



(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 ≥\$30K <input type="checkbox"/> Sewer Overflow <input type="checkbox"/> Other	
For Properties Being Sold Include Realtor's Information Below	
Realtor's Name (Representing Seller):	Company:
Email:	Phone:

PLEASE READ THE FOLLOWING INFORMATION COMPLETELY

1. You must have a Sewer Lateral (and any associated drainage) Inspection by a licensed plumber or Pipe Assessment Certification Program (PACP) certified inspector if:
 - Your home is for sale and is valued at equal to or greater than \$30,000.00
 - You have a building permit equal to or greater than \$30,000.00
 - There has been a sewer lateral overflow

2. Submit the **fully completed forms** via email to: pamatori@lgsd.org or by mail to: 101 Lucas Valley Rd., Suite 300, San Rafael, CA 94903, prior to close of escrow or as necessary. Please note if forms are not fully completed, they will be rejected by the District and returned. This will delay processing.
 - 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 (You may provide digital links such as Dropbox, etc. or a USB. Do NOT upload to Youtube. 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 District Use Only —	
Application accepted by:	<input type="checkbox"/> Standard review (10 business days) <input type="checkbox"/> \$250.00 Paid <input type="checkbox"/> Paid & rcpt. given @ 101 Lucas Valley Rd.
Date:	<input type="checkbox"/> Expedited review (5 business days) <input type="checkbox"/> \$500.00 Paid <input type="checkbox"/> Paid & rcpt. given @ 101 Lucas Valley Rd.

For questions regarding the Sewer Lateral Inspection Application and Report call (415) 472-1734. Please submit Application and Report via email to pamatori@lgsd.org or mail to Las Gallinas Valley Sanitary District, 101 Lucas Valley Rd., Suite 300, San Rafael, CA 94903



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SEWER LATERAL INSPECTION REPORT FORM		
APPLICANT TO COMPLETE AND DELIVER TO LAS GALLINAS VALLEY SANITARY DISTRICT		
Property Address:		
Property Owner's Name:		
LICENSED PLUMBER OR PACP CERTIFIED INSPECTOR TO COMPLETE:		
CCTV Date:	Total Pipe Length:	Pipe Material:
Camera Direction: <input type="checkbox"/> With Flow <input type="checkbox"/> Against Flow <input type="checkbox"/> Site Plan (Sketch) – Must be Attached		
<input type="checkbox"/> Lateral serves only one property <input type="checkbox"/> Other properties served:		
<input type="radio"/> Property has a pool onsite		
<input type="radio"/> Property does NOT have a pool onsite		
<input type="radio"/> Property has a popper valve/backflow prevention device 2 feet from the foundation of the property.		
<input type="radio"/> Property does NOT have a popper valve/backflow prevention device 2 feet from the foundation of the property.		
<input type="checkbox"/> USB Drive with Video and CCTV Log are attached. (DVD's will not be accepted. USB and Log MUST accompany this form.)		
SITE REVIEW OBSERVATIONS AND COMMENTS:		
<input type="checkbox"/> 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.		
<input type="checkbox"/> Property has the following illegal connection (list all):		
<i>I declare under penalty of perjury that all information submitted herein applies to the listed address only.</i>		
Company Name:		Phone:
Inspector Name:		Signature:
Email:	License #:	Date:

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SEWER LATERAL INSPECTION REPORT FORM

Property Address:
Property Owner's Name:
Date of Inspection:

OBSERVATION CODES TO BE USED WHEN DESCRIBING CONDITION OF THE PIPE

Plumber/Inspector may use their own log. Any log submitted must contain the codes below.

Pipe Material also needs to be called out in the comments.

	J – Joint	O – Offset	R – Roots	S – Sag (Belly)	C/B/F – Crack/Break/Fracture
Footage	Observation Code	Comments			

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