

## Sewer Lateral Inflow & Infiltration Inspection Report

Private Side, From Utility Easement Up To And Including Structure Plumbing

To be completed by a Licensed Plumber, and submitted to Clear Creek Conservancy District via USPS or email.

Clear Creek Conservancy District

P.O. Box 286

billing.clearcreek@tds.net

Greencastle, IN 46135

Property Information		
Property Owner's Name:	Pho	one #:
Site Address (Neighborhood & Lot # Only):		
Owner's Mailing Address:   Same as Site Address		
Street Address:		
City:		Zip:
Inspector's Information		
Company Name:	Company Ph	one #:
Inspector's Name:		
License #:		
General Observations  Home Foundation: □ Slab □ Crawl Space □ Bas  Number of outside sewer lateral cleanouts: □  Basement/crawlspace sump pump(s) properly dis  Sewer ejector pump in use? □ Yes □ No Swir  Number of structures at address served by the pri	Properly cap charge outside? nming pool? _	Yes □ No □ No Sump
CCTV Sewer Inspection (Optional)		
Completed camera inspection <u>full</u> distance (from ho	ome to main sewer	connection)? $\square$ Yes $\square$ No
Total linear feet inspected:		
Sewer Video Discovery Notes (e.g. cracked pipe, open jo	oints, root or cable b	oreach, unknown Wye/Tee entry)
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Additional Inspection Notes (Optional) If applicable, please list all non-compliances.		
Drawing/Sketches (Optional)		
Inspection Results		
Property has been verified as having no illegal connections, ir	ncluding sump pumps, roof	
gutters, foundation/perimeter drains, open loop heat pum		
entering the sanitary sewer system.   Yes, passes inspection	□ No, fails inspection	
Note: If initial inspection did not pass, please submit BOTH th	is <u>failed inspection</u> AND a new	
passing inspection to Clear Creek Conservancy District once co		
allows us to document I/I improvements to the collection sys	tem.	
The information submitted herewith complies with all require	ements set forth by the Clear	
Creek Conservancy District. I declare under penalty of perjury		
here is true and correct to the best of my knowledge, and app	olles to the listed address only.	
Inspector's Signature:	Date:	

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