

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	08122020
DATE	08/12/2020
CUSTOMER P.O. #	AUTHORIZATION #

CUSTOMER NAME <b>Sewer Lateral Inspection</b>		SEND BILL TO: <b>Kieth Berry</b>		SERVICE PERSON <b>Paul</b>	TRUCK #
JOB ADDRESS <b>4015 Mariposa</b>		ADDRESS <b>Keith@keithberryrealestate.com</b>		CUSTOMER AGENT WHO CALLED	
CITY <b>HR</b>	APT.	CITY	STATE	ZIP	PERSON TO SEE ON JOB
HOME PHONE	WORK PHONE	PHONE <b>805-689-4240</b>		TYPE SYSTEM 0 <input checked="" type="checkbox"/> SPINNER 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	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 See Below	
		1 <input type="checkbox"/> NO	

<b>MACHINE USED</b>		<b>CALL BACK</b>	
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 _____	
	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 checked="" type="checkbox"/> OTHER-See Below

**DESCRIPTION OF WORK**

1. There are multiple clean-outs located around the property. Ran our sewer video camera to confirm condition of sewer line. A.) From the main house to the septic tank consists of new ABS plastic pipe in excellent shape. Tanks have been pumped On 8-12-2020 B.) Ran our sewer video camera from the clean-out located Behind the pool house. The line consists of new ABS plastic Pipe in excellent shape. No repairs or maintenance required at this time.

ESTIMATE	ACTUAL
	250.00

**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
		MATERIAL LIST ATTACHED	
		TOTAL MATERIALS	
			<b>PLEASE PAY THIS AMOUNT TOTAL → 250.00</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 _____