

PLEASE PRESS HARD — YOU ARE MAKING 3 COPIES



# DRAIN MASTERS

Plumbing, Sewer and Drain

P.O. Box 6245  
 Santa Barbara, CA 93160  
**896-0946**  
 Lic. #932385

INVOICE NUMBER	11162018
DATE	11/16/2018
AUTHORIZATION #	

CUSTOMER P.O. # \_\_\_\_\_

CUSTOMER NAME <b>Home Inspection</b>		SEND BILL TO: <b>Keith@keithberryrealestate.com</b>		SERVICE PERSON <b>Paul</b>	TRUCK #
JOB ADDRESS <b>1515 Alameda Padre Serra</b>		ADDRESS		CUSTOMER AGENT WHO CALLED	
CITY <b>SB</b>	APT.	CITY	STATE	ZIP	
HOME PHONE	WORK PHONE	PHONE		PERSON TO SEE ON JOB	
TYPE SYSTEM 0 <input checked="" type="checkbox"/> SEWER 1 <input type="checkbox"/> SEPTIC					

<b>LOCATION OF PROBLEM</b>		5 <input type="checkbox"/> SHOWER	9 <input type="checkbox"/> GARBAGE DISPOSAL	11 <input type="checkbox"/> URINAL	15 <input type="checkbox"/> PLUMBING See Below
1 <input type="checkbox"/> KITCHEN SINK	3 <input type="checkbox"/> BATHROOM SINK	6 <input type="checkbox"/> TOILET	10 <input checked="" type="checkbox"/> SEWER VIDEO INSPECTION	12 <input type="checkbox"/> GREASE TRAP	13 <input type="checkbox"/> FLOOR DRAIN
2 <input type="checkbox"/> LAUNDRY LINE	4 <input type="checkbox"/> BATH TUB	7 <input type="checkbox"/> MAINLINE	8 <input type="checkbox"/> STORM DRAIN	14 <input type="checkbox"/> ROOF DRAIN	16 <input type="checkbox"/> OTHER See Below

<b>DESCRIPTION OF ACCESS</b>		<b>WARRANTY PERIOD COVERED</b>	
A <input type="checkbox"/> Remove/Replace TRAP	C <input type="checkbox"/> OPEN CEILING	F <input type="checkbox"/> OPEN WALL	I <input type="checkbox"/> DIG UP LINE
B <input type="checkbox"/> INSIDE CLEAN-OUT	D <input type="checkbox"/> ROOF VENT	G <input type="checkbox"/> REMOVE TOILET	J <input type="checkbox"/> STANDPIPE
	E <input type="checkbox"/> OUTSIDE CLEAN-OUT	H <input type="checkbox"/> REMOVE URINAL	K <input type="checkbox"/> OTHER-See Below
		0 <input checked="" type="checkbox"/> YES	30
		1 <input type="checkbox"/> NO	See Below

<b>MACHINE USED</b>		<b>CALL BACK</b>	
1 <input checked="" type="checkbox"/> PLUMBING LABOR	3 <input type="checkbox"/> KITCHEN, LAUNDRY, FLOOR DRAIN MACHINE	PLUMBER _____	
2 <input checked="" type="checkbox"/> VIDEO CAMERA	4 <input type="checkbox"/> BATHTUB, SHOWER, BATHROOM SINK MACHINE	DATE _____	
	5 <input type="checkbox"/> SEWER MACHINE FOR ROOF OR INSIDE	INVOICE # _____ Amt. _____	
	6 <input type="checkbox"/> LARGE SEWER MACHINE — Ground access only		

<b>DISTANCE TO BLOCKAGE</b>	BLOCKAGE @ _____ FT.	TOTAL CABLE RAN _____ FT.			
<b>CAUSE OF BLOCKAGE:</b>	A <input type="checkbox"/> HAIR	C <input type="checkbox"/> ROOTS	E <input type="checkbox"/> TAMPONS	G <input type="checkbox"/> TENANT RELATED	I <input checked="" type="checkbox"/> Long-term GREASE BUILD UP
	B <input type="checkbox"/> LINT	D <input type="checkbox"/> FOOD	F <input type="checkbox"/> BROKEN LINE	H <input type="checkbox"/> NOT TENANT RELATED	J <input type="checkbox"/> OTHER-See Below

**DESCRIPTION OF WORK**

1. There are multiple ABS clean-outs located on the property.  
 A.) From the house to the city wye connection consists of new ABS plastic pipe in excellent shape.  
 B.) The waste lines under the home consist of ABS plastic pipe. 200.00  
 C.) From the main house to the downstairs bathroom (lower level garage) consists of original clay pipe in excellent shape.  
 At this time the sewer line is functioning properly. No further Repairs or maintenance is needed at this time.

**EXTENDED SERVICES:** ADDITIONAL LABOR \$ \_\_\_\_\_ Per Hour @ \_\_\_\_\_ Hours = \_\_\_\_\_  
 ADDITIONAL CABLE \$ \_\_\_\_\_ Per \_\_\_\_\_ Ft. Length = \_\_\_\_\_

NO.	QTY.	PRODUCT	AMOUNT
<b>MATERIALS</b>			SERVICE LABOR
			MATERIALS
			BID
			SALES TAX
			ESTIMATE TOTAL
			<b>PLEASE PAY THIS AMOUNT TOTAL → 200.00</b>

**MAINTENANCE CONTRACT**  
 Please schedule to clear my \_\_\_\_\_ on a maintenance contract of every \_\_\_\_\_ days.  
 Drain Masters will guarantee these lines. . . .  MAINTENANCE TO MAINTENANCE,  30 DAYS. Drain Masters will call prior to any work and the owner may cancel at any time.  
 CONTRACT RATE \$ \_\_\_\_\_ X \_\_\_\_\_ SIGNATURE \_\_\_\_\_ FIRST MO. \_\_\_\_\_

**SERVICE AGREEMENT**  
 I authorize the performance of the work, subject to all the items and conditions set forth on the face and reverse side. This invoice is due and payable upon receipt or subject to 1½% per month late payment charge on past due balances of 30 days past date of invoice.

ORIGINAL ESTIMATE	\$ _____	X _____	SIGNATURE _____	TITLE _____	ADDITIONAL WORK	\$ _____	X _____	INITIALS _____
ADDITIONAL WORK	\$ _____	X _____	SIGNATURE _____	TITLE _____	ACTUAL TOTAL	\$ _____	X _____	INITIALS _____