

VIOLATION NOTICE

For

Owner's Name(s): _____

Address: _____

Date of issue: _____

Comply with City Ordinance by: _____

____ **SUMP PUMP VIOLATION** (90 days to repair and schedule reinspection)

To-Do After Repair:

____ Please use property login information to schedule your reinspection at kassonsump.com or call WHKS at the phone number below after the work is complete to schedule a reinspection (Required by Ordinance).

____ **FOOTING DRAIN VIOLATION**(365 days to repair and schedule reinspection)

To-Do After Repair: (two options)

____ **City Reinspection** Use property login information to schedule your reinspection at kassonsump.com or call WHKS at the phone number below after the work is complete to schedule a reinspection (Required by Ordinance).

OR

____ **Contractor/Plumber Reinspection** When footing drain is repaired, have the license contractor/plumber televise the sewer lateral as part of the repair. Please see video requirements on the attached inspection form. Video (on a USB-drive) and inspection form can be dropped off at Kasson City Hall. If done properly, this will count towards your reinspection. If not done properly it will not count as a reinspection. Updated Inspection Report will be mailed within 10 business days.

Additional Information

Please visit kassonsump.com for more information. Including inspection report and copy of lateral video (if applicable). Please allow 10 business days for report and video.

Chapter 53 of the Municipal Code of Ordinances prohibits clear water connections into the sanitary sewer. Ordinance can be reviewed at kassonsump.com.

City assisted financing is available through the Petition and Waiver program for eligible repair costs, see kassonsump.com for details and paperwork.

Inspection report will be mailed to property owner within 10 business days.

*WHKS & Co. Toll-Free Inspection Scheduling Phone Number
1-855-440-4005*

*Hours: Mon – Thur 8 AM – 5:00 PM, Fri 8 AM – 12 PM
If calling after hours, please leave your name and phone number
and we will call you back within one business day.*

City of Kasson
Sump Pump and Lateral Inspection Report

A. Initial Inspection

1. Owner and Address:
 - a. Owner Name(s): _____
 - b. Address: _____
 - c. Occupants Name (If different): _____
 - d. Owner Address (s): (If different) _____
2. Date of Initial Inspection: _____
3. Date of construction and Building Type? Building built in year _____ (ex. 1959)
Note residential, apt., commercial, industrial: _____
4. History of backups or flooding? Note date, source, and actions taken: _____
5. Does building have:
 - a. Yes No Exterior grading sloping towards 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?
6. 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.
7. 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.
8. If there is a **sump pit**, which of the following apply?
 - a. Pump is properly plumbed to discharge outside the basement through rigid piping.
 - b. Pump is improperly plumbed 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.
9. If **lateral inspection** is conducted, which of the following apply?
 - a. No Suspect Foundation Drain Found
 - b. Suspect Foundation Drain Found
 - c. Suspect Foundation Drain not determined. (Note Why in Comments)
10. 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** _____

11. Other comments (exterior drains, uncapped cleanouts, inactive sump pit, suspect foundation drain etc):

12. Photos taken of Interior Sumps and Collection System, and Building Exterior? Yes No

13. 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 _____

14. If 6b, 7b, 8b, 8c, 8d or 9b was checked, a Violation Notice was given to the Occupant or Owner directing them to correct the violation by (date): _____

PASS _____

FAIL _____

City Follow-Up _____



DIAGRAM: roof drains into ground, exterior drains, improper grading, sump pits and pumps, sump pump discharges, beaver systems, sanitary grinder pumps, footing drain connections, etc....

B. Subsequent Inspection – Date _____

1. Inspection conducted by _____
2. Does the building now comply with the applicable Ordinance for the City of Kasson?
Yes No

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

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

Inspector
Licensed Plumbers: sign with license #.

