



...in the center of it all

Sewer Lateral Inspection Report

Date: _____

Name: _____

Address: _____

Phone: _____

Inspection Company: _____

Inspector: _____

Address: _____

Phone: _____

Label on Sketch	Observation

OBSERVATION CODES

B	BROKEN	I	INFILTRATION	R	ROOTS: 25% 50% 75%
C	CRACK	O	OFFSET	CP	CHANGE IN PIPE MATERIAL
TY	TRAP TYPE YARD VENT	SY	SRAIGHT 'T' TYPE YARD VENT	OT	OTHER: _____

SITE SKETCH – label distances, depths and landscape features