



BOROUGH OF HATFIELD

SEWER LATERAL VIDEO INSPECTION FORM

This form must be completed by a Licensed Journeyman or Mater 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
- Proper 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
- Identify where building drain ends & sewer lateral begins
- Show lateral from structure to main connection
- Sewer lateral videos must be provided to the Borough in a format that is "Windows" supported.
- No special apps, subscriptions, or downloads should be required to view the videos.
- Digital files can be supplied to the Borough either:
 - By a thumb drive, clearly marked with the address, or
 - As an email attachment sent to code@hatfieldborough.com.
- If sending via email:
 - Ensure you receive a confirmation email in return.
 - The submission is not considered accepted without this confirmation.

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

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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

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: _____

