



BROOKTRAILS TOWNSHIP COMMUNITY SERVICES DISTRICT
24860 BIRCH STREET, WILLITS, CA Ph (707) 459-2494 Fx (707) 459-0358

APPLICATION FOR SEWER LATERAL INSPECTION

DATE _____

PROPERTY ADDRESS _____ PARCEL # _____

PROPERTY OWNER INFORMATION:

NAME _____

MAILING ADDRESS _____

STREET

CITY

ST

ZIP

DAYTIME TELEPHONE(____) _____

PRE-PAYMENT FEE: \$100.00

PLEASE CHECK APPROPRIATE BOX:

PAYABLE TO: BTCSD (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 Brooktrails Ordinance No. 142. 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 Brooktrails Ordinance No. 142 for the property owner has provided satisfactory evidence that the sewer lateral was repaired or replaced and passed inspection.

PROPERTY ADDRESS _____ PARCEL # _____

Date of Camera Inspection: _____

Lateral Depth: _____(ft.) Total Lateral Length: _____(ft.)

Pipe Dia. _____(in.) Pipe Material: _____

TV Direction: ___Downstream ___Upstream Shape of Lateral: _____

Location Lateral Accessed: _____

Name (print) _____ Title: _____

Signature _____ Date: _____

DISTRICT USE ONLY-TYPE(S) OF INSPECTION

- CAMERA & EXFILTRATION
- SMOKE TESTING
- OTHER (i.e. remodel, sanitary overflow, etc.) _____

DISTRICT STAFF REVIEW OF CAMERA RECORDING:

BY _____ DATE _____

DISTRICT DECISION:

____NOT APPROVED COMMENTS/CHANGES NECESSARY TO BRING INTO COMPLIANCE

SITE REVISITED BY _____ DATE _____

____APPROVED CERTIFICATE OF COMPLIANCE IN ACCORDANCE WITH BROOKTRAILS TOWNSHIP COMMUNITY SERVICES DISTRICT ORDINANCE NO. 142 TO PROVIDE FOR SIDE SEWER TESTING, SEWER CLEANOUT INSTALLATION, AND SEWER BACKFLOW PREVENTION VALVE INSTALLATION.

Name (Print): _____ Title: _____

Signature: _____ Date: _____