



# CITY OF COKATO

## Sanitary Sewer and Stormwater Discharge Point-of-Sale Compliance Program – Inspection Report

Date of Inspection: \_\_\_\_\_ Inspected by (print): \_\_\_\_\_ Company \_\_\_\_\_

Property Address or PID: \_\_\_\_\_

### Compliant

\_\_\_\_ Property is in compliance with city ordinances governing sanitary sewer and stormwater discharge.

- |  |   |
|--|---|
| <input type="checkbox"/> No sump pump        | <input type="checkbox"/> Sump pump discharges outside |
| <input type="checkbox"/> No foundation drain | <input type="checkbox"/> Outside cleanouts present    |

### Non-Compliant

\_\_\_\_ Property is NOT in compliance with city ordinances. The following conditions were observed:

- |  |   |
|--|---|
| <input type="checkbox"/> Camera under water                  | <input type="checkbox"/> Missing sewer pipe                               |
| <input type="checkbox"/> Blockage in lines (stopped camera)  | <input type="checkbox"/> Leaking sewer pipe                               |
| <input type="checkbox"/> Tree roots                          | <input type="checkbox"/> Sump pump installed incorrectly                  |
| <input type="checkbox"/> Internal sewer line problems        | <input type="checkbox"/> Sump pump basket has pipes connecting to sewer   |
| <input type="checkbox"/> Orangeberg                          | <input type="checkbox"/> Foundation drain connected to sewer              |
| <input type="checkbox"/> Owner has noted backups, etc.       | <input type="checkbox"/> Running water produced backup at drains/cleanout |
| <input type="checkbox"/> Other – further inspection required |   |

The following actions are required to bring into compliance:

\_\_\_\_\_  
\_\_\_\_\_

### Other observations:

\_\_\_\_ Televised video attached (CD, flash drive, etc.)

I hereby certify this report is accurate to the best of my knowledge as of the date inspected:

\_\_\_\_\_  
Inspector's Signature

\_\_\_\_\_  
MN Plumber's License #