

Instructions: All items in **BOLD** must be filled out for acceptance. Form is not valid and will be returned if not signed by a plumber, licensed in Minnesota or other Township approved inspector. All video inspections shall also contain digital files containing a recording of the inspection, to be confirmed by the Town and archived for records. All sewer videos shall be completed to the main, unless written permission is given by Public Works. Verbal authorization is not adequate. New construction may include an air test meeting the requirements of ASTM F417 to replace the requirement of a video inspection. Any properties using an air test shall be witnessed by Town staff .

Inspection Information:	
Date:	
Homeowner:	
Address:	
Phone	
Email:	
Property ID:	
Inspector Information:	
Inspector (name):	
Company Information:	
Address:	
Phone number:	
Email Address:	
Plumbing/Contractor License Number:	

The private sewer lateral and/or sump pump on this property was reviewed by me and/or those that I directly supervise and that this information is correct to the best of my knowledge .

To the best of my knowledge, these components are not contributing "clear" water (aka inflow or infiltration) into the Town's sanitary system in accordance with the Town's and WLSSD's applicable sewer use ordinances.

These components require further review as they may need corrections so as not to contribute "clear" water (aka inflow or infiltration) into the Town's sanitary system in accordance with the Town's and WLSSD's applicable sewer use ordinances.

I understand that the penalty for knowingly submitting incorrect information may include the failure of the Town of Thomson to accept future inspections for me personally or any firm that I work for.

Signature of Inspector: _____ **Date:** _____

INSPECTIONS ARE VALID FOR 10 YEARS FROM DATE OF ACCEPTANCE (SEE REVERSE)

Type of Inspection Performed:	
Private Sanitary Sewer Lateral	
<input type="checkbox"/> Video Inspection	<input type="checkbox"/> Pass Notes/Reason:
<input type="checkbox"/> Other (Specify)	 Fail/Corrective Action Needed (Detail below) Notes/Reason:
Sump Pump Inspection	
<input type="checkbox"/> Pass Notes/Reason: _____	
<input type="checkbox"/> Fail/Corrective Action Needed (Detail below) Notes/Reason: _____	

For Town of Thomson use only

Based on the information submitted this parcel has received a Certificate of I & I Compliance with current Town sanitary sewer ordinances. This certificate of compliance will be valid for ten years from the signature of this form.	
Signed _____	Date _____
Name _____	Title _____