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Technical Memorandum No. 1

Subject: System Performance Evaluation – Collection System Field Inspections (Task 2)
Date: June 24, 2011
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Table of Contents

List of Figures	ii
List of Tables	ii
1. System Performance Evaluation – Collection System Field Inspections	1
1.1 Introduction	1
1.1.1 Scope of Work	1
1.1.2 Service Area	1
1.1.3 Existing Collection System.....	1
1.1.4 Previous Planning Reports and Information	3
1.2 Smoke Testing.....	3
1.2.1 Smoke Testing Fieldwork	4
1.2.2 Smoke Sources	6
1.3 Dye Testing Field Inspections.....	9
1.3.1 Dye Testing Fieldwork.....	10
1.3.2 Dye Testing Results	11
1.4 Manhole Inspections.....	14
1.4.1 Manhole Inspection Fieldwork	14
1.4.2 Manhole Defect Observations.....	14
1.4.3 Other Manhole Observations	14
1.5 CCTV Inspection Information	18
1.5.1 2008-2010 CCTV Inspections.....	18
1.5.2 1999 Master Plan Inspections	18
1.6 System Performance Evaluation	22
1.6.1 Findings	22
1.6.2 Infiltration/Inflow Improvement Recommendations	22
1.6.3 Structural Improvement Recommendations.....	23
References	24
Attachment A: Smoke Testing Reports	A
Attachment B: Dye Testing Inspection Forms	B
Attachment C: Manhole Inspection Form Information	C
Attachment D: Manhole Inspection Summary and Forms	D
Attachment E: Manhole Location Criteria Forms	E

List of Figures

Figure 1-1. Existing Collection System.....	2
Figure 1-2. Smoke Testing Inspections and Smoke Sources.....	5
Figure 1-3. Sample Smoke Testing Report.....	6
Figure 1-4. Smoke Source – Downspout Connection at 162 Los Robles Drive	9
Figure 1-5. Sample Dye Testing Inspection Form	10
Figure 1-6. Dye Testing Inspections and Results.....	12
Figure 1-7. Positive Dye Testing Result at 125 La Mesa Court.....	13
Figure 1-8. Manhole Inspections and Defect Observations.....	16
Figure 1-9. Drain Pipes Connected at Manhole 67	17
Figure 1-10. CCTV Inspection Data.....	19
Figure C-1. Manhole Inspection Form (Page 1).....	C
Figure C-2. Manhole Inspection Form (Page 2).....	C
Figure C-3. Manhole Inspection Form Codes (Page 1)	C
Figure C-4. Manhole Inspection Form Codes (Page 2)	C
Figure C-5. Manhole Location Criteria Form.....	C

List of Tables

Table 1-1. Smoke Source Summary	7
Table 1-2. Smoke Sources – Private Property Locations	7
Table 1-3. Dye Testing Locations and Results	11
Table 1-4. Manhole Defect Summary.....	15
Table 1-5. CCTV Inspection Data (2008-2010)	20
Table 1-6. CCTV Inspection Data (1999).....	21
Table D-1. Manhole Inspections and Defects	D-1

Technical Memorandum

1. System Performance Evaluation – Collection System Field Inspections

This Technical Memorandum 1 (TM 1) documents the results of the collection system field inspections completed in the Burlingame Hills Sewer Maintenance District's (District) wastewater collection system and presents recommendations to address infiltration/inflow (I/I) deficiencies. Collection system field inspections included I/I and closed circuit television (CCTV) inspections. I/I field inspections documented in this TM include smoke testing, dye testing, and manhole inspections performed to identify and document public and private I/I defects. CCTV inspections documented in this TM were conducted and evaluated by the District. Recommended improvements are developed and presented in TM 4, Capital Improvement Plan.

1.1 Introduction

The intent of the District Wastewater Collection System Capacity Assurance Plan and Master Plan Update (Master Plan Update) project is to develop an update to the 1999 Master Plan utilizing flow monitoring data collected in the District and the City of Burlingame (City) in 2009 and field inspection data collected as part of this project.

1.1.1 Scope of Work

The scope of work for the Master Plan Update includes the following tasks:

1. Project Management
2. Infiltration/Inflow (I/I) Field Inspections
3. Hydraulic Model Development
4. System Performance Evaluation and Capacity Assurance Plan
5. Capital Improvement Plan Development

TM 1 is the deliverable for Task 2, Infiltration/Inflow (I/I) Field Inspections.

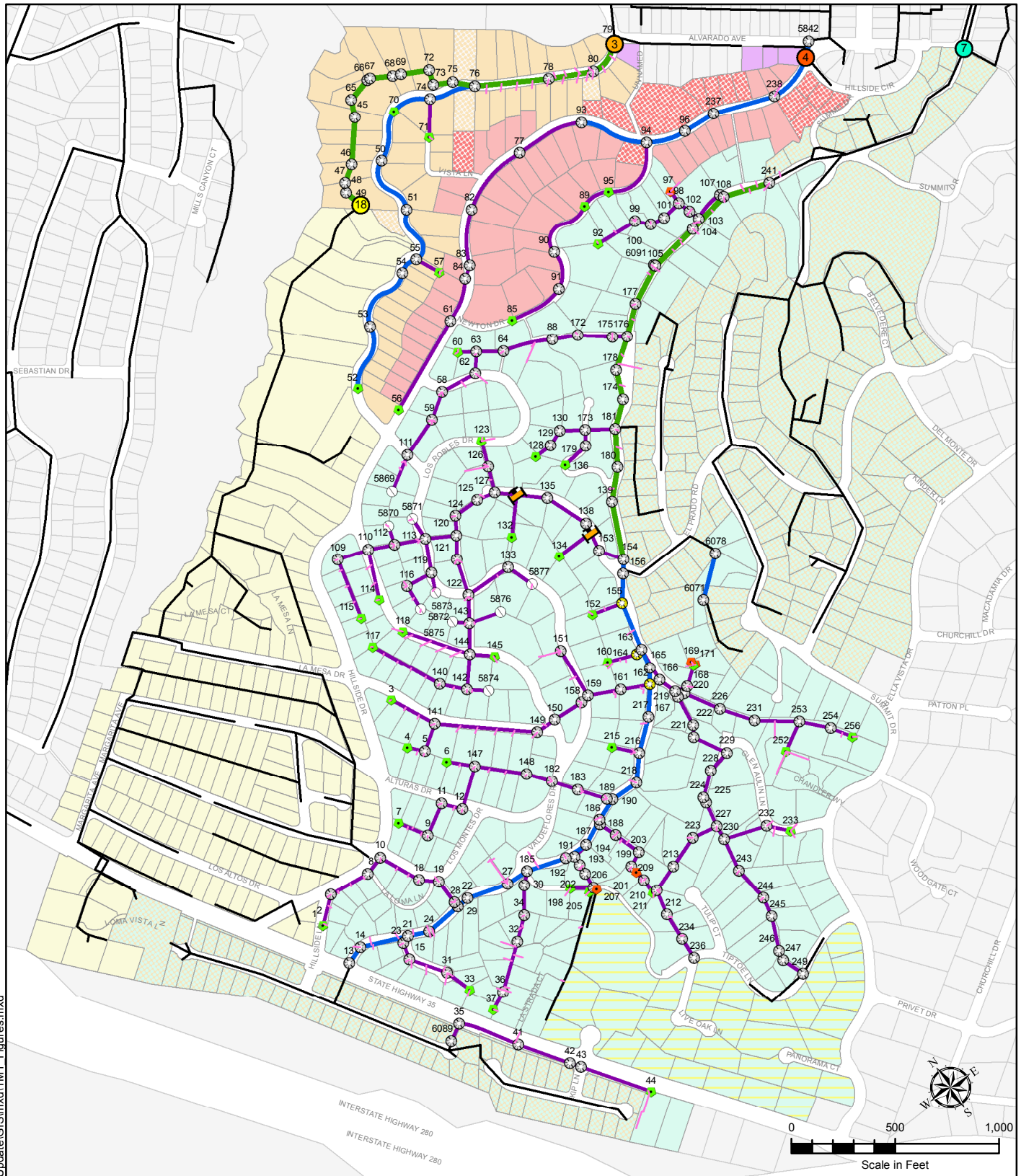
1.1.2 Service Area

The District service area encompasses approximately 161 acres located in the County of San Mateo (County) on the San Francisco Peninsula. The District is roughly bounded by Canyon Road and Summit Drive in the south, Skyline Boulevard and Tiptoe Lane in the west, Hillside Drive and Adeline Drive in the north and Alvarado Avenue in the east. Figure 1-1 shows the District service area and collection system.

1.1.3 Existing Collection System

The District's collection system consists of approximately 6.6 miles of mainly 6-inch to 8-inch-diameter vitrified clay pipe. There are three main trunk sewers in the District, located on Adeline Drive, Canyon Road and Hillside Drive. These sewers roughly divide the District service area into three major drainage areas.

The District's collection system also transports City and Town of Hillsborough (Town) flows in the trunk sewers on Adeline Drive and Canyon Road and in the sewer on Canyon Road upstream of the trunk sewer. The contributing City and Town areas (approximately 165 acres) are also shown on Figure 1-1.



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LEGEND

District Manholes Sewers		Flow	Monitor Basins
		FM 3	
		FM 4	
		FM 5	
		FM 7	
		FM 18	



County of San Mateo
Burlingame Hills
Sewer Maintenance District
Master Plan Update

FIGURE 1-1
Existing Collection System

Brown AND Caldwell

District service area flows are conveyed by gravity to the City collection system and transported to and treated at the City’s wastewater treatment plant (WWTP). Wastewater pumping stations are not required in the District due to the topography in the service area. The District trunk sewers discharge to the City’s collection system at three different City manholes:

- E3-21012 at Adeline Drive and Alvarado Avenue
- E3-21099 at Hillside Drive and Alvarado Avenue
- E3-21067 at Canyon Road and Summit Drive.

1.1.4 Previous Planning Reports and Information

An evaluation of the District’s wastewater collection system was completed in 1999. The City, which transports and treats the District’s wastewater and contributes flows to District’s sewers, retained Brown and Caldwell to prepare an evaluation of their wastewater collection system in 2010. Brown and Caldwell’s scope of work for the City’s project did not include similar private-sector I/I field investigations in City areas contributing flows to the District, though that task is a requirement of the City’s Consent Decree. A list of the reports, planning documents, and information used in the development of this Master Plan Update is included in the References section.

