



MUNICIPAL AUTHORITY OF THE BOROUGH OF MORRISVILLE

35 UNION STREET MORRISVILLE, PA 19067 (O) (215) 295-8181 • (215) 736-3760 (F)

SANITARY SEWER LATERAL INSPECTION

PROPERTY INFORMATION:

ACCOUNT # \_\_\_\_\_

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Property Use: Residential \_\_\_ Multi-Family \_\_\_ Commercial \_\_\_ Industrial \_\_\_

INSPECTION AND TESTING DETAILS

CCTV Date: \_\_\_\_\_ Time \_\_\_\_\_

Inspection Company Name \_\_\_\_\_ Phone # \_\_\_\_\_

Inspector's Name \_\_\_\_\_ License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Make and Model of Camera \_\_\_\_\_

Entering Point with Camera: Trap \_\_\_ Vent \_\_\_ Inside Cleanout \_\_\_ Other \_\_\_\_\_

Lateral Material: Cast \_\_\_ PVC \_\_\_ Clay \_\_\_ Other \_\_\_\_\_ Pipe Diameter \_\_\_\_\_

Property has been verified as having no outside surface drains connected to sewer. Yes \_\_\_ No \_\_\_

Include locations of tie-ins, root intrusions, breaks, offsets, cleanouts, traps, transition fittings, etc.

Video Footage: \_\_\_\_\_ Ft. Description: \_\_\_\_\_

Video Footage: \_\_\_\_\_ Ft. Description: \_\_\_\_\_

Video Footage: \_\_\_\_\_ Ft. Description: \_\_\_\_\_

Recommended repairs to restore normal lateral function:

\_\_\_\_\_

I certify that the information, recommended repairs and video recording that I have provided with this form are true and correct.

Inspected and tested by: \_\_\_\_\_ Date \_\_\_\_\_

Submit completed form and video to Engineering Dept. (Engineer35.mma@gmail.com) for review and approval.

For MMA use only: APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_ [ ] NO REPAIRS REQUIRED [ ] REPAIRS REQUIRED