

**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.

- | | |
|---------------------------|------------------------------------|
| _____ No sump pump | _____ Sump pump discharges outside |
| _____ No foundation drain | _____ Outside cleanouts present |

Non-Compliant

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

- | | |
|---|--|
| _____ Camera under water | _____ Missing sewer pipe |
| _____ Blockage in lines (stopped camera) | _____ Leaking sewer pipe |
| _____ Tree roots | _____ Sump pump installed incorrectly |
| _____ Internal sewer line problems | _____ Sump pump basket has pipes connecting to sewer |
| _____ Orangeberg | _____ Foundation drain connected to sewer |
| _____ Owner has noted backups, etc. | _____ Running water produced backup at drains/cleanout |
| _____ 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 #