Hydraulic modeling was performed using the hydraulic model developed in TM 2, Hydraulic Model Development. The hydraulic performance of the modeled sewers was evaluated in TM 3, System Performance Evaluation and Capacity Assurance Plan – Hydraulics. The three flow monitoring basins that include the District collection system were identified as candidates for rehabilitation for I/I reduction, and capacity improvement projects were recommended for the Adeline Drive and Canyon Road Trunk Sewers.

1.2 Smoke Testing

This section describes the smoke testing fieldwork and smoke source observations. The purpose of smoke testing is to identify potential I/I sources. Smoke testing is considered better at detecting potential inflow sources than potential infiltration sources. Smoke testing is performed by connecting a blower at a manhole to force smoke into the collection system. The smoke exits at potential inflow locations and sometimes at locations where infiltration may enter the collection system. Smoke testing is used to identify potential I/I sources on the following structures:

- Laterals (upper and lower)
- Cleanouts (upper and lower)
- Area drains
- Downspouts
- Storm drains
- Sewer manholes
- Sewer mains

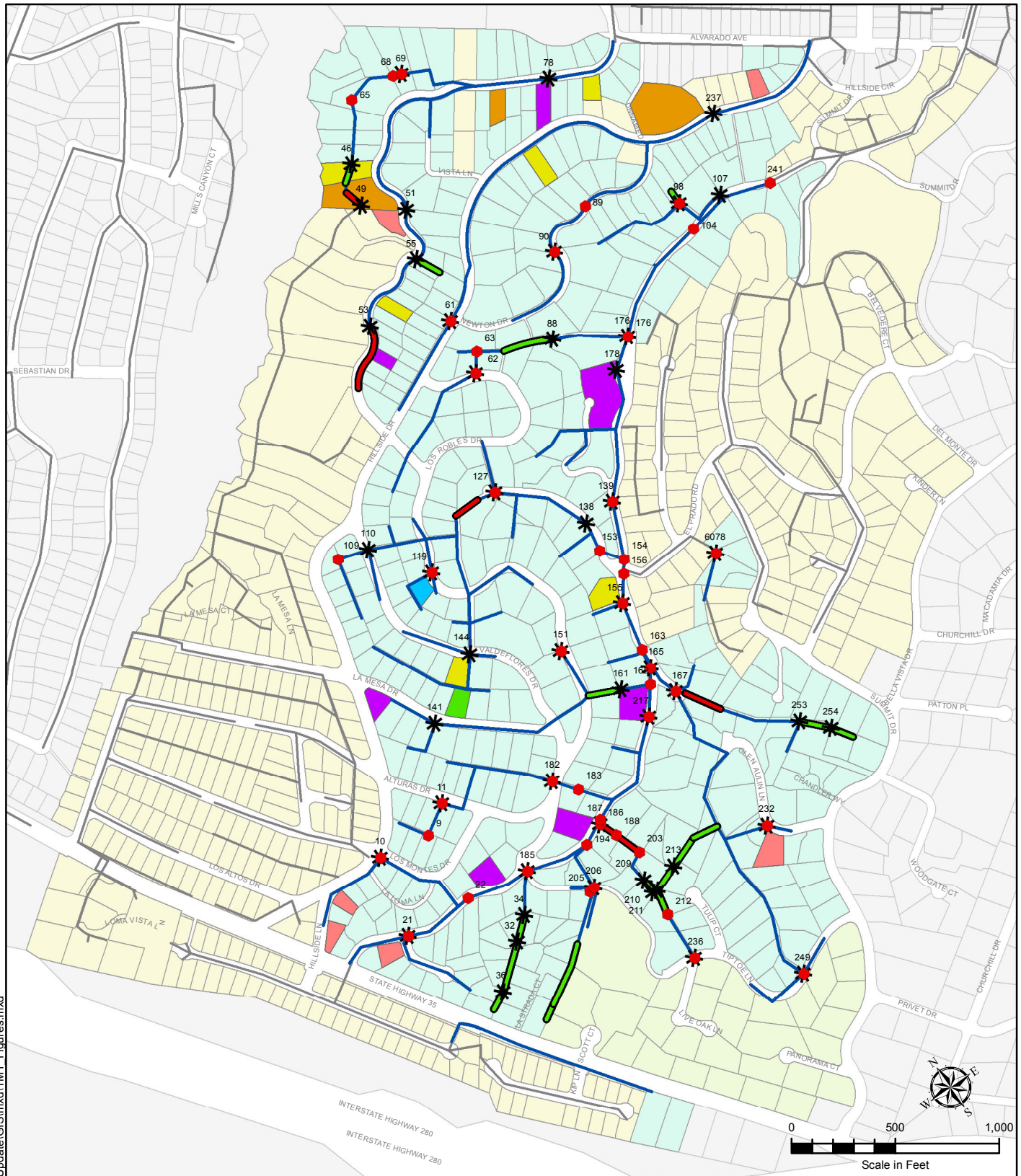
Sources that are directly connected (plumbed) to the sanitary sewer with a large drainage area will have the most impact on the system performance.

For inspection purposes, laterals and cleanouts are described as “upper” and “lower”, depending on their location. The lower lateral is defined as the portion of the lateral between the cleanout (typically at the property line) and the sewer main. This cleanout is known as the lower cleanout. The upper lateral is defined as the portion of the lateral between the lower cleanout and the house or building. Often, an additional cleanout is located between the lower cleanout and the house. This cleanout is known as the upper cleanout. In the District, ownership of the entire lateral and cleanout system from the house to the sewer main belongs to the property owner and not the District.

1.2.1 Smoke Testing Fieldwork

Smoke testing fieldwork, shown on Figure 1-2, was performed throughout the District collection system by E2 Consulting Engineers (E2). Smoke testing was performed in the following periods between October and November 2010:

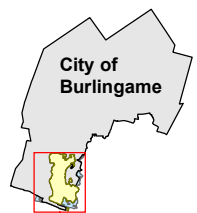
- October 26-28, 2010
- November 2-4, 2010
- November 11, 2010



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- | | |
|--|--|
| <ul style="list-style-type: none"> Smoke Test Manhole Location District Sewer Non District Sewer Parcels District City Town Non Contributing Parcels | <ul style="list-style-type: none"> Smoke Test Defect Area Drain Downspout Lower Cleanout Lower Lateral Upper Cleanout Upper Lateral Sanitary Manhole Sewer Main Dye Test Candidate |
|--|--|



Location Map



**County of San Mateo
Burlingame Hills
Sewer Maintenance District
Master Plan Update**

**FIGURE 1-2
Smoke Testing
Inspections and Smoke Sources**



Smoke testing was performed on dry weather days to limit the potential for reduced testing effectiveness due to high groundwater levels. Smoke sources were documented (by street address and location sketch) on paper inspection forms and photographed with a digital camera.

Field crews performed smoke testing from 49 manholes, shown on Figure 1-2. Smoke testing results were obtained for 221 of 238 reaches. Smoke testing could not be successfully completed for 17 pipe reaches because of difficulty accessing the manholes or some pipeline condition (such as roots or sags) that blocked the smoke from traveling the entire length of the pipe. Reaches where smoke testing was not successful were identified as candidates for dye testing fieldwork to identify any potential I/I sources.

1.2.2 Smoke Sources

Data on smoke source observations collected during inspections were recorded in a smoke testing Microsoft Access database, and a report was generated for each record in this database. A sample smoke testing report is shown in Figure 1-3 and all reports are included in Attachment A.

<p>405B1-sk.jpg</p>	<p style="text-align: right;">405B1</p> <p>150 Tiptoe Ln Burlingame, CA</p> <p>Date and Time of Test: 10/26/2010 3:20 PM</p> <p>Defect Type: Sanitary Manhole</p> <p>Drainage Area (sq. feet): 600</p> <p>Smoke Density: Heavy</p> <p>Comment:</p>
<p>405B1.jpg</p>	<p>ACTION TAKEN</p> <p>Date:</p> <p><input type="checkbox"/> Owner Notified</p> <p><input type="checkbox"/> Letter</p> <p><input type="checkbox"/> Phone</p> <p>Corrective Action Taken</p> <p>OK by _____</p> <p>Date _____</p>

Figure 1-3. Sample Smoke Testing Report

Eighty-six smoke sources were documented during smoke testing. These smoke sources are summarized in Table 1-1 and shown on Figure 1-2.

Table 1-1. Smoke Source Summary		
Source Category	Structure Where Smoke Was Observed	Number of Observations
Private	Upper Cleanout	7
	Upper Lateral	6
	Area Drain	1
	Downspout	2
	Lower Cleanout	3
	Lower Lateral	7
Public	Storm Drain	0
	Sewer Manhole	52
	Sewer Main	8
Total		86

The most common public smoke source location was at the manhole, with 52 smoke source observations through holes in the cover or other leaks around the manhole. These defects can be corrected by replacing vented manhole covers and by repairing the seal between the manhole frame and chimney interface as part of the manhole rehabilitation program. This program is discussed in more detail in TM 4, Capital Improvement Plan Development.

No cross-connections to the public storm drain system were identified during smoke testing. Six sewer mains with potential defects were identified by eight smoke source observations. We recommend CCTV inspection of these mains to further classify the defects.

Twenty-six smoke sources were observed on private property laterals, cleanouts, and downspouts for 25 residences, summarized in Table 1-2. One downspout connection was confirmed during smoke testing at 162 Los Robles Drive, as shown in Figure 1-4. Dye testing was performed at four of the properties to confirm the source of the smoke, as noted in the table.

We recommend the District work with the owners at properties with smoke sources to remove improper downspout connections and test and repair lateral or cleanout defects in accordance with the sewer ordinance.

