



CITY OF WILLITS

111 EAST COMMERCIAL ST, WILLITS, CA 95490 Phone (707) 459-7129

Fax (707) 459-2481

APPLICATION FOR SEWER LATERAL INSPECTION

DATE _____

PROPERTY ADDRESS _____ PARCEL # _____

PROPERTY OWNER INFORMATION:

NAME _____

MAILING ADDRESS _____
STREET CITY ST ZIP

DAYTIME TELEPHONE (____) _____

PRE-PAYMENT FEE: **\$50.00**

PLEASE CHECK APPROPRIATE BOX:

PAYABLE TO: City Of Willits (before testing)

- CHANGE / TRANSFER OF OWNERSHIP
- REPAIR & REPLACE OF PRIVATE SIDE SEWER LATERAL TO DISTRICT SYSTEM
- NEW SERVICE CONNECTION
- OTHER (i.e. remodel, sanitary overflow, etc.) _____

SIGNATURE OF APPLICANT _____

I declare under penalty of perjury that all information submitted herein applies to the subject address an no other properties.

CONTACT(S): CONTRACTOR / PLUMBER

NAME (Please Print)

TELEPHONE

Please Check the Appropriate Boxes

- Camera Video inspection and exfiltration testing from outside contractor of the sewer lateral confirms that the sewer lateral is in compliance with City of Willits Ordinance No. 13.17. Please submit the Camera Lateral Report within 7 days of filing.
- The sewer lateral has been replaced or repaired and the plumbing permit has received final approval and acceptance.
- The sewer lateral is exempt from the testing and inspection requirements of City of Willits Ordinance No. 13.17 for the property owner has provided satisfactory evidence that the sewer lateral was repaired or replaced and passed inspection.

Date of Camera Inspection: _____

Lateral Depth: _____(ft.)

Total Lateral Length: _____(ft.)

Pipe Dia. _____(in.)

Pipe Material: _____

TV Direction: ___Downstream ___Upstream

Condition of Lateral: _____

Location Lateral Accessed: _____

Name (print) _____

Title: _____

Signature _____

Date: _____

CITY USE ONLY-TYPE(S) OF INSPECTION

CAMERA & EXFILTRATION

SMOKE TESTING

OTHER (i.e. remodel, sanitary overflow, etc.) _____

CITY OF WILLITS STAFF REVIEW OF CAMERA RECORDING:

BY _____

DATE _____

CITY DECISION:

_____**NOT APPROVED COMMENTS/CHANGES NECESSARY TO BRING INTO COMPLIANCE**

SITE REVISITED BY _____

DATE _____

_____**APPROVED CERTIFICATE OF COMPLIANCE IN ACCORDANCE WITH CITY OF WILLITS ORDINANCE NO. 13.17 TO PROVIDE FOR SIDE SEWER TESTING, SEWER CLEANOUT INSTALLATION, AND SEWER BACKFLOW PREVENTION VALVE INSTALLATION.**

Name (Print): _____

Title: _____

Signature: _____

Date: _____