



BOROUGH OF HATFIELD

SEWER LATERAL VIDEO INSPECTION FORM

This form must be completed by a Licensed Journeyman or Master Plumber conducting the sewer lateral video inspection. This form must be submitted in conjunction with a copy of the video. This report will assist the Borough in determining whether or not the sewer lateral is in compliance with regulations set forth in Hatfield Borough's Ordinance 540.

Property Owner Name: _____ Property Owner Phone Number: _____
Property Address: _____
Property Owner Email Address: _____

Realtor Contact Name: _____ Realtor Phone Number: _____
Company Name: _____
Realtor Email Address: _____

Contractor Name: _____ Contractor Phone Number: _____
Company Name: _____
Company Email Address: _____

SEWER LATERAL VIDEO REQUIREMENTS:

- All Video must be CLEAR in order to pass inspection
- Property Address included on video
- Display timestamp on video
- Clearly display cleanout or access point
- Running foot or time marker visible
- Briefly stop at joints to display integrity
- Briefly stop at all leaks and connections with pipes
- Identify where building drain ends & sewer lateral begins
- Show lateral from structure to main connection
- USB Flash drive accepted in MP4 or WMV Format
- **SEWER LATERAL VIDEO MUST BE FROM HOUSE TO TRAP AND TRAP TO MAIN**

Date of CCTV: _____

Pipe Material: _____

Camera Direction: With Flow / Against Flow

Total Length: _____

Please indicate if any of the following are connected to the sewer lateral:

Curbside Cleanout:	YES	NO
Building Cleanout:	YES	NO
Sump Pump:	YES	NO
Floor Drains:	YES	NO
Downspouts:	YES	NO

Has it rained at least ½" within 3 days of the televising?: YES NO

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* Complete this form in conjunction with the HATFIELD BOROUGH SEWER LATERAL VIDEO REPORT SKETCH FORM

Observation Codes:

B-Broken I-Infiltration R-Roots: 25% 50% 75% C-Crack O-Offset
F- Fracture S- Sag C- Change in Pipe Material OR- Out of Round P-Pipe Connection

Lateral Inspection Log:

CODE	DISTANCE	OBSERVATION

The undersigned hereby affirms that the foregoing information is true and correct to the best of said persons knowledge, information, and belief.

Plumbers Signature: _____

FOR OFFICIAL USE ONLY

Lateral: PASS FAIL

If failed, required improvements:

Date Received: _____ Date Reviewed: _____

Reviewed by: _____ Signature: _____

HATFIELD BOROUGH SEWER LATERAL VIDEO REPORT SKETCH FORM

* To be completed by Contractor

Date of Televising: _____

Address: _____

* In addition to distances shown, mark all observations identified on the Sewer Lateral Video Inspection Form along with distances from the Face of Building



