



My Sanitary Sewer Checklist

- 1) **Contact Name and Phone:** _____
- 2) **Address:** _____
- 3) **Where is your kitchen/bathroom?**
Kitchen: Front of house Middle of house Back of house
Bathroom: Front of house Middle of house Back of house
- 4) **Do you know where your sewer lateral is in your backyard?**
 Yes No
- 5) **Do you have a secondary structure (building) or living unit connected to sewer system?**
 Yes No
- 6) **Do you have a sanitary sewer property line cleanout and/or a building cleanout?**
 Yes No
- 7) **Have you had a problem or issue with your lateral or plumbing?**
 Yes No
- 8) **Do you have a shack or other structure in your backyard?**
 Yes No
- 9) **Are there large trees in your backyard?**
 Yes No
- 10) **Does your house have a crawl space?**
 Yes No
- 11) **When was your sanitary sewer lateral last serviced?**

- 12) **Do you have a dog in your backyard?**
 Yes No
- 13) **Do you have other concerns/issues that we should be aware of (e.g. potential of beehives, poultry or other animals at the property)?**
