



P. O. Box 702, Colfax, CA 95713  
(530) 346-2313

## APPLICATION FOR SEWER LATERAL TESTING PERMIT

A Certificate will be issued to the owner/applicant after the Sewer Lateral Application has been submitted, the application fee of \$407.00 has been paid, a contractor has been selected and the sewer lateral testing has been performed and is in compliance with City of Colfax Municipal Ordinance No 499.

### PROPERTY INFORMATION

PROPERTY ADDRESS
ASSESSOR'S PARCEL No (APN)
OWNER NAME
MAILING ADDRESS
EMAIL ADDRESS

### CONTRACTOR INFORMATION

NAME	STATE CONTRACTORS LICENSE No
MAILING ADDRESS	
PHONE NUMBER	

### PROPOSED WORK

CCTV INSPECTION     
 WATER EXFILTRATION     
 AIR EXFILTRATION     
 OTHER

When approved a permit to perform the Sewer Lateral Testing will be issued to the applicant. The contractor performing the test shall schedule an inspection with the City Inspector a minimum of 24 hours prior to testing. An inspection occurring within 24 hours is subject to the availability of an inspector and is not guaranteed.

DATE
APPLICANT NAME (Agency if Realtor or Contractor)
APPLICANT SIGNATURE

With approval below, this Sewer Lateral Inspection Permit allows for inspection of the building sewer lateral(s) at the above written address only. **This Permit is not a Sewer Lateral Certificate of Compliance.** If the lateral is not found to meet compliance with City of Colfax Municipal Ordinance No 499, repair or replacement of the lateral is required. A City of Colfax Building Permit must be acquired before conducting any work on the lateral, except cleaning of the lateral.

### PERMIT ISSUANCE - CITY USE ONLY

PERMIT No	DATE OF ISSUE
APPROVAL AUTHORITY NAME	
APPROVAL AUTHORITY SIGNATURE	

**Next Steps:** Conduct the sewer lateral inspection and/or testing. Submit the Sewer Lateral Inspection Report, video, and sketch to the City.



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# SEWER LATERAL INSPECTION REPORT

This report is to be completed by the contractor performing the inspection. Submit this report along with the video, if applicable, to the City. On a separate piece of paper, include a sketch depicting the building, driveway, all clean-outs, the sewer main, and the lateral. Include comments regarding the observed condition of the sewer lateral. The City's Inspector will review the video, make a determination, and if satisfied will issue a Sewer Lateral Certificate of Compliance.

SEWER LATERAL TESTING PERMIT No: \_\_\_\_\_ Property Address: \_\_\_\_\_

### CONTRACTOR INFORMATION

BUSINESS NAME	STATE CONTRACTORS LICENSE No
NAME OF TECHNICIAN CONDUCTION INSPECTION/TESTING	
BUSINESS MAILING ADDRESS	
BUSINESS PHONE NUMBER	COLFAX BUSINESS LICENSE No

### WORK CONDUCTED

<input type="radio"/> CCTV INSPECTION		<input type="radio"/> WATER EXFILTRATION		<input type="radio"/> AIR EXFILTRATION		<input type="radio"/> OTHER	
LATERAL DEPTH (feet)	TOTAL LATERAL LENGTH (feet)	PIPE DIAMETER	PIPE MATERIAL				
TV DIRECTION			TOTAL LENGTH TELEVISED (feet)				
<input type="radio"/> DOWNSTREAM		<input type="radio"/> UPSTREAM					
LOCATION LATERAL ACCESSED							
DATE OF CCTV INSPECTION		INSPECTION START TIME			INSPECTION END TIME		

### Comments Regarding Condition of Sewer Lateral

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PASS      FAIL      Plumbers Signature \_\_\_\_\_  
Official Use Only: Witnessed By \_\_\_\_\_ Refer to Building Inspector

### CERTIFICATION

With my signature below, I certify that the information presented on this form herein is true and correct to the best of my knowledge.

CONTRACTOR NAME	CONTRACTOR TITLE
CONTRACTOR SIGNATURE	DATE

\* On a separate piece of paper, include a sketch depicting the building, driveway, all clean-outs, the sewer main, and the lateral

# SEWER LINE DIAGRAM

NAME \_\_\_\_\_

DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

CONTRACTOR \_\_\_\_\_ TECHNICIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

LICENSE # \_\_\_\_\_

NORTH

## Local Area Sewer Lateral Contractors List

**\*Provided for information only – May select any Licensed Contractor**

**\*\*Contractor must hold an active City of Colfax Business License**

**\*\*\*The City of Colfax DOES NOT RECOMMEND ANY SPECIFIC COMPANY**

### **Rapid Rooter**

5013 Roberts Ave., Suite B  
McClellan Park, CA 95652 (916)  
334-3140  
(800) 483-5697  
[www.rapidrooter.biz](http://www.rapidrooter.biz)

### **JeffCo / ABT Plumbing**

13170 Lincoln Way  
Auburn, CA 95630

(530) 885-6937

[www.jeffco-office@sbcglobal.net](mailto:www.jeffco-office@sbcglobal.net)

[www.jeffcoplumbing.ca@gmail.com](mailto:www.jeffcoplumbing.ca@gmail.com)

### **Signature Plumbing, Inc.**

Jim Davies  
2256 Sierra Meadows Dr., Suite  
B Rocklin, CA 95677  
(916) 223-7179  
[www.signature-plumbing.com](http://www.signature-plumbing.com)

### **Mr. Rooter Plumbing**

13058 Loma Rica Dr  
Grass Valley, CA  
95945  
530-274-4468

### **Villara**

4700 Long Avenue  
McClellan, CA 95657  
916-646-2700

### **US Trenchless**

Jonas Clark  
1015 27<sup>th</sup> Street  
Sacramento, CA 95816  
(877) 916-7473  
[www.ustrenchless.com](http://www.ustrenchless.com)