Instructions: All fields in **BOLD** must be filled out for acceptance and submitted to PLAWCS ten (10) days prior to closing. Form is not valid and will be returned if not signed by a plumber, licensed in Minnesota.

All video inspections shall also contain digital files containing a recording of the inspection, to be confirmed by PLAWCS and archived for records. Files should be on CD, DVD or USB flash drive. All sewer videos shall be completed to the main, unless written permission is given by the PLAWCS’s representative. New construction may substitute an air test meeting the requirements of ASTM F417 to replace the requirement of a video inspection.

**If a home was constructed within the past ten (10) years, an exception may be requested. Please direct a request for an exception at the time of listing to allow adequate time to respond.** You will be required to demonstrate the construction date through building permit records.

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| **Inspection Information:** | | |
| **Date:** | |  |
| **Homeowner Name:** | |  |
| **Homeowner Email/Phone:** | |  |
| **Physical Address:** | |  |
| **Property ID:** | |  |
| **Inspector Information:** | | |
| **Inspector (name):** | |  |
| **Company Information:** | |  |
| **Address:** | |  |
| **Inspector Email/Phone:** | |  |
| **Plumbing/Contractor License Number:** | |  |
| **Type of Inspection Performed:** | | |
| **Private Sanitary Sewer Lateral** | | |
| **Video Inspection**  **Air Test (New construction only)** | **Pass**  Notes/Reason:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Fail/Corrective Action Needed (Detail below)**  Notes/Reason:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Sump Pump Inspection** | | |
| **Pass**  Notes/Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Fail/Corrective Action Needed (Detail below)**  Notes/Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

*The private sewer lateral and/or sump pump on this property was reviewed by me and/or those that I directly supervise and that this information is correct to the best of my knowledge. To the best of my knowledge, these components are not contributing “clear” water (aka inflow or infiltration) into the sanitary system in accordance with PLAWCS and WLSSD’s applicable sewer use ordinances.*

**Signature of Inspector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLAWCS APPROVAL/DENIAL**

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| **Based on the information submitted this parcel has received a certificate of compliance with current sanitary sewer ordinances. This certificate of compliance will be valid for two years from the signature of this form.**  **Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**INSPECTIONS ARE VALID FOR 1 YEAR FROM DATE OF ACCEPTANCE (SEE REVERSE).**