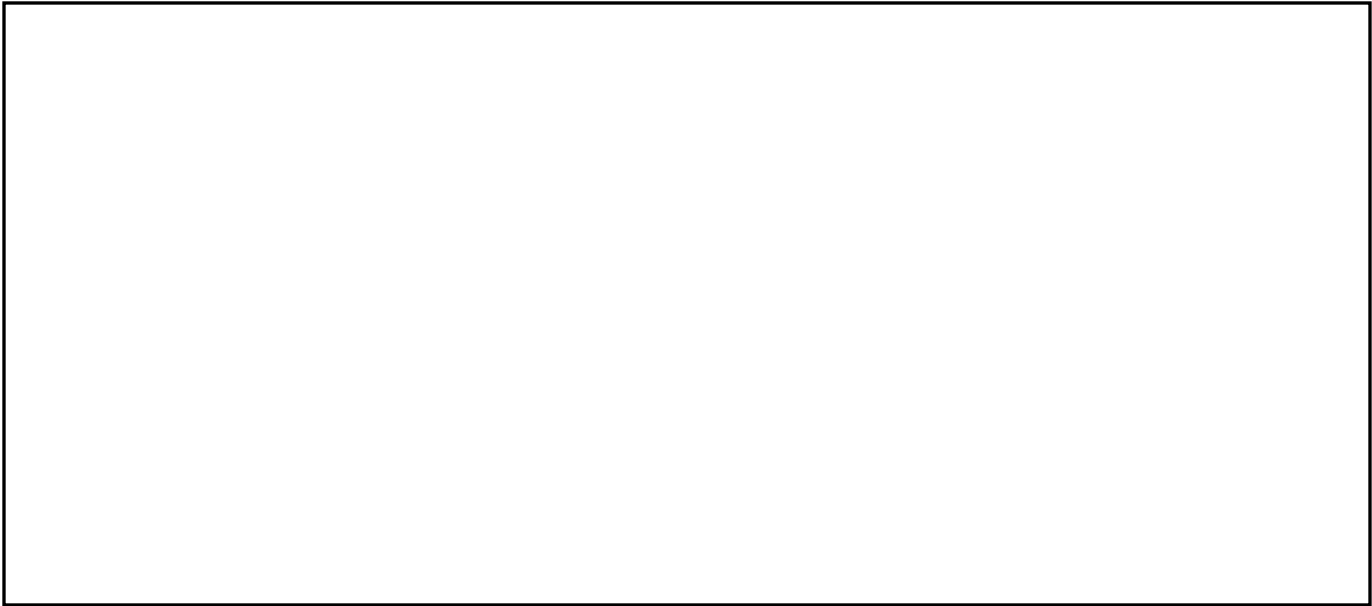
**OBSERVATION CODES**

B	BROKEN	I	INFILTRATION	R	ROOTS: 25% 50% 75%
C	CRACK	O	OFFSET	CP	CHANGE IN PIPE MATERIAL
F	FRACTURE	S	SAG	OR	OUT OF ROUND

**LATERAL INSPECTION LOG**

CODE	DISTANCE	OBSERVATION
<b><u>*Sewer Lateral Video MUST be from House to Trap AND Trap to Main*</u></b>		

**SITE SKETCH**



**\*WARNING: All Video MUST be clear in order to pass inspection\***

**Required enclosures:**

Complete front & back of form and submit all required information to: 1100 Edgewood Road, Yardley, PA 19067  
or email info to: [sewerlateral@lmt.org](mailto:sewerlateral@lmt.org):

1. Repair Authorization
2. DVD video inspection and re-inspection following repairs if needed
3. Complete Inspection Log. Note any observations using the observation codes
4. Sketch of lateral, lot, and building with dimensions referenced to front curb or edge of pavement and side property lines where possible. If inspection is a long lateral, note spacing of cleanouts and entry locations for insertion of camera.

Submit **\$125 permit fee** payable to **LMT** or **Lower Makefield Township** to: 1100 Edgewood Road, Yardley, PA 19067

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**DO NOT WRITE BELOW THIS LINE**

Township Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Approve / Deny  
(Circle one)