



BOROUGH OF MIFFLINBURG PRIVATE SEWER LATERAL INSPECTION APPLICATION FOR EVIDENCE OF COMPLIANCE CERTIFICATE

To be completed by Plumber/Inspector and submitted to the Borough prior to any repair work.

Customer Name: _____ Address: _____ Phone: _____

Mailing Address: _____
Street Address City State Zip Code

Company Name: _____ Plumber/Inspector's Name: _____ Phone: _____

Sewer Usage: Residential Commercial Condo Pipe Size: _____ Pipe Material: _____

CCTV Date: _____ Time: _____ Camera Direction: With Flow Against Flow Total Length: _____

Please be sure to answer all of the questions below:

- Yes___ No___ Is Cleanout accessible outside of building?
- Yes___ No___ Is there a sewer grinder pump at this property?
- Yes___ No___ Does private sewer lateral crosses neighboring private property?
- Yes___ No___ Does private sewer lateral connect to Borough sewer in a right of way?
- Yes___ No___ Is there more than one structure at this address served by the private sewer lateral?
- Yes___ No___ Does property have a backflow valve?
- Yes___ No___ If **YES**, is backflow valve functioning properly?
- Yes___ No___ If **NO**, does property require a backflow valve per Uniform Plumbing Code 710.1?
- Yes___ No___ Has property been verified as having no illegal connections including: sump pumps, roof gutters, foundation drains, heat pumps, etc. connected to the sewer system?

Method used to verify no outside drains connection to the sewer system: _____

I certify that the information and video recording I have provided with this form are true and correct.

The information submitted herewith complies with all requirements set forth by the Borough of Mifflinburg Code of Ordinances § 20-109. I declare under penalty of perjury that all information submitted here applies to the listed address only.

Plumber/Inspector's signature: _____ Date: _____

Borough confirming receipt of Application.

Borough's signature: _____ Date: _____

*Forms available online at www.mifflinburgborough.org

OBSERVATION CODES

B	BROKEN	I	INFILTRATION	R	ROOTS: 25% 50% 75%
C	CRACK	O	OFFSET	CP	CHANGE IN PIPE
F	FRACTURE	S	SAG	OR	OUT OF ROUND

LATERAL INSPECTION LOG

DISTANCE	OBSERVATION CODE	REMARKS
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

BRIEF SUMMARY OF WORK PERFORMED

DRAWING

Show footage distance from C.O. to Borough sewer facility.
Also please indicate street name(s) and show relationship of building to the lateral(s) and the main in the street.



**BOROUGH OF MIFFLINBURG
PRIVATE SEWER LATERAL
EVIDENCE OF COMPLIANCE CERTIFICATE**

APPLICANT:

SITE ADDRESS:

The Borough of Mifflinburg has reviewed the sanitary sewer lateral condition of the above reference property based upon the following submitted information:

Videotape and Inspection Form of the Sewer Lateral

Final Inspection Signoff of Sewer Repair/Replacement

This Certificate is to notify you that the subject sewer lateral checked below complies with the Borough of Mifflinburg Lateral Ordinance.

EFFECTIVE DATE:

EXPIRATION DATE:

If you have any questions, or if we can provide any other assistance, please call (570) 966-1013.

Thank you,
Borough of Mifflinburg

Signature _____

Title _____

Date _____