



**City of Hibbing**  
**POINT-OF-SALE SANITARY SEWER INSPECTION**  
 Written Report

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

**PROPERTY ADDRESS**

**ADDRESS:** \_\_\_\_\_

**Person Performing Inspection:** \_\_\_\_\_

**Weather Conditions:** \_\_\_\_\_

**Approximate Depth of Service:** \_\_\_\_\_

**Type & Size of Service:** \_\_\_\_\_

**Condition of Service Pipe:** \_\_\_\_\_

Please note all connections, fittings, points of concern on service line including infiltration, tree root, cracks, misaligned joints, etc.

**This report must include a digital copy of the televising.**

Feet	Comment

Location of discharge point for foundation drain/roof drain/sump pump:

<b>Person's Performing Inspection Signature:</b>	<b>Date:</b>
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