



For Office Use Only

Date Certification Received: _____

☐ Pass ☐ Partial Pass ☐ Fail

Are Any Permits Required? ☐ Yes ☐ No

Certification Reviewed/Received By: _____

Sewer Lateral Inspection Report

Please note that this form may only be completed by a Master Plumber who is registered and/or licensed with the Upper Darby Township. It is required that the contractor hired to inspect the sewer lateral use this form. If all sections of this Sewer Lateral report are not completed, the inspection will be deemed unacceptable for the purposes of certifying the functionality and condition of the sewer lateral and a new inspection report submittal will be required.

Property Information

Property Address: _____

Owner Name: _____ Owner Phone: _____

Licensed Master Plumber Information

Business Name: _____

Technician Performing Inspection: _____

Business Address: _____

Business Phone: _____ Business Email: _____

PA State License #: _____ NASSCO Cert/PHCC #: _____

Upper Darby Township Master Plumber License #: _____

Inspection Results

**ALL SEWER LATERAL INSPECTIONS MUST BE VIDEO RECORDED
AND STORED BY THE MASTER PLUMBER FOR ONE YEAR**

Overall Condition of the Sewer Lateral

☐ **PASS / COMPLIANT**

- No visible damage, defects, or deterioration observed in the sewer lateral.
- No signs of blockages, inflow, infiltration, or other prohibited substances entering the sewer system.
- All connections, cleanouts, and fittings are in proper working condition.
- No repairs are required, and the lateral complies with all applicable Township ordinances and regulations.

☐ **PARTIAL PASS / REPAIRS NEEDED**

- The sewer lateral is functional, but minor to moderate defects or deterioration have been identified.
- Issues such as small cracks, root intrusions, or slight misalignments are present but do not pose an immediate risk to the sewer system.
- Required repairs must be described in a licensed plumber's report and submitted to the Township.
- Upon completion of the repairs, the plumber must conduct a post-repair inspection and submit a new report.

☐ **FAIL / REPAIRS REQUIRED**

- Significant deficiencies or defects in the sewer lateral were identified, such as severe cracks, blockages, or major inflow and infiltration.
- One or more conditions exists that poses a risk of prohibited substances entering the sewer system or a failure of the sewer lateral.
- Immediate corrective action is required and the plumber's report detailing the deficiencies and required repairs must be submitted directly to the Township.

SEWER LATERAL INSPECTION CERTIFICATION INSPECTION CHECKLIST

For each item below, check **Pass** or **Fail** to indicate your findings.

Attach additional documentation as necessary.

INSPECTION RESULTS

All Questions Below Must Be Answered. Incomplete Certifications Will Not Be Accepted.

System Integrity

- Is the sewer lateral free from cracks or fractures?
☐ Pass ☐ Fail
- Does the camera inspection reveal any misaligned joints or separations?
☐ Pass ☐ Fail
- Is there any evidence of corrosion or material deterioration?
☐ Pass ☐ Fail

Blockages and Obstructions

- Are there any tree roots intruding into the lateral?
☐ Pass ☐ Fail
- Is there evidence of any blockages or obstructions?
☐ Pass ☐ Fail

Functionality and Design

- Does the sewer lateral have proper slope and grade?
☐ Pass ☐ Fail
- Is the pipe diameter consistent and adequate for the property's usage?
☐ Pass ☐ Fail
- Are all fittings and cleanouts accessible and functional?
☐ Pass ☐ Fail

Connections and Seals

- Are all connections to the main sewer line intact and properly sealed?
☐ Pass ☐ Fail
- Is there any evidence of unauthorized connections (e.g., floor drains, stormwater drains)?
☐ Pass ☐ Fail

Inflow and Infiltration

- Are there any visible signs of inflow or infiltration (e.g., groundwater, stormwater)?
☐ Pass ☐ Fail

Code Compliance

- Does the inspection meet all applicable Township Code requirements?
☐ Pass ☐ Fail

SEWER LATERAL CERTIFICATION BY MASTER PLUMBER:

I hereby certify that I have been authorized by the property owner or their designated representative to conduct a sewer lateral inspection and submit this report on their behalf. I affirm that the inspection was performed in compliance with all applicable codes, standards, and requirements of Upper Darby Township. The findings documented in this report, including all observed deficiencies or defects, are accurate, complete, and based on the inspection conducted using industry-standard practices.

I further certify that a camera inspection of the sewer lateral was conducted, and all results, including any identified deficiencies or defects, have been documented in this report. A copy of this report and any associated findings has been provided to the property owner or their designated representative.

By signing below, I acknowledge and agree that the information contained in this report is true and I understand that submitting false or incomplete information may result in penalties as provided by State and Township laws and regulations.

Date of Inspection: _____ Result of the Sewer Lateral Inspection: ☐ Pass ☐ Partial Pass ☐ Fail

Property Address of Sewer Lateral Inspection: _____

Name of Licensed Master Plumber: _____

Signature of Master Plumber: _____ Certification Submittal Date: _____