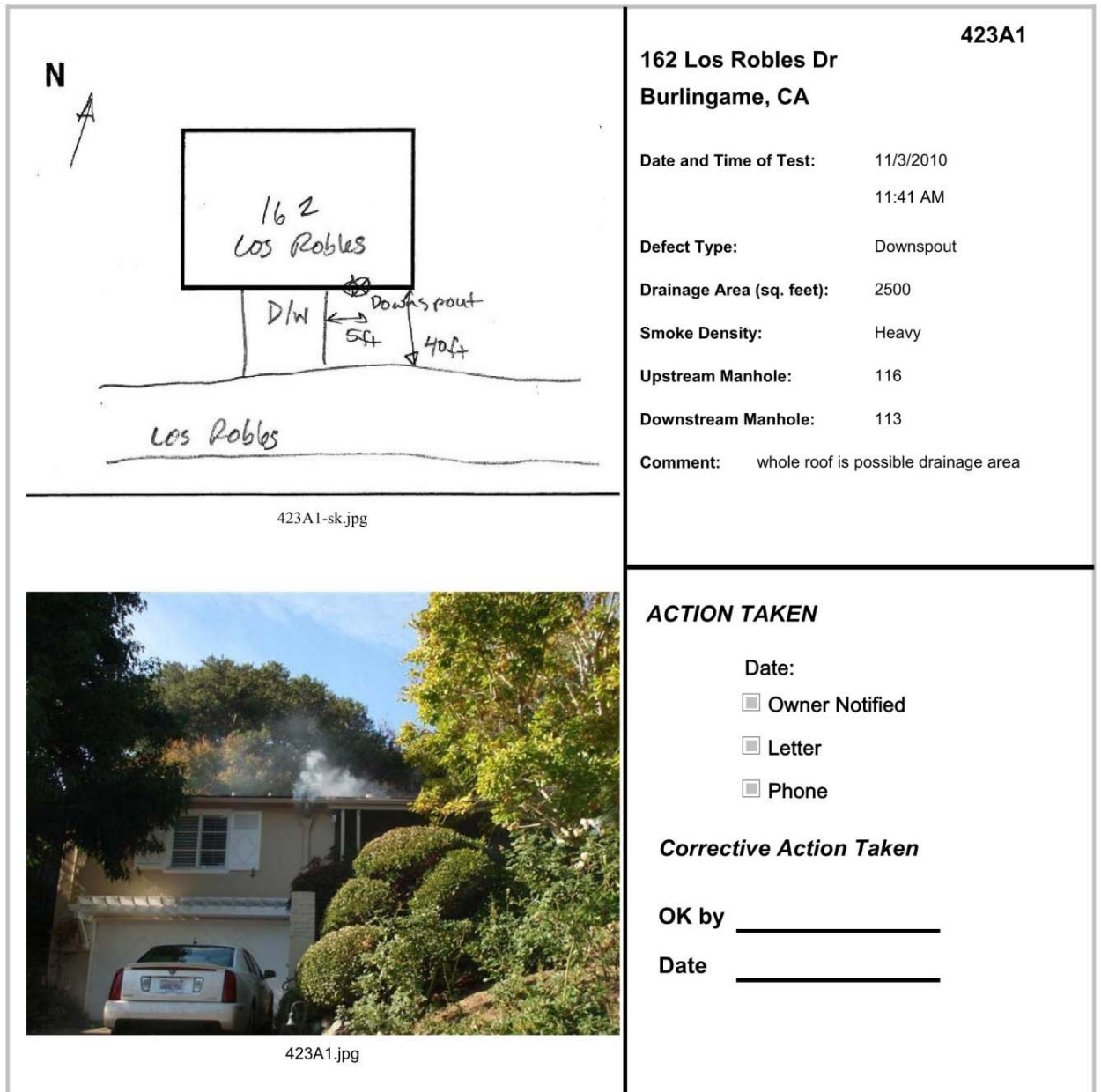
Table 1-2. Smoke Sources – Private Property Locations	
Address	Smoke Defect Observation Source
2815 Adeline Drive	Lower Lateral
2825 Adeline Drive¹	Lower Cleanout¹
	Upper Cleanout
2835 Adeline Drive	Lower Cleanout
2880 Adeline Drive	Lower Lateral
2884 Adeline Drive	Lower Cleanout

Table 1-2. Smoke Sources – Private Property Locations	
Address	Smoke Defect Observation Source
2886 Adeline Drive	Upper Lateral
2909 Adeline Drive	Lower Lateral
2925 Adeline Drive	Upper Cleanout
2920 Canyon Road	Upper Cleanout
3004 Canyon Road	Lower Lateral
3028 Canyon Road	Upper Cleanout
3110 Canyon Road	Upper Cleanout
10 Crystal Terrace	Upper Lateral
135 Glen Aulin Lane	Upper Lateral
2810 Hillside Drive	Upper Lateral
2832 Hillside Drive	Lower Cleanout
2861 Hillside Drive	Lower Lateral
3135 Hillside Drive	Upper Lateral
3151 Hillside Drive	Upper Lateral
100 La Mesa Drive	Upper Cleanout
125 La Mesa Drive ²	Area Drain
	Downspout
162 Los Robles Drive	Downspout
142 Valdeflores Drive ³	Lower Lateral
181 Valdeflores Drive	Upper Cleanout

¹Confirmed as lower cleanout during dye testing

²Multiple connection points (see dye testing results)

³Downspout was not connected (see dye testing results)



423A1.jpg

Figure 1-4. Smoke Source – Downspout Connection at 162 Los Robles Drive

1.3 Dye Testing Field Inspections

This section describes the dye testing fieldwork and observations. Dye testing is used to test:

- “Suspect” I/I sources, such as buried downspouts and area drains, observed during smoke testing fieldwork, that may be connected to the sewer system but did not smoke.
- Storm drainage systems that smoked during smoke testing to confirm improper connections.

Dye testing was also performed in areas which could not be tested during smoke testing.

1.3.1 Dye Testing Fieldwork

Dye testing fieldwork was performed by E2 in April 2011 at 27 locations. Inspection crews performed additional field reconnaissance for “suspect” downspouts and area drains, and tested with water first to confirm sources that drain to a surface location or storm drain in order to minimize the potential discharge of dye. Dye testing fieldwork was documented by street address and location sketch on inspection forms and positive dye testing results were photographed with a digital camera. A sample dye testing inspection form is shown in Figure 1-5 and all forms are included in Attachment B.

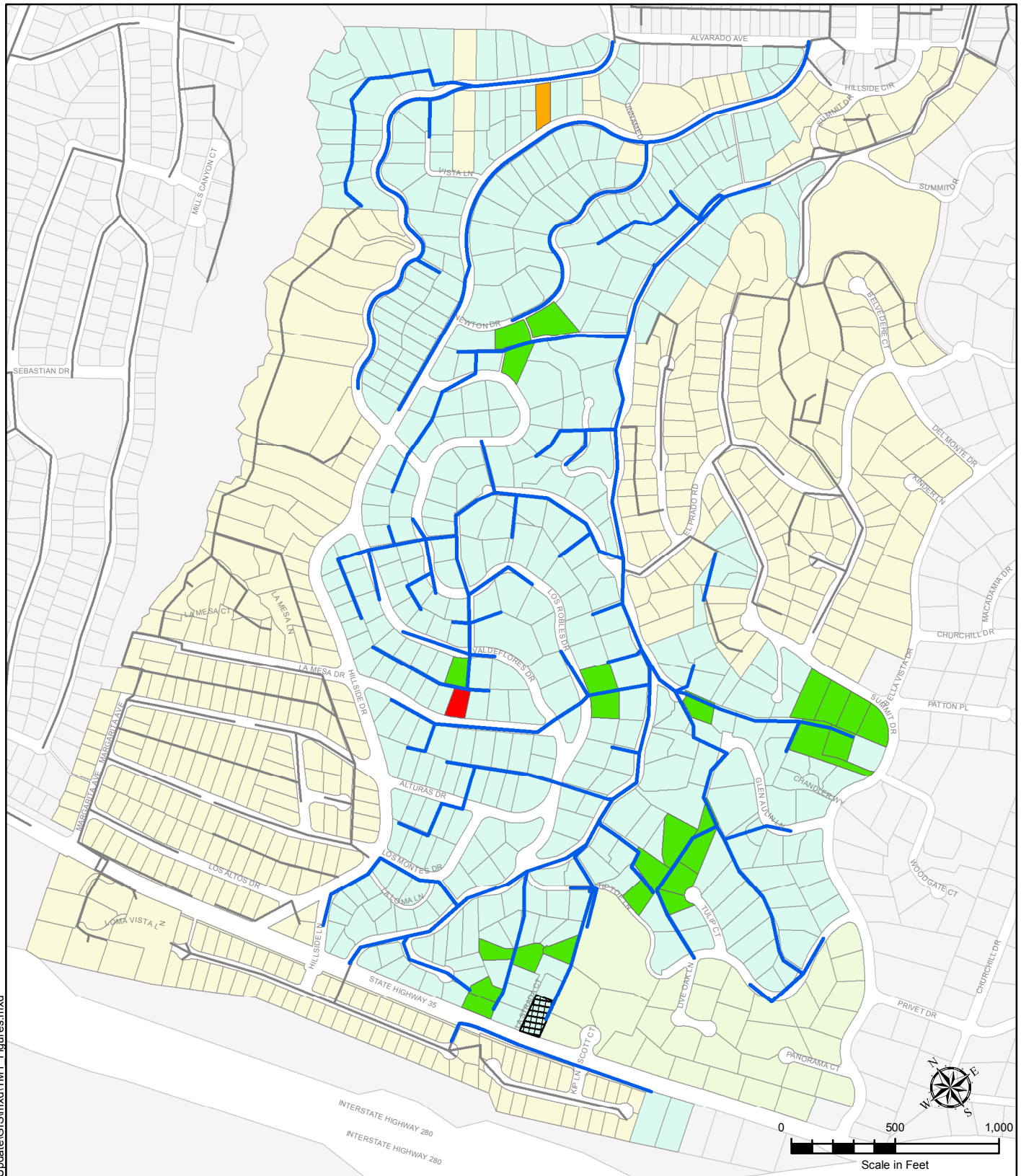
DYE TESTING SETUP FORM			Sheet	of
PROJECT:	TASK	DATE: 4/2/11	Time	11:30
INITIALS: E2	Pipe Size			
ADDRESS: 219	Street: Los Robles			
foresewer line. Applied dye, no results at MH 162 up to 10-15 later. discharge pipe for yard appeared to head				
NUMBER OF DYE TABLETS USED: 4 Green		NUMBER OF DEFECTS FOUND:		
COMMENTS: Map different? Yes No Manhole defect? Yes No				
Water Source: house bib				
Area Drain				
Down Spouts				
SKETCH DYE TESTING SET UP: Identify DYE INJECTION LOCATION AND ALL POSITIVE TESTED STORM LINES, MANHOLES AND CATCH BASINS. DRAW IN SANITARY LINE. SHOW STREETS AND FIRE HYDRANTS.			LEGEND Dye LOCATION ● SANITARY MH ○ STORM MH □ CATCH BASIN - - - STORM LINE ----- SANITARY ↑ NORTH ARROW √ View Dy Response	
Canyon 162 * opened and saw no dye (10-15)				

Figure 1-5. Sample Dye Testing Inspection Form

1.3.2 Dye Testing Results

The dye testing locations and results are summarized in Table 1-3 and shown on Figure 1-6. Of the 27 potential sources, only one had a positive dye testing result. A number of area drains at 125 La Mesa Court are connected to manhole 142, as illustrated on Figure 1-7. We recommend the District work with the property owner to remove these improper connections.

