



Plumber's Checklist for the Backup Assistance Program

Attention Property Owner: Provide this form to your plumber whenever they inspect your private sewer lateral to determine its condition. The checklist will help SD1 determine your eligibility for our Backup Assistance Program. Once your plumber has completed the form, return it to *SD1 Attn: Debbie Rizzo, 1045 Eaton Drive, Ft. Wright, KY 41017*. Property owners also should keep a record of the completed form.

Address: _____ **Date televised:** _____
Street address, City - please print

Attention Plumber: If you televise the private lateral, please note the footage (in feet) of the video where issues appear. Video footage is optional.

Lateral Televising: Was this inspection method used? Yes No
To the mainline? Yes No
Total Linear Feet Televised _____

Lateral Condition: (Check "Yes" or "No" and, when pipe televised, provide video timeframe)

Yes	No	Lateral Condition	Video Footage – Y/N (If pipe was televised.)
<input type="checkbox"/>	<input type="checkbox"/>	Completely structurally collapsed and blocking flow (camera may have gone under water)	
<input type="checkbox"/>	<input type="checkbox"/>	Partially collapsed, broken or cracked with restricted flow	
<input type="checkbox"/>	<input type="checkbox"/>	Displaced joints causing infiltration or blockage	
<input type="checkbox"/>	<input type="checkbox"/>	Roots infiltrating pipe causing 50% or more blockage	
<input type="checkbox"/>	<input type="checkbox"/>	Sags in pipe, ponding water or settling debris	
<input type="checkbox"/>	<input type="checkbox"/>	All storm lines are verified as disconnected from the private sewer lateral	

Comments: _____

Company Name: _____

Technician: _____
Signature Print name Date

By signing, the property owner confirms the lateral condition assessment by the plumber.

Property Owner: _____
Signature Print name Date