



SANITARY SEWER LATERAL/GREASE TRAP INSPECTION

ADDRESS: _____ PERMIT NUMBER _____

CONTRACTOR: _____

INSPECTION DATE: _____ TIME: _____

LATERAL INSPECTION

| Compliant | Non-compliant | N/A | |
|-----------|---------------|-----|---|
| | | | Lateral has been properly backfilled |
| | | | Lateral meets requirements for proper fall |
| | | | Lateral connection to tap has been properly completed |
| | | | Lateral has been connected to tap at proper location |
| | | | Required clean-outs have been installed |

GREASE INTERCEPTOR INSPECTION

| Compliant | Non-compliant | N/A | |
|-----------|---------------|-----|---|
| | | | Grease interceptor meets WMU standards |
| | | | Required access has been provided |
| | | | Required clean-outs have been installed |
| | | | Grease interceptor installed at location shown on site plan |

COMMENTS:

| | | |
|--|--|-------------------------|
| <input type="checkbox"/> Passed - Date: _____ | <input type="checkbox"/> Failed - Date: _____ | Signature: _____ |
|--|--|-------------------------|