Table 1-3. Dye Testing Locations and Results		
Address	“Suspect” Source	Result
2825 Adeline Drive	Cleanout	Broken cleanout
125 La Mesa Drive	Downspout, Area drain	Confirmed Connection
1 La Strada Court	Downspout	No Connection
5 La Strada Court	Downspout	No Connection
11 La Strada Court	Downspout	No Connection
16 La Strada Court	Downspout	No Connection
18 La Strada Court	Downspout	No Connection
115 Los Robles Drive	Downspout	No Connection
213 Los Robles Drive	Downspout	No Connection
219 Los Robles Drive	Area drain	No Connection
141 Newton Drive	Downspout	No Connection
145 Newton Drive	Downspout	No Connection
6081 Skyline Blvd	Downspout	Resident Refused Access to Property
2774 Summit Drive	Downspout	No Connection
2778 Summit Drive	Downspout	No Connection
2784 Summit Drive	Downspout	No Connection
2810 Summit Drive	Downspout	No Connection
2814 Summit Drive	Downspout	No Connection
2818 Summit Drive	Downspout	No Connection
3 Tiara Court	Lateral	No Connection
90 Tiptoe Lane	Downspout	No Connection
96 Tiptoe Lane	Downspout	No Connection
100 Tiptoe Lane	Downspout	No Connection
35 Tulip Court	Downspout	No Connection
48 Tulip Court	Downspout	No Connection
50 Tulip Court	Downspout	No Connection
142 Valdeflores Drive	Downspout	No Connection



LEGEND

- District Sewer
- Non District Sewer
- Contributing Parcels**
- District
- City
- Town
- Non Contributing Parcels**
-

Parcel Dye Test Results

- Broken Cleanout
- Connection Confirmed
- No Connection
- Resident Refused Access



Location Map



**County of San Mateo
Burlingame Hills
Sewer Maintenance District
Master Plan Update**

**FIGURE 1-6
Dye Testing
Inspections and Results**

Brown AND Caldwell

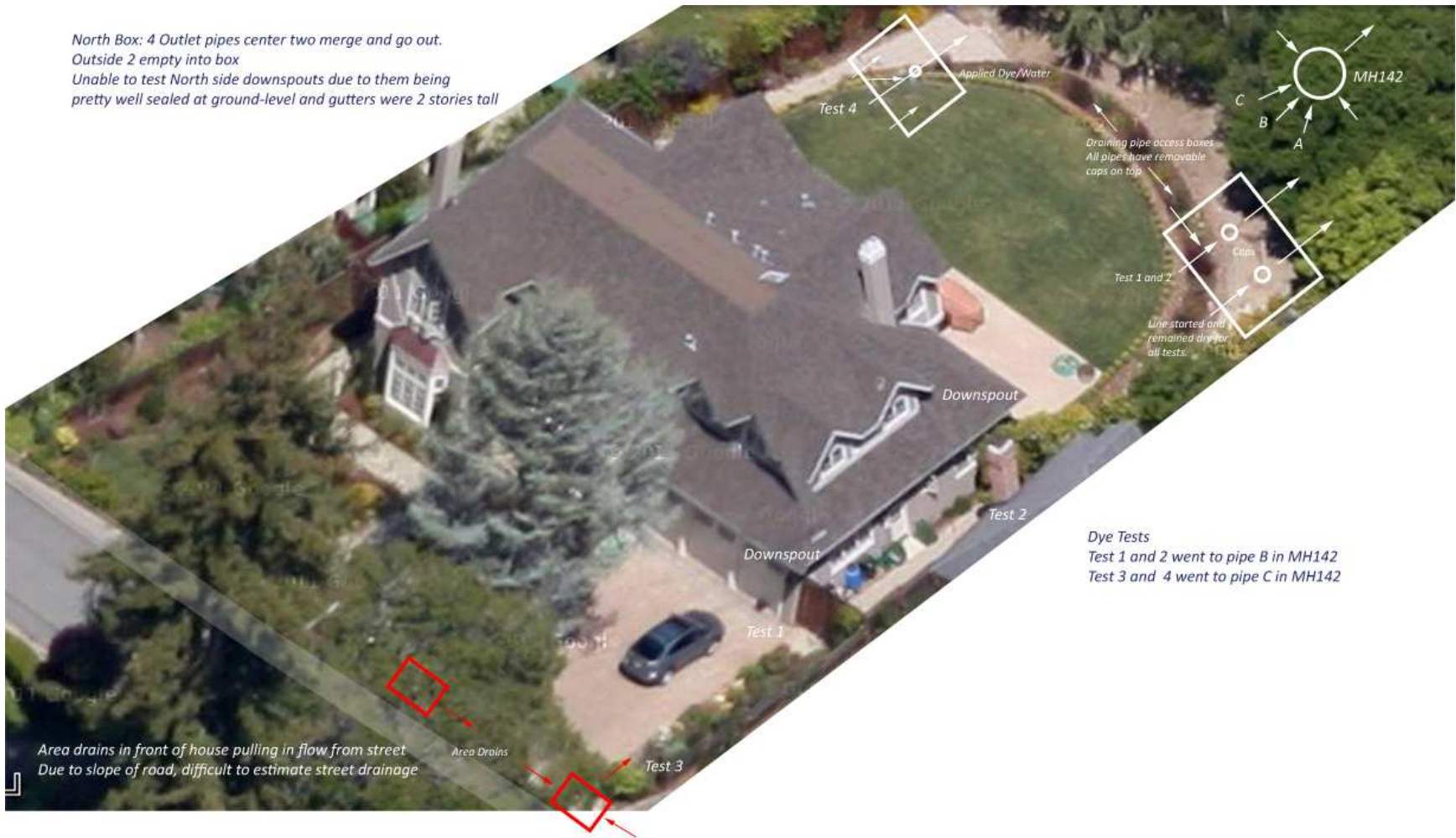


Figure 1-7. Positive Dye Testing Result at 125 La Mesa Court

1.4 Manhole Inspections

This section describes the manhole inspection fieldwork and defect observations.

1.4.1 Manhole Inspection Fieldwork

There are 240 access structures on District sewer mains shown in the District GIS:

- 186 manholes or drop manholes
- 43 cleanouts and flushing inlets
- 9 terminuses
- 2 wyes

Manhole inspections were performed by E2 in January 2011. Surface inspections were completed on 204 District manhole structures, as shown on Figure 1-8. Field crews documented the following types of information for each inspection:

- Asset information such as rim to invert and other measurements and construction materials
- Structural and Operations and Maintenance (O&M) condition defect observations
- Location information such as proximity to storm drains and waterways, and access limitations

The asset information and condition defect observation data was collected on inspection forms based on the National Association of Sewer Service Companies' (NASSCO) Manhole Assessment and Certification Program (MACP). The location criteria data were collected using forms supplied by the District. The forms used to collect this information are presented in Attachment C. Completed manhole inspection forms are included in Attachment D and completed manhole location criteria forms are included in Attachment E.

1.4.2 Manhole Defect Observations

Manhole defect observations were recorded in a Microsoft Access manhole inspection database based on the standard MACP database. Frame, cover, insert, seal, and adjustment ring conditions were recorded in an asset information table and other manhole condition defect observations were recorded in a defect table in accordance with MACP standards.

One hundred twelve manholes out of 191 (not including cleanouts) were observed to have defects during the surface inspections. These defects are summarized in Table 1-4 and manholes with defects are shown on Figure 1-8, and details provided in Attachment D.

The most common manhole defects were evidence of infiltration (stains), roots, cracked seals, and deterioration of the mortar between bricks or mortar coatings. One hundred thirty-eight of the District manholes have brick components. There was no corrosion observed of the reinforced concrete manhole components. Twenty-four of the manholes with evidence of infiltration also had cracked seals.

