

Ashley Valley Water and Sewer Improvement District

609 W. Main, P.O. Box 967 Vernal Utah 84078
435-789-9400~Fax 435-789-5754

NEW SEWER LATERAL INSTALLATION AND INSPECTION FORM

The undersigned hereby requests an inspection of the installation of the sewer lateral listed below and agrees to release Ashley Valley Water and Sewer Improvement District of any and all claims relating to the installation of the sewer lateral. **Customer is responsible for sewer line from the home to the point of main line connection. Inspection services are strictly for ensuring that District installation standards are met and is not intended to provide any kind of warranty or guarantee against future use.**

CHECK WHICH APPLIES TO YOU: Homeowner Contractor

INSPECTION TYPE: Main Line Stub Out Home Lateral

SERVICE ADDRESS: _____

Homeowner Name: _____ Phone Number: _____

Contractor Name: _____ Phone Number: _____

Subdivision Name: _____ Lot Number: _____

Contractor Signature: _____ Date: _____

INSTALLATION AND INSPECTION *(for inspector use only)*

Name of Inspector: ALLEN HACKING

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| • Is the contractor licensed and bonded? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Does the lateral pipeline meet installation specification? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Are all fittings gasket or solvent welded joints? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Is the select gravel bedding compacted under pipe? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Is there a cleanout at property line, back of sidewalk, or in public utility easement with brass or locatable cleanout plugs? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Is there a cleanout at the house, after each 90° change of direction, or combination of bends equaling 90° and at each 100' of pipe run? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Is the slope of the service lateral a minimum of 2%? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Is the line installed below the frost line or insulated? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Have photographs been taken and placed in customer's file? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Has a backwater valve been installed if the lowest basement plumbing drain is below the rim of the nearest manhole in the street? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Have photographs been taken and attached? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Comments: _____

INSPECTORS SIGNATURE: _____ DATE: _____

DATE OF CONNECTION: _____

IMPACT FEE'S PAID: _____

(Check with office)