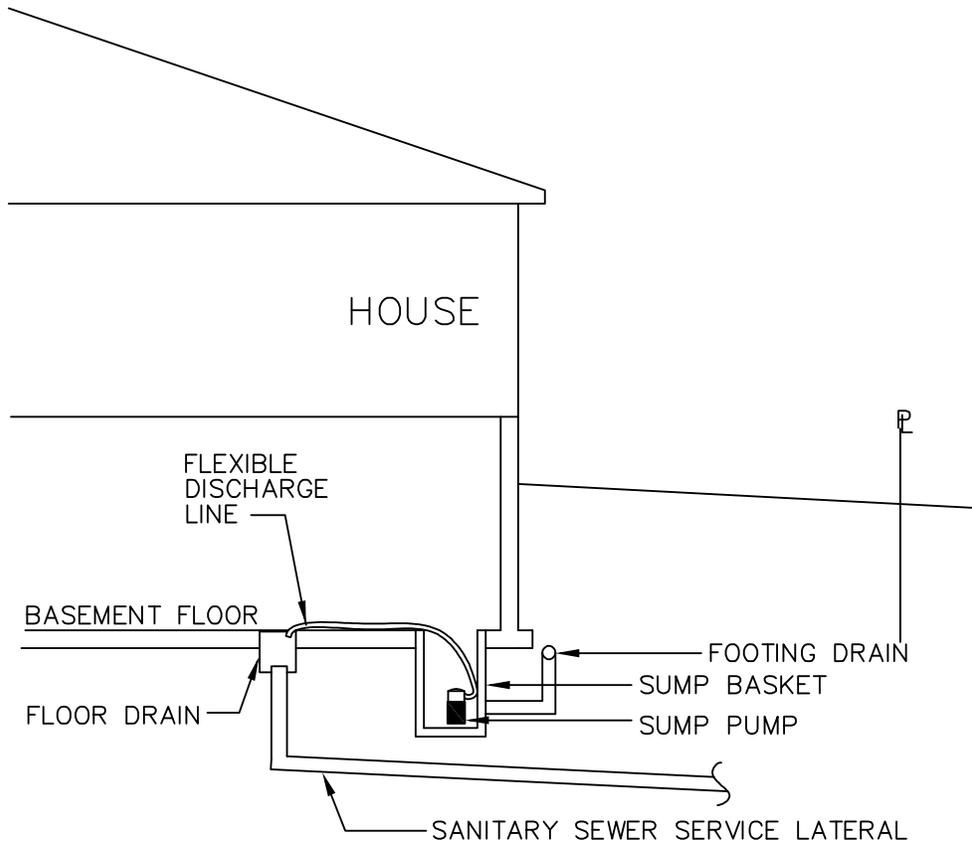
Date _____

Internal Use – Does the City of Kasson approve of inspection result? Yes No

If no, Why _____

CITY OF KASSON

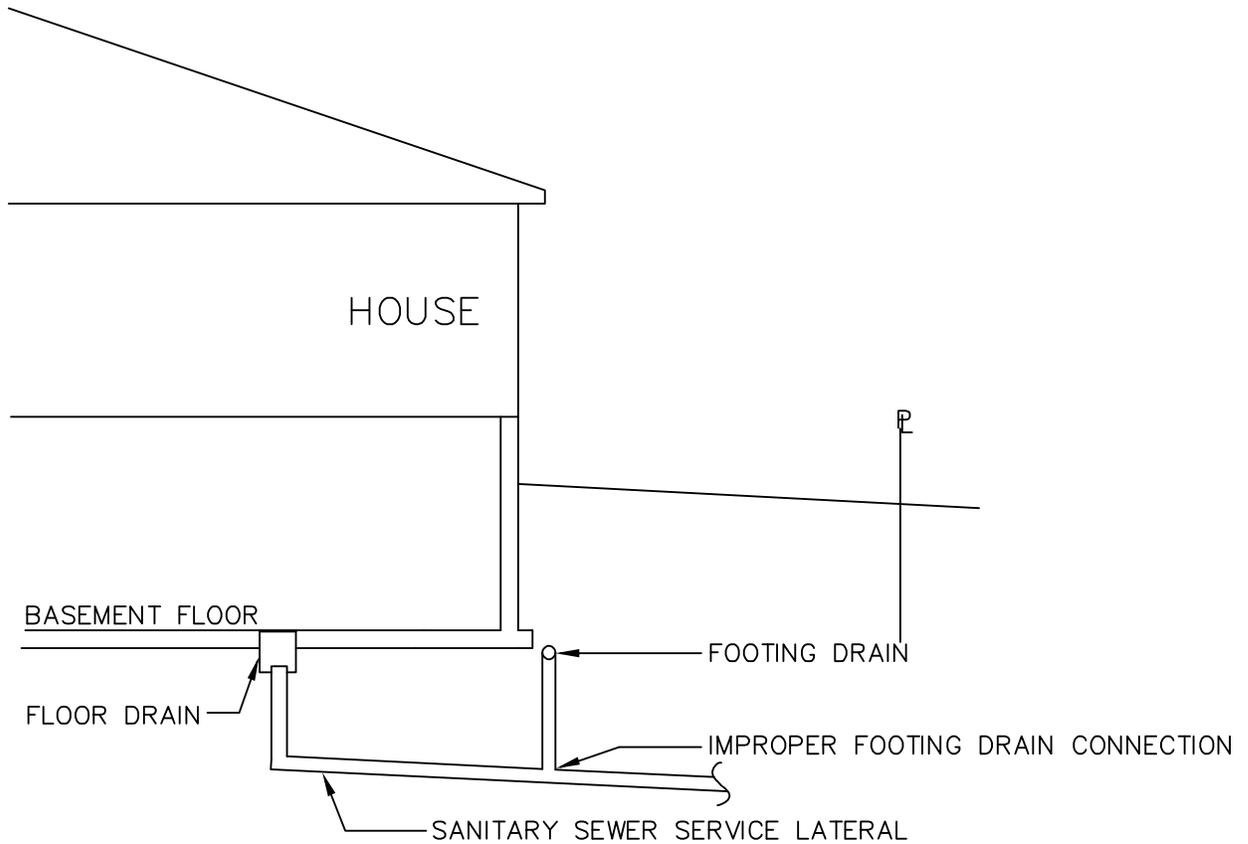
IMPROPER SUMP PUMP CONNECTION



