

Borough of Emmaus

Lateral Inspection Report

Date_____

Time_____ AM PM

Address_____

Property Owner's Name _____

Property Owner's Address _____

Email Address to send Certificate _____

Property Owner's Phone Number _____

Weather_____ Last Rain Event _____

Location of Clean Out _____

Condition of Trap _____

Clean Out Depth _____

Type of Pipe = Cast DI VCP PVC Lined

Condition of Lateral= Dry Trickle Grease Roots Sag in Pipe
Broken Pipe Standing Water Displaced Joints

Distance C/O to Transition _____

Distance Transition to Mainline _____

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Total Length_____

New Cap Yes No Type/Size_____

Sump Pump Yes No N/A

Water Used Yes No

Clean Out At Curb Yes No

Pass

Fail

Comments:

Depth at Clean Out_____

Depth at MH_____

Obstacles if digging required

Company Name_____

Company Address_____

Phone Number_____

Inspector Name (Print)_____

Inspector Signature_____

License Number_____