1.4.3 Other Manhole Observations

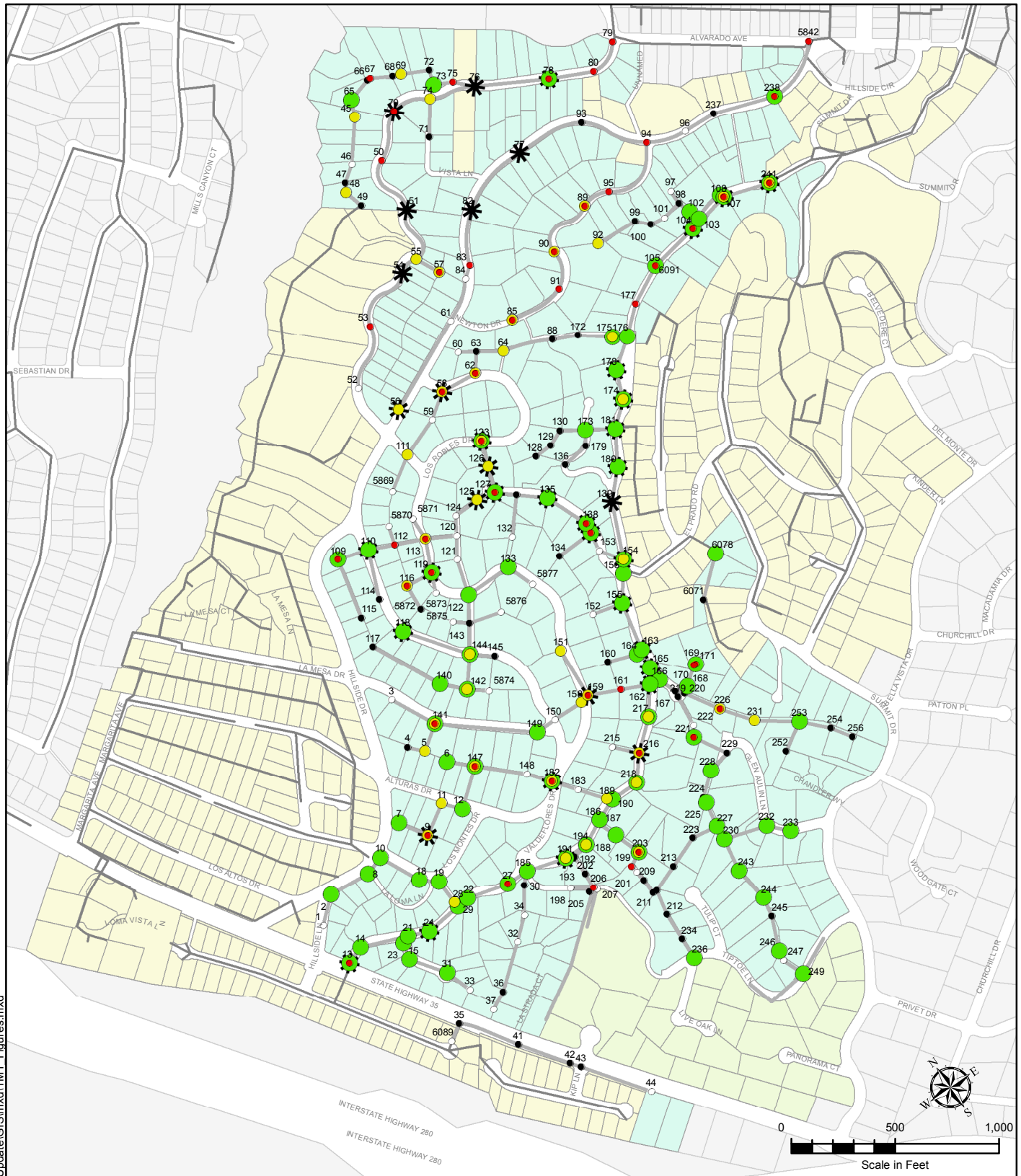
The MACP system has a specific group of condition categories for frame, cover, insert, seal, and adjustment ring conditions and acceptable defect codes to describe the structural and maintenance condition of other manhole components. Therefore, some data collected in accordance with MACP is recorded as asset information, even though it provides information on manhole conditions that are potential sources of I/I entering the collection system or could interfere with maintenance activities. Information on these conditions is presented in this section.

Vented Manholes. Eighty-three manholes were vented with more than two holes in the cover. These holes are potential sources of I/I in areas where ponding can occur over the manhole. Evidence of infiltration was observed at 18 of the 83 manholes.

Table 1-4. Manhole Defect Summary					
Type of Defect	Defect Code	Defect Description	Defect Location	Number of Manholes	Percent ²
Infiltration	IS	Infiltration stain	Frame	6	3
			Chimney	36	19
			Cone	14	7
			Wall	3	2
	Number of Manholes With Infiltration Defects			51	27
Inflow	-	Drainage pipes connected to manhole	Bench	1	<1
Roots	RF/RT	Roots fine/tap	Chimney	13	7
			Cone	21	11
			Wall	2	1
	Number of Manholes Minor Root Defects			34	18
	RM	Roots medium	Cone	13	7
			Wall	3	2
Pipe			2	1	
Number of Manholes With Moderate Root Defects			15	8	
Mortar Deterioration ¹	SRI	Surface Roughness (Cementitious Coating)	Chimney	1	<1
			Cone	1	<1
	SSS	Surface Spalling (Cementitious Coating)	Chimney	3	2
			Cone	6	3
			Wall	2	1
	MMS/M	Missing Mortar, small/medium	Chimney	9	5
			Cone	10	5
			Wall	4	2
	MML	Missing Mortar, large	Chimney	4	2
			Cone	5	3
			Wall	1	<1
	ST-2	Scratch Test Rating = 2, (Penetration ¼ inch)	Cone	2	1
	ST-3	Scratch Test Rating =3, (Penetration ½ inch)	Cone	1	<1
	Number of Manholes with Mortar Defects			38	20
	Brickwork	MB	Missing Brick	Cone	1
DB		Displaced Brick	Cone	1	<1
Frame	Offset	Frame Offset ≥ 1 inch	Frame	6	3
Frame Seal	Seal Cracked	Frame Seal Cracked	Frame Seal	37	19
Adjustment Ring	Cracked	Adjustment Ring Cracked	Adjustment Ring	8	4
Deposits and Debris	DAGS	Grease	Bench and Channel	1	<1
	DAZ	Other Deposits	Bench and Channel	7	4
Surcharge	-	Evidence of surcharge or blockage	Pipe	2	1

¹Of mortar between bricks or cementitious coatings in brick manholes

²Of 191 total manholes inspected, not including cleanouts



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LEGEND

- District Sewers
- Non District Sewers
- Parcels**
- District
- City
- Town
- Non Contributing Parcels

Inspected Manhole Defects

- Evidence of I/I
- Roots
- Vent, Offset, Ring
- ★ Mortar
- No Defects
- Not Inspected



Location Map



**County of San Mateo
Burlingame Hills
Sewer Maintenance District
Master Plan Update**

**FIGURE 1-8
Manhole
Inspections and Defect Observations**



Manholes Below Grade. Manhole inspection crews noted that two manholes were below grade, MH 3 and 112. There was also evidence of infiltration at MH 112. We recommend the District raise these manholes.

Manholes Could Not Be Opened. One manhole (MH 100) was covered by vegetation and one manhole (MH 212) was blocked by a fence. We recommend the District work with the private property owners to remove the obstructions so the manhole can be inspected and accessed for maintenance activities.

Exposed Pipe. A 4-inch-diameter vitrified clay pipe (VCP) was exposed along the hillside of 193 Los Robles Drive near MH 134, a flushing inlet. We recommend the District identify the owner of this pipe and work with the property owner to test and repair this lateral in accordance with the sewer ordinance.

Improper Connections. Manhole 67 had four small drain pipes connected to the manhole on Blackhawk Lane, a private road. These pipes are shown on Figure 1-9. The source was not identified during smoke or dye testing. We recommend the District investigate the source of the pipes and work with the private property owners to remove the connections, if improper.



Figure 1-9. Drain Pipes Connected at Manhole 67

Manhole Bypassed. MH 88 was no longer in service, piping was observed bypassing this manhole. The ground around MH 172 was damp. This is the discharge point for the bypass of MH 88. We recommend a maintenance inspection of this bypass to determine if it is operating properly.

Evidence of Potential Overflow or Surcharge. The resident at 124 La Mesa Court reported frequent overflows during field inspection of MH 6. Sewage accumulation was observed on the bench of MH 85 at the discharge point of the lateral. Evidence of surcharge or blockage was observed at two manholes (MH 75 and

MH 6071). We recommend cleaning and CCTV inspection of the following mains to determine if there is any maintenance or structural problems with the sewer mains:

- MH 6 (cleanout) to 147
- MH 75 to 76
- MH 85 to 91
- MH 6071 to 6078

1.5 CCTV Inspection Information

This section documents the CCTV inspection results provided by the District for inspections completed between 2008 and 2010, as well as the review of the results of the CCTV inspection program included in the 1999 Master Plan.

1.5.1 2008-2010 CCTV Inspections

The District provided a spreadsheet summary of the CCTV inspections completed in 2008, 2009 and 2010. Thirty-one reaches, totaling 4,960 feet, were inspected and structural or maintenance defects were identified on 23 reaches, shown on Figure 1-10 and summarized in Table 1-5.

Defects were corrected through cleaning or repair on six reaches since inspection. We recommend repair or replacement to correct any remaining NASSCO Pipeline Assessment and Certification Program (PACP) grade 4 or 5 structural defects in accordance with the requirements of the Consent Decree. These defects would include:

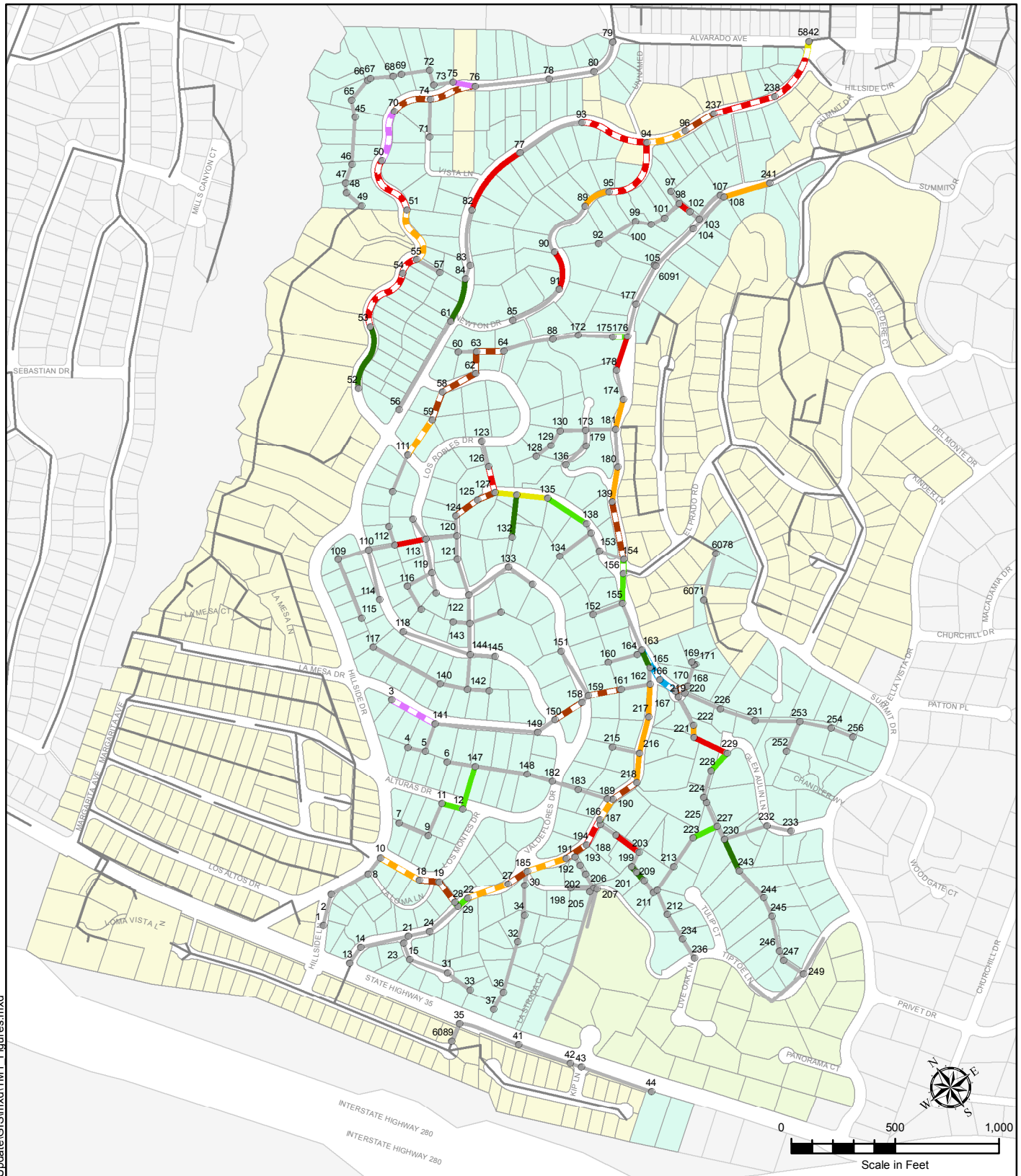
- Broken
- Holes
- Multiple fractures (longitudinal and circumferential fractures that intersect)
- Hinge fractures (two or more longitudinal fractures at the same location)