TYPICAL SECTION
NO SCALE

CITY OF KASSON

IMPROPER FOOTING DRAIN CONNECTION

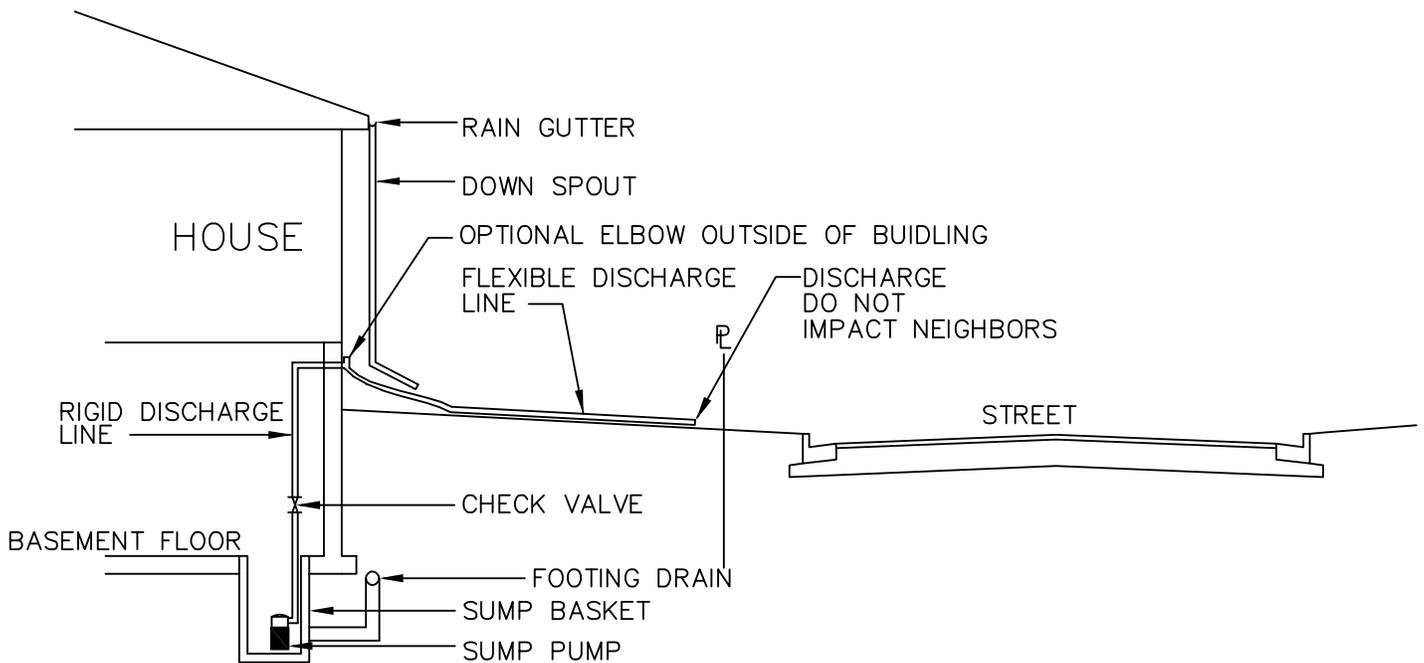


TYPICAL SECTION

NO SCALE

CITY OF KASSON

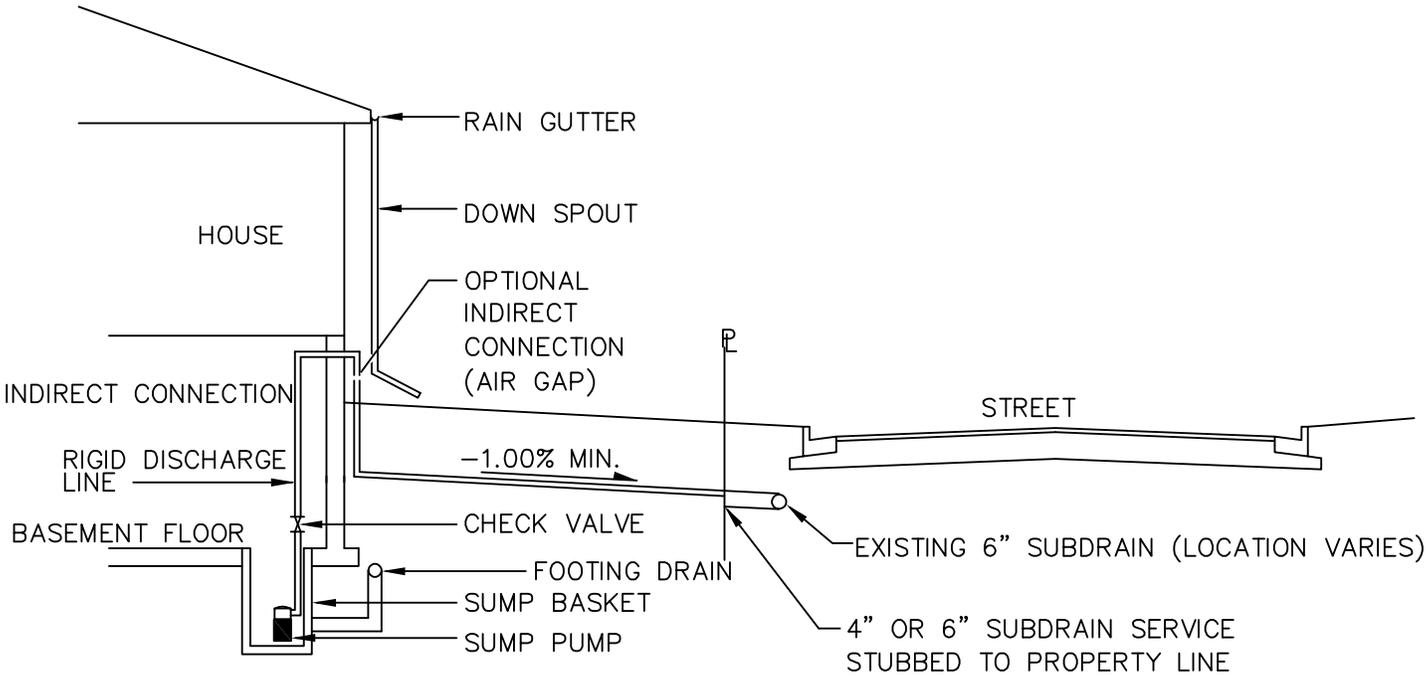
PROPER SUMP PUMP CONNECTION (WHEN CITY SUBDRAIN / STORM SEWER IS NOT AVAILABLE)



TYPICAL SECTION
NO SCALE

CITY OF KASSON

PROPER SUMP PUMP CONNECTION (WHEN CITY SUBDRAIN / STORM SEWER IS AVAILABLE)



TYPICAL SECTION
NO SCALE