



Public Works Department
Engineering Division

CCTV Sanitary Sewer Report

This report must be completely filled out in order to process the application.

Table 1: Property, Owner, and Conditions Report

Property Address:		Date CCTV Inspection Performed:	
Owner's Name:		Owner's Address:	
Depth of Lateral:	Total Length of Lateral: (ft)	Pipe Diameter: (inches)	Pipe Material:
Counter Start Time:	Counter End Time:	Total Inspection Time: (min)	
TV Direction: Downstream <input type="checkbox"/> or Upstream <input type="checkbox"/>	Two Compliant Cleanouts? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain in Table 4 below.	Location Lateral Accessed:	
Total Footage Televised: (ft)	Illegal Connections? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain in Table 4 below.	Weather Conditions:	

Table 2: Contractor Information

Name of Contractor:	City of Berkeley Business License #	California State License #
Business Address:		Inspection Start Time:
Phone Number:	Name of Technician Completing Video:	Inspection End Time:

Table 3: Condition of Lateral (NOTE: Please refer to the Standards and Requirements for Closed Circuit Television Surveys and use the "Sewer Classification Table and Nomenclature" for the completion of this table.)

Footage	Component	Condition	Comments	Footage	Component	Condition	Comments

Table 4: Comments Regarding Condition of Lateral

Contractor is to sign below:

I know of my own personal knowledge that the information submitted for ascertaining compliance with the City of Berkeley Municipal Code Chapter 17.24 is compliant with all requirements set forth by the City of Berkeley Municipal Code Chapter 17.24, inclusive. I declare under penalty of perjury that all submitted information is pertinent to the subject address and to no other.

Name (Printed)	Title	Date	Signature
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