

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	11122019
DATE	11/12/2019
CUSTOMER P.O. #	AUTHORIZATION #

CUSTOMER NAME Sewer Lateral Inspection		SEND BILL TO: Keith@keithberryrealestate.com	SERVICE PERSON Paul	TRUCK #
JOB ADDRESS 519 Wentworth Dr.		ADDRESS	CUSTOMER AGENT WHO CALLED	
CITY SB	APT.	CITY STATE ZIP	PERSON TO SEE ON JOB	
HOME PHONE	WORK PHONE	PHONE	TYPE SYSTEM 0 <input checked="" type="checkbox"/> SEWER 1 <input type="checkbox"/> SEPTIC	

LOCATION OF PROBLEM		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	12 <input type="checkbox"/> GREASE TRAP	13 <input type="checkbox"/> FLOOR DRAIN	16 <input type="checkbox"/> OTHER See Below
2 <input type="checkbox"/> LAUNDRY LINE	4 <input type="checkbox"/> BATH TUB	7 <input type="checkbox"/> MAINLINE	10 <input checked="" type="checkbox"/> SEWER VIDEO INSPECTION	14 <input type="checkbox"/> ROOF DRAIN	
8 <input type="checkbox"/> STORM DRAIN					

DESCRIPTION OF ACCESS		WARRANTY PERIOD COVERED	
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 checked="" 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
			1 <input type="checkbox"/> NO

MACHINE USED		CALL BACK	
1 <input 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 _____	
	6 <input type="checkbox"/> LARGE SEWER MACHINE — Ground access only	INVOICE # _____ Amt. _____	

DISTANCE TO BLOCKAGE	BLOCKAGE @ _____ FT.	TOTAL CABLE RAN _____ FT.
-----------------------------	----------------------	---------------------------

CAUSE OF BLOCKAGE:	A <input type="checkbox"/> HAIR	C <input type="checkbox"/> ROOTS	E <input type="checkbox"/> TAMPONS	G <input type="checkbox"/> TENANT RELATED	I <input 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 checked="" type="checkbox"/> OTHER-See Below

DESCRIPTION OF WORK

1. No ground access clean-out was found on this property. Ran our sewer video camera from the roof vent to confirm Condition of sewer line.

A.) Under the house consists of original cast iron and ABS Plastic pipe in good shape. 200.00

B.) From the house to the street consists of original 4" clay Pipe in good shape. Roots in the sewer line at this time.

Recommend: Install a proper ground access clean-out in the Front yard. Clear the full sewer line of roots. Our cleaning Includes a camera w/ 1 yr maintenance guarantee. All parts, Labor and cost: \$1,950.00

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

NO.	QTY.	PRODUCT	AMOUNT	
MATERIALS				SERVICE LABOR
				MATERIALS
				BID
				SALES TAX
			MATERIAL LIST ATTACHED	ESTIMATE TOTAL
		TOTAL MATERIALS	PLEASE PAY THIS AMOUNT	TOTAL → 200.00

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 _____

SEE IMPORTANT INFORMATION ON REVERSE SIDE