

Billing Notice: TV Reinspection Service



Notice of three full business days is required (weekends and holidays excluded). Send the completed application with payment to the following address:

City of Salem
Wastewater Collection Section
1410 20th Street SE
Salem OR 97302-1209
503-588-6063 | TTY 503-588-6392

Construction Permit No. _____
Inspection Date _____

Project Name _____

Project Address _____

Bill to:

Name of Applicant _____

Applicant's Address _____

Is applicant the contractor? If no, provide the contractor's contact information.

Yes No

Contractor's Name _____

Phone _____ Email _____

City Construction Inspector _____

Type of Sewer:

Sanitary Storm

Location of Work:

Map Segment No. _____ - _____ to _____ - _____

Construction Station No. _____ + _____ to _____ + _____

Reason for Reinspection:

Debris in Line or Manhole Grade Problem Structural Problem Vehicle Access

Site Not Ready (\$115 charge) Other _____

Reinspection Cost (\$419 minimum charge):

Length _____ L.F. x \$1.30 Cost/L.F. = \$ _____

Comments:

Total Crew Hours _____ Date _____ Supervisory Approval By _____