



CENTRAL WAYNE REGIONAL AUTHORITY

574 Bucks Cove Rd, Honesdale, PA 18431

Phone: 570-647-0275 Fax: 570-647-0276

Email: cwra@centralwayne.org

PLEASE PRINT OR TYPE ALL INFORMATION - INCOMPLETE INFORMATION MAY DELAY PERMIT APPROVAL

Date of sewer lateral camera inspection: ____ / ____ / ____ Return completed form to CWRA with video

INSPECTOR INFORMATION:	PROPERTY OWNER CONTACT INFORMATION:
Company:	Property Owner:
Address:	Mailing Address:
City / State:	City / State:
Phone #:	Phone:
Email:	Email:

PROPERTY INFORMATION

Address: _____ Tax Parcel: _____

Number of Units: Single Family Multi Family Commercial _____ Units

SEWER LATERAL INSPECTION REPORT Form must be completed and signed by the tech performing the inspection	WORK PERFORMED	
	YES/NO	
A. Are any sump pumps connected to the sewer?	YES	NO
B. Are any downspouts connected to the sewer?	YES	NO
C. Does the sewer line have any defects?	YES	NO
D. Are there any roots in the sewer lateral?	YES	NO
E. Is there evidence of Inflow and Infiltration (I & I)?	YES	NO

Contractor Comments

3rd Party Contractor Signature _____ Date: _____

Property Owner's Signature: _____ Date: _____

CWRA Received: Date: _____ By: _____ Email USB Drive
Central Wayne Regional Authority does not maintain copies of lateral inspection videos.

Approved

FAILED

CWRA - Signature

CWRA - Print

CWRA Comments:
