



(LGVSD USE ONLY) **APPLICATION NO:** _____

SEWER LATERAL INSPECTION APPLICATION	
APPLICANT TO COMPLETE AND DELIVER TO LAS GALLINAS VALLEY SANITARY DISTRICT	
PROPERTY ADDRESS:	
PROPERTY OWNER'S NAME:	
EMAIL:	PHONE:
ASSESSOR'S PARCEL NUMBER:	
Inspection triggered by: <input type="checkbox"/> Property Sale <input type="checkbox"/> Building Permit Value Above 30K <input type="checkbox"/> Sewer Overflow <input type="checkbox"/> Other	
FOR PROPERTIES BEING SOLD INCLUDE:	
REALTOR'S NAME (REPRESENTING SELLER):	COMPANY:
EMAIL ADDRESS:	PHONE:

*****Instructions*****

1. ALL HOMES LISTED FOR SALE, PROPERTY OWNER'S WHO OBTAIN A BUILDING PERMIT WITH A VALUE EQUAL TO OR GREATER THAN \$30,000.00, OR AS REQUIRED BY THE DISTRICT FOLLOWING A SEWER LATERAL OVERFLOW, MUST HAVE THEIR SEWER LATERAL AND ANY ASSOCIATED DRAINAGE INSPECTED BY A LICENSED PLUMBER OR PIPE ASSESSMENT CERTIFICATION PROGRAM (PACP) CERTIFIED INSPECTOR.

2. **SUBMIT THE FOLLOWING IN PERSON OR BY MAIL TO 101 LUCAS VALLEY RD. SUITE 300, SAN RAFAEL CA 94903, PRIOR TO THE CLOSE OF ESCROW OR AS NECESSARY TO RECEIVE A "FINAL" ON A BUILDING PERMIT.**
 - SEWER LATERAL INSPECTION APPLICATION.
 - COMPLETE SEWER LATERAL INSPECTION REPORT FORM AND LOG SHEET OF OBSERVATIONS
 - SITE PLAN SKETCH INCLUDING APPROXIMATE LOCATION OF LATERAL AND DEPTHS
 - A COPY OF LATERAL INSPECTION VIDEO (USB ONLY, DVD'S WILL NOT BE ACCEPTED)
 - PAYMENT OF ADMINISTRATION FEES (CHECKS ONLY)

3. DISTRICT STAFF WILL REVIEW THE APPLICATION AND INSPECTION INFORMATION PROVIDED AND WILL ISSUE A LETTER OF FINDINGS TO SERVE AS YOUR CERTIFICATION OF COMPLIANCE. ONCE YOU HAVE RECEIVED A LETTER OF FINDINGS, YOU HAVE MET THE REQUIREMENTS OF ORDINANCE NO.180.*

***ILLEGAL CONNECTIONS MUST BE REMOVED WITHIN 90 DAYS OF THEIR DISCOVERY**

FOR OFFICE USE ONLY	
APPLICATION ACCEPTED BY:	<input type="checkbox"/> STANDARD REVIEW (10 BUSINESS DAYS) <input type="checkbox"/> \$250.00 PAID
DATE:	<input type="checkbox"/> EXPEDITED REVIEW REQUIRED (5 BUSINESS DAYS) <input type="checkbox"/> \$500.00 PAID

*****For Questions Regarding the Application, Call (415) 472-1734. Please Submit Application to Las Gallinas Valley Sanitary District Offices @ 101 Lucas Valley Rd., Suite 300, San Rafael CA 94903*****



(LGVSD USE ONLY) APPLICATION NO: _____

SEWER LATERAL INSPECTION REPORT FORM

APPLICANT TO COMPLETE AND DELIVER TO LAS GALLINAS VALLEY SANITARY DISTRICT

PROPERTY ADDRESS:

PROPERTY OWNER'S NAME:

EMAIL:

PHONE:

ASSESSOR'S PARCEL NUMBER:

Inspection triggered by: Property Sale Building Permit Value Above 30K Sewer Overflow
 Other

FOR PROPERTIES BEING SOLD INCLUDE:

REALTOR'S NAME (REPRESENTING SELLER):

COMPANY:

EMAIL ADDRESS:

PHONE:

LICENSED PLUMBER OR PACP CERTIFIED INSPECTOR TO COMPLETE:

CCTV Date:

Total Pipe Length:

Pipe Material:

Camera Direction: With Flow Against Flow SITE PLAN SKETCH MUST BE ATTACHED

Lateral Serves only one property Other properties served:

Property has a pool onsite
 Property does not have a pool onsite.

Property has a popper valve/backflow prevention device 2 feet from the foundation of the property.
 Property does not have a popper valve/backflow prevention device 2 feet from the foundation of the property.

USB Drive with Video and CCTV Log are attached. (DVD's will not be accepted. Both the USB and Log must accompany this form)

SITE REVIEW OBSERVATIONS AND COMMENTS:

I certify that the Property listed above has been verified as having no illegal connections, including sump pump discharge piping, roof gutters, foundation drains, area drains, etc.
 Property has the following illegal connections (list all):

I declare under penalty of perjury that all information submitted herein applies to the listed address only.

Inspector's Name:

Phone:

Date:

Signature:

License #:

*****For Questions Regarding the Application, Call (415) 472-1734. Please Submit Application to Las Gallinas Valley Sanitary District Offices @ 101 Lucas Valley Rd., Suite 300, San Rafael CA 94903*****