1.5.2 1999 Master Plan Inspections

1999 Master Plan CCTV inspection results were reviewed to identify reaches with known or suspected structural deficiencies in order to recommend priorities for the District's forthcoming CCTV inspection and condition assessment program required under the Consent Decree. CCTV inspection results for 42 additional reaches, totaling 7,340 feet, are shown on Figure 1-10. The defects are summarized in Table 1-6, which shows the worst defect only for the reach. These defects were ranked as follows, from most to least severe:

- Broken/Hole
- Fractures/Cracks
- Sag
- Joint Offset
- Roots
- Deposits

We recommend prioritization of the CCTV inspection of reaches with prior broken/hole, fractures/cracks, or sag defect observations.



P:\139000\139924 - Burlingame Hills MP Update\GIS\mxd\TM1_Figures.mxd

LEGEND			
● District Manholes	2008-10 Defects	1999	
— District Sewers	Broken/Hole		
— Non District Sewers	Fractures/Cracks		
Parcels	Sag		
District	Joint Offset		
City	Roots		
Town	Deposits		
Non Contributing	No Defects		
Parcels	Defect Corrected		



County of San Mateo
Burlingame Hills
Sewer Maintenance District
Master Plan Update

FIGURE 1-10
CCTV
Inspections and Defect Observations

Table 1-5. CCTV Inspection Data (2008-2010)		
Upstream Manhole	Downstream Manhole	Defects Observed
11	9	None
12	147	None
29	22	None
52	23	Repaired (Broken/Hole)
61	84	Repaired (Broken/Hole)
75	76	Sag
82	77	Broken/Hole
89	95	Fractures/Cracks
91	90	Broken/Hole
98	102	Broken/Hole
108	241	Fractures/Cracks
112	113	Broken/Hole
127	137	Joint Offset
132	131	Repaired (Collapsed)
135	138	None
139	180	Fractures/Cracks
155	156	None
165	163	Obstruction Removed (Piece of Pipe)
178	174	Broken/Hole
181	174	Fractures/Cracks
187	186	None
201	199	Repaired (Broken/Hole)
203	188	Broken/Hole
216	217	Fractures/Cracks
217	216	Fractures/Cracks
218	216	Fractures/Cracks
221	222	Fractures/Cracks
223	227	None
228	229	None
229	221	Broken/Hole
243	230	Repaired (Fractures/Cracks)

Table 1-6. CCTV Inspection Data (1999)				
Upstream Manhole	Old ID – Upstream MH	Downstream Manhole	Old ID – Downstream MH	Defects Observed
3	113	141	110	Sag
10	87	18	86	Fractures/Cracks
18	86	19	85	Roots
19	85	28	84	Roots
22	75	27	74	Fractures/Cracks
27	74	185	71	Roots
28	84	29	76	None
50	307	70	306	Sag
51	308	50	307	Broken/Hole
53	312	54	311	Broken/Hole
54	311	55	309	Broken/Hole
55	309	51	308	Fractures/Cracks
58	160	62	159	Roots
59	161	58	160	Roots
62	159	63	158	Roots
63	158	64	157	Roots
70	306	74	304	Roots
74	304	76	303	Roots
93	210	94	204	Broken/Hole
94	204	96	203	Fractures/Cracks
95	205	94	204	Broken/Hole
96	203	237	202	Roots
111	162	59	161	Fractures/Cracks
124	128	125	127	Roots
125	127	127	126	Roots
126	147	127	126	Broken/Hole
150	108	158	107	Roots
154	13	138	122	Roots
156	14	154	13	None
159	106	150	108	Roots
166	17	163	16	Deposits
167	18	166	17	Deposits
168	19	167	18	Roots
175	152	176	7	None
185	71	191	70	Fractures/Cracks
186	52	190	51	Fractures/Cracks
190	51	218	50	Roots
191	70	194	62	Roots
194	62	186	52	Broken/Hole
237	202	238	201	Broken/Hole
238	201	E3-21099 (City)	200-A	Broken/Hole
E3-21099 (City)	200-A	5842	200	Joint Offset

1.6 System Performance Evaluation

This section describes the analysis performed to develop recommendations to address collection system I/I and structural deficiencies to reduce the occurrence of Sanitary Sewer Overflows (SSO). Collection system rehabilitation to reduce peak wet weather flows through I/I reduction is evaluated in the hydraulic system performance evaluation presented in TM 3. Recommended projects, costs, and a schedule for construction of the improvements to address deficiencies will be developed and prioritized in TM 4, Capital Improvement Plan Development.

1.6.1 Findings

The following findings can be made from the results of this analysis:

- There were no cross-connections identified to the public storm drainage system.
- There were a few major sources of I/I identified during field inspections, these include one property with connected downspouts (162 Los Robles Drive), one property with multiple connected downspouts and area drains (125 La Mesa Court), and one manhole (MH 67) with apparent drain pipe connections. The improper connections are significant enough to potentially overwhelm 6-inch-diameter local sewers.
- Manhole covers with vents are potential inflow sources in areas where ponding can occur.
- Field inspections identified minor infiltration defects and minor and moderate structural and maintenance defects that are potential sources of infiltration in District manholes. These defects include infiltration stains; frame, cover, and adjustment ring defects; mortar deterioration; and roots.

1.6.2 Infiltration/Inflow Improvement Recommendations

Infiltration/inflow improvement recommendations were identified to address current I/I deficiencies and reduce the potential for future I/I. The recommendations, identified in Table 1-7, are included in the system-wide rehabilitation plan presented in Section 4.3 of TM 4, Capital Improvement Plan Development.

Table 1-7. Infiltration/Inflow Improvement Recommendations

Defect Type	Activity	Location
Private	Coordination with property owners to disconnect inflow sources in accordance with the sewer ordinance.	See Table 1-2 and 1-3
Private	Coordination with property owners to test and repair lateral and cleanouts in accordance with the sewer ordinance.	See Table 1-2 and 1-3
Public	Prioritization of rehabilitation of pipes and manholes for I/I reduction in basins with the highest I/I in the District's collection system and where previous CCTV inspections have identified structural defects in the pipes.	Hillside Drive Trunk Sewer Newton Drive Sewer
Public	Repair or replace manhole frames, covers, and adjustment rings with evidence of I/I, vented covers, offset frames, or cracked adjustment rings. I/I may enter the manhole at these locations.	See Table D-1
Public	Repair or replace manholes with mortar deterioration or root defects for rehabilitation for I/I reduction. I/I may enter the manhole at these locations.	See Table D-1

1.6.3 Structural Improvement Recommendations

Structural improvement recommendations were identified to address known structural deficiencies and prioritize CCTV inspection of sewers with higher likelihood of SSOs due to structural failures. Based on information reviewed for this project, the most critical deficiencies were identified on the Los Robles Drive, Adeline Drive and Canyon Road sewers. The District will complete CCTV inspection and condition assessment of these sewers and all sewer pipes older than 10 years under the requirements of the Consent Decree. The Consent Decree also requires spot repairs or replacement of reaches with broken/holed or multiple fractures defects that are PACP Condition Grade 4 or 5. The defect severity will dictate rehabilitation schedule.

References

Brown and Caldwell, *Wastewater Collection System Master Plan*, City of Burlingame, California, October 2010.

Brown and Caldwell, *Sewer Master Plan*, Burlingame Hills Sewer Maintenance District, County of San Mateo, California, December 1999.

County of San Mateo, Geographical Information System (GIS), *Parcels*, 2009.

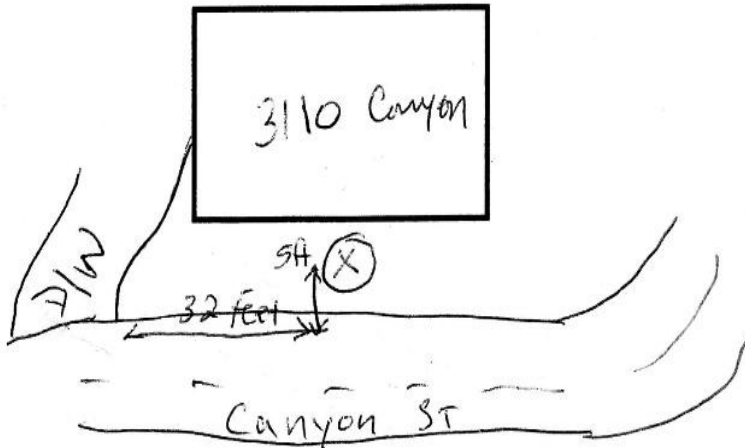
Attachment A: Smoke Testing Reports

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Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



N



400A1-sk.jpg

400A1

3110 Canyon rd
Burlingame, CA

Date and Time of Test: 10/26/2010
12:00 PM

Defect Type: Upper Cleanout

Drainage Area (sq. feet): 2000

Smoke Density: Light

Upstream Manhole: 22

Downstream Manhole: 27

Comment:



400A1.jpg

ACTION TAKEN

Date:

- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



400B1

**10 Crystal tr
 Burlingame, CA**

Date and Time of Test: 10/26/2010
 12:00 PM

Defect Type: Sanitary Manhole

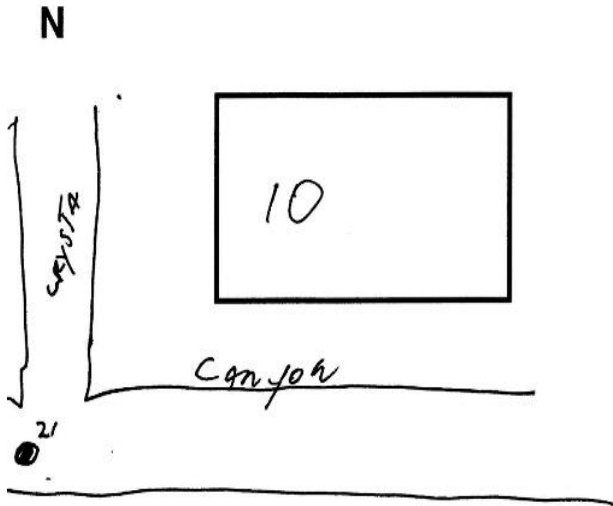
Drainage Area (sq. feet): 25

Smoke Density: Light

Upstream Manhole: 21

Downstream Manhole: 21

Comment:



400B1-sk.jpg



400B1.jpg

ACTION TAKEN

Date:

- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



400C1

**10 Crystal tr
 Burlingame, CA**

Date and Time of Test: 10/26/2010
 12:00 PM

Defect Type: Sanitary Manhole

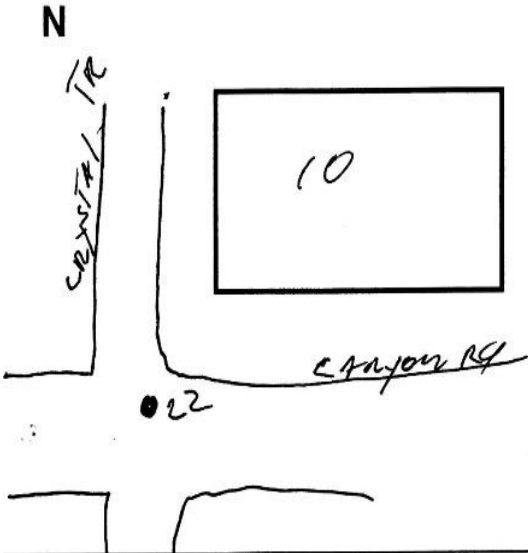
Drainage Area (sq. feet): 25

Smoke Density: Light

Upstream Manhole: 22

Downstream Manhole: 22

Comment:



400C1-sk.jpg



400C1.jpg

ACTION TAKEN

Date:

- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



400D1

**10 Crystal tr
 Burlingame, CA**

Date and Time of Test: 10/26/2010
 12:00 PM

Defect Type: Upper Lateral

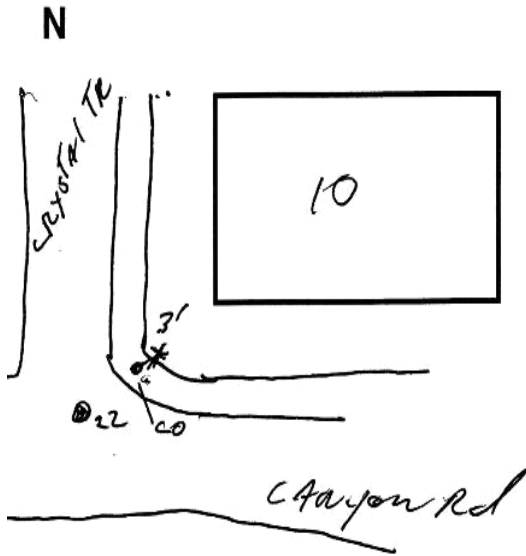
Drainage Area (sq. feet): 9

Smoke Density: Light

Upstream Manhole: 15

Downstream Manhole: 23

Comment: 3 Ft at edge of sidewalk



400D1-sk.jpg



400D1.jpg

ACTION TAKEN

Date:

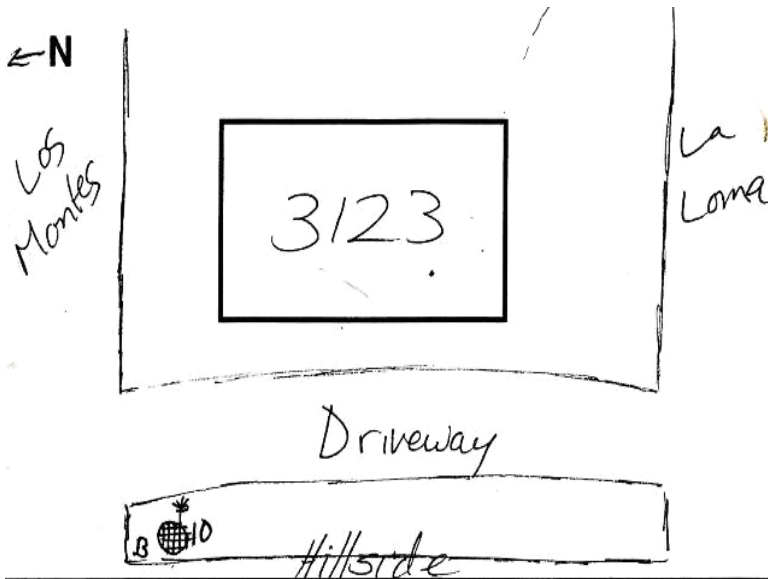
- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



401A1-sk.jpg



401A1.jpg

401A1

3123 Los Montes Dr
Burlingame, CA

Date and Time of Test: 10/26/2010
1:00 PM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 100

Smoke Density: Heavy

Upstream Manhole: 10

Downstream Manhole: 10

Comment: manhole is below ground and subject to ponding

ACTION TAKEN

Date:

- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



401B1

**3151 Hillside Ln
 Burlingame, CA**

Date and Time of Test: 10/26/2010

1:00 PM

Defect Type: Upper Lateral

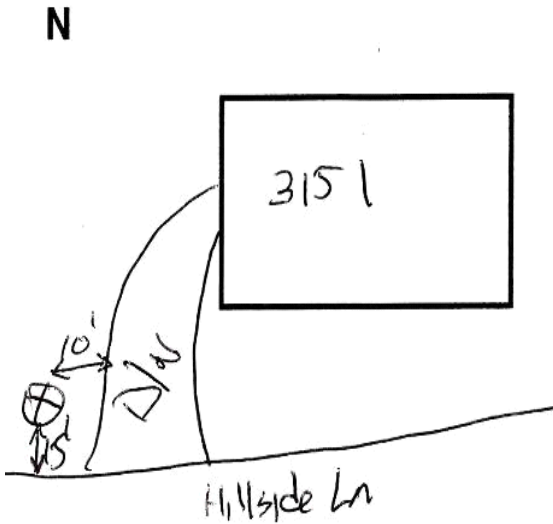
Drainage Area (sq. feet): 300

Smoke Density: Light

Upstream Manhole: 1

Downstream Manhole: 2

Comment: suspect lateral defect water coming out of irrigation control valve



401B1-sk.jpg



401B1.jpg

ACTION TAKEN

Date:

Owner Notified

Letter

Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



401C1

3135 Hillside Dr
Burlingame, CA

Date and Time of Test: 10/26/2010

1:00 PM

Defect Type: Upper Lateral

Drainage Area (sq. feet): 40

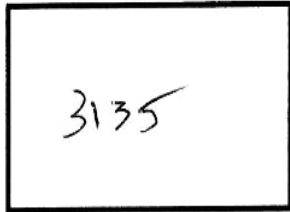
Smoke Density: Light

Upstream Manhole: 2

Downstream Manhole: 8

Comment:

N



401C1-sk.jpg



401C1.jpg

ACTION TAKEN

Date:

Owner Notified

Letter

Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



402A1

**118 Alturas Dr
 Burlingame, CA**

Date and Time of Test: 10/26/2010
 1:45 PM

Defect Type: Sanitary Manhole

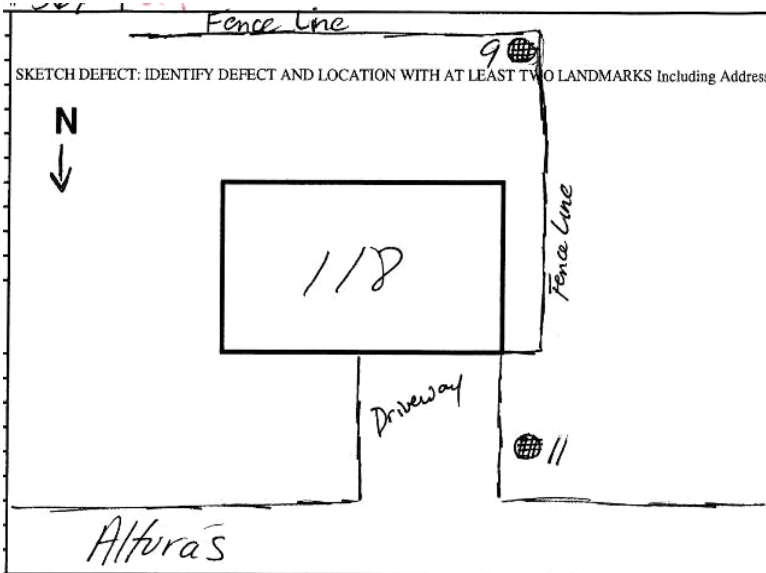
Drainage Area (sq. feet): 25

Smoke Density: Light

Upstream Manhole: 11

Downstream Manhole: 11

Comment:



402A1-sk.jpg



402A1.jpg

ACTION TAKEN

Date:

- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



402B1

118 Alturas Dr
Burlingame, CA

Date and Time of Test: 10/26/2010
1:45 PM

Defect Type: Sanitary Manhole

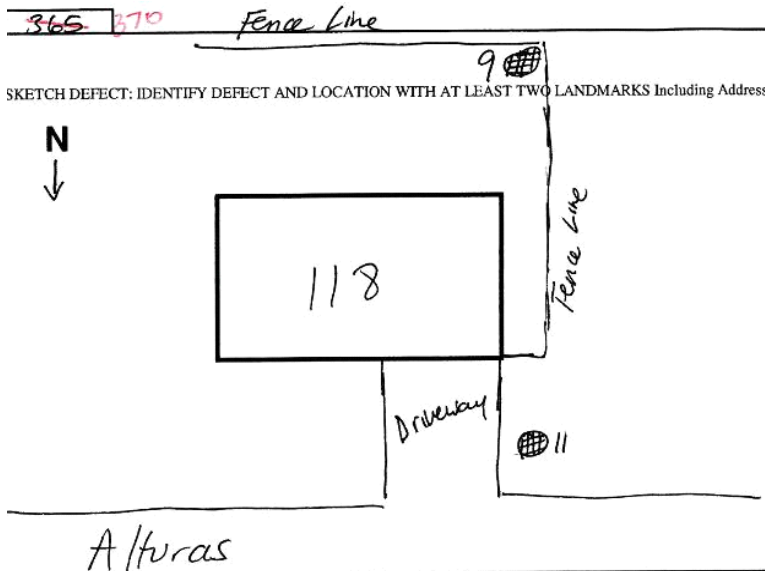
Drainage Area (sq. feet): 25

Smoke Density: Light

Upstream Manhole: 9

Downstream Manhole: 9

Comment:



402B1-sk.jpg



402B1.jpg

ACTION TAKEN

Date:

Owner Notified

Letter

Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



403A1

**175 Los Robles Dr
 Burlingame, CA**

Date and Time of Test: 10/26/2010
 2:15 PM

Defect Type: Sanitary Manhole

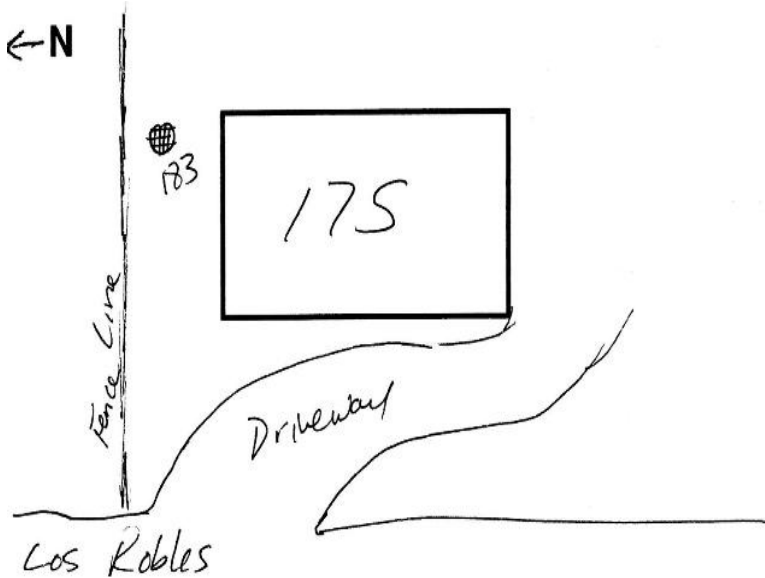
Drainage Area (sq. feet): 100

Smoke Density: Light

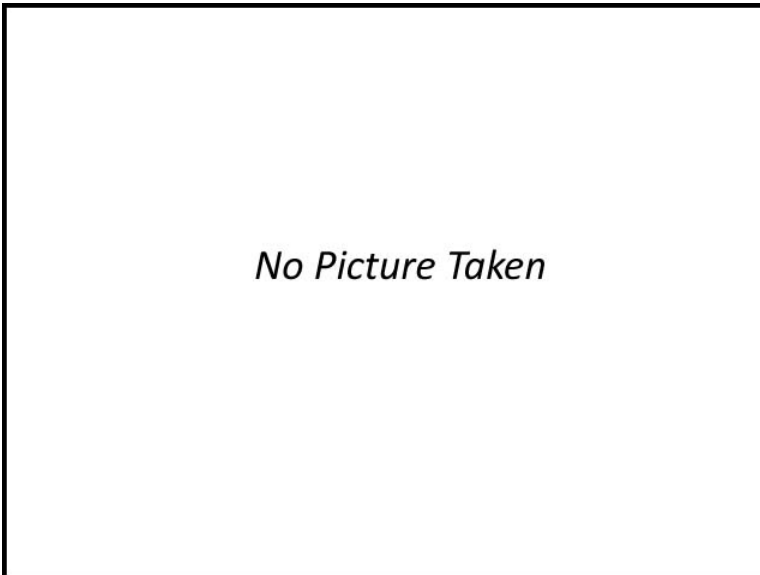
Upstream Manhole: 183

Downstream Manhole: 183

Comment: manhole buried under landscape and drainage pipe. No picture (buried MH)



403A1-sk.jpg



403A1.jpg

ACTION TAKEN

Date:

Owner Notified

Letter

Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



403B1

**176 Los Robles Dr
 Burlingame, CA**

Date and Time of Test: 10/26/2010
 2:15 PM

Defect Type: Sanitary Manhole

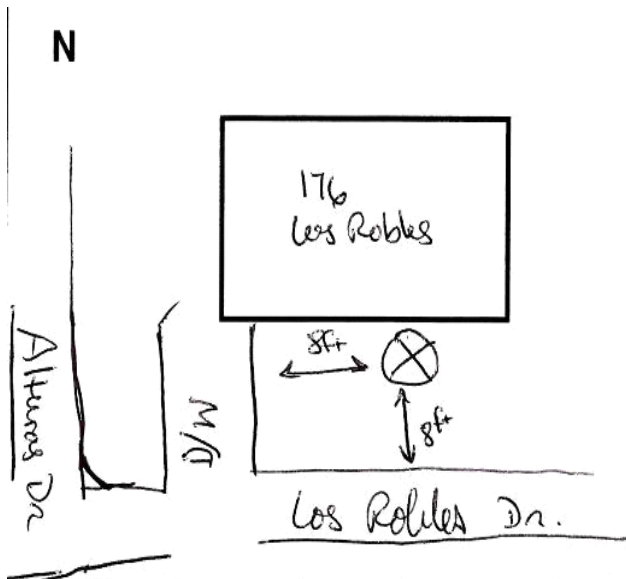
Drainage Area (sq. feet): 30

Smoke Density: Light

Upstream Manhole: 182

Downstream Manhole: 182

Comment:



403B1-sk.jpg



403B1.jpg

ACTION TAKEN

Date:

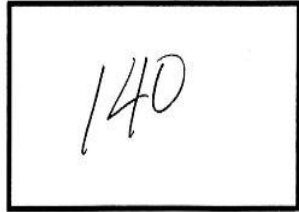
- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



Driveway

Tiptoe



404A1-sk.jpg



404A1.jpg

404A1

140 Tiptoe Ln
Burlingame, CA

Date and Time of Test: 10/26/2010
2:45 PM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 300

Smoke Density: Light

Upstream Manhole: 206

Downstream Manhole: 206

Comment:

ACTION TAKEN

Date:

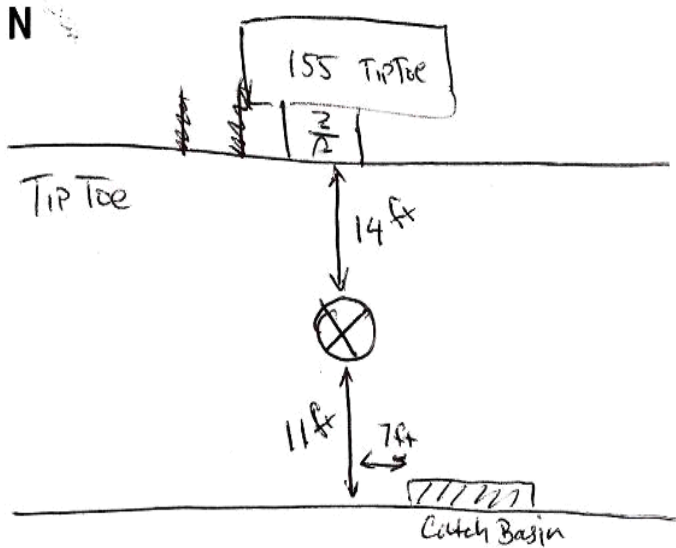
- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



404B1-sk.jpg



404B1.jpg

404B1

**155 Tiptoe Ln
 Burlingame, CA**

Date and Time of Test: 10/26/2010

2:45 PM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 25

Smoke Density: Light

Upstream Manhole: 205

Downstream Manhole: 205

Comment:

ACTION TAKEN

Date:

Owner Notified

Letter

Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



405A1

**175 Tiptoe Ln
 Burlingame, CA**

Date and Time of Test: 10/26/2010
 3:20 PM

Defect Type: Sanitary Manhole

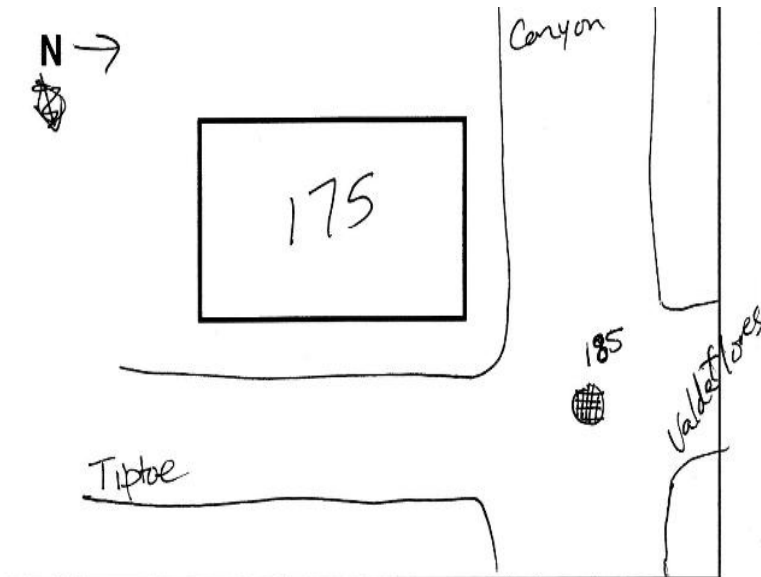
Drainage Area (sq. feet): 1000

Smoke Density: Light

Upstream Manhole: 185

Downstream Manhole: 185

Comment:



405A1-sk.jpg

ACTION TAKEN

Date:

- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____



405A1.jpg

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



405B1

**150 Tiptoe Ln
 Burlingame, CA**

Date and Time of Test: 10/26/2010
 3:20 PM

Defect Type: Sanitary Manhole

