

**City of Algona  
Sump Pump and Lateral Inspection Report**

**A. Initial Inspection**

1. Owner and Address:

- a. Owner Name(s): \_\_\_\_\_
- b. Address: \_\_\_\_\_
- c. Occupant(s) Name (If different than owner): \_\_\_\_\_
- d. Owner Address (If not current occupant): \_\_\_\_\_

2. Date of Initial Inspection: \_\_\_\_\_

3. What Year was the Building Constructed? \_\_\_\_\_ (ex. 1959)

4. Building Type (Residential, Apt., Commercial, Industrial, etc.): \_\_\_\_\_

5. History of Backups or Flooding?  Yes  No

If marked yes, please provide previous flooding dates, source of the flooding (if known), and any actions taken: \_\_\_\_\_

6. Does building have:

- a.  Yes  No Exterior grading slopes toward the building?
- b.  Yes  No Roof drains that go into the ground?
- c.  Yes  No Basement?
- d.  Yes  No Seepage collection (beaver) system?
- e.  Yes  No Sump pit?
- f.  Yes  No Lateral Inspection conducted?

7. If building has a **roof drain** that goes into the ground, which of the following apply?

- a.  It is properly constructed to discharge to open air or storm system.
- b.  It is improperly constructed to discharge into the sanitary sewer system.
- c.  Discharge location not determined.

8. If there is a **seepage collection (beaver) system**, which of the following apply?

- a.  It is properly constructed to discharge into a sump pit.
- b.  It is improperly constructed to discharge into the sanitary sewer system.
- c.  Discharge location not determined.

9. If there is a **sump pit**, which of the following apply?

- a.  Pump is properly installed to discharge outside the basement through rigid piping.
- b.  Pump is improperly installed to discharge into the sanitary sewer system.
- c.  Pump has the capability of discharging into the sanitary sewer system (ex. flex hose).
- d.  There is a pit with no pump. Plumbing is checked as (a) (b) or (c) if present.
- e.  Discharge location not determined.

10. If **lateral inspection** is conducted, fill in information below.

- a.  No Suspect Foundation Drain Found
- b.  Suspect Foundation Drain Found
- c.  Suspect Foundation Drain not determined. (Note Why in Comments)

11. If lateral inspection is conducted, fill in information below.

- a. General Information
  - i. Pipe Diameter (inches) \_\_\_\_\_
  - ii. Pipe Material (VCP, PVC, DIP, RCP, CMP, CIP, Obg, other) \_\_\_\_\_
  - iii. CCTV Start Location (i.e. Sewer main, Toilet, Sewer stack, etc) \_\_\_\_\_
  - iv. CCTV Start Distance from Foundation Wall \_\_\_\_\_  
(i.e. Along the alignment of the pipe, how far is the foundation from point of insertion? ft)
- b. Observations (Note footage (ft) of each instance)
  - i. Roots \_\_\_\_\_

- ii. Mineral/Unknown Deposits \_\_\_\_\_
- iii. Chipped/Cracked Pipes \_\_\_\_\_
- iv. Offset Joints \_\_\_\_\_
- v. Sags/Deflections \_\_\_\_\_
- vi. **Suspect Foundation Drains** \_\_\_\_\_

12. Other Comments (exterior drains, uncapped cleanouts, inactive sump pit, suspect foundation drain, etc.): \_\_\_\_\_  
 \_\_\_\_\_

13. Photos Taken of Interior Sumps and Collection System and Building Exterior? Yes No

14. Lateral Inspection Video Submitted on USB-drive (required for lateral inspection)? Yes No

Video is required to show the point of insertion into the sanitary sewer to 20-feet past the repair (if reinspection) or foundation (initial inspection). Address only needs to be displayed at the beginning of the video. Footage needs to be displayed on the screen at all times. Failure to comply with these requirements or provide a clear video for City review will void the inspection.

File name \_\_\_\_\_

15. If 7b, 8b, 9b, 9c, 9d, or 10b is checked, a Violation Notice will be given to the Occupant or Owner directing them to correct the violation by (date): \_\_\_\_\_

**PASS** \_\_\_\_\_

**FAIL** \_\_\_\_\_

**CITY FOLLOW-UP** \_\_\_\_\_



**B. Subsequent Inspection**

1. Date of Subsequent Inspection: \_\_\_\_\_
2. Inspection Conducted by: \_\_\_\_\_
3. Does the Building now comply with the Applicable Ordinance for the City of Algona?  
Yes No

**The inspection is not considered completed until reviewed by the City of Algona. The City will review the submitted documentation to verify requirements are met. Results provided by the contractor/plumber may differ from City review.**

I hereby verify that the building stated above has been inspected for the above-described sump pump/lateral and the information set forth above is true and correct to the best of my knowledge.

\_\_\_\_\_

**Occupant/Owner**

Date: \_\_\_\_\_

I hereby verify that the building stated above has been inspected for the above-described sump pump/lateral and the information set forth above is true and correct to the best of my knowledge.

\_\_\_\_\_

**Inspector**  
(Plumbers Sign with License Number)

Date: \_\_\_\_\_

Internal Use – Does the City of Algona approve of inspection result? Yes No  
If no, Why \_\_\_\_\_