

Duckett Creek Sanitary Sewer
Lateral Repair Program
Master Plumber/Drainlayer Certification

Date _____

Property address _____

Property contact person _____

Home phone

Work Phone

Nature & location(s) of problem, in such detail, that the district may adequately
Determine the nature of the problem and the bidding requirements for the repair

Use back if additional space is needed

Location of problem:

Located ____ ft. from base of stack Located ____ ft. from foundation

Located ____ ft. from cleanout Located ____ ft. from corner of foundation

Approximate depth of lateral _____

Is the repair area in an adjoining property? Yes ____ No ____

Has the repair/replacement area been marked? Yes ____ No ____

Company Name _____

Licensed Master Plumber/Drainlayer (Print Name)

Licensed Master Plumber/Drainlayer signature

Phone _____

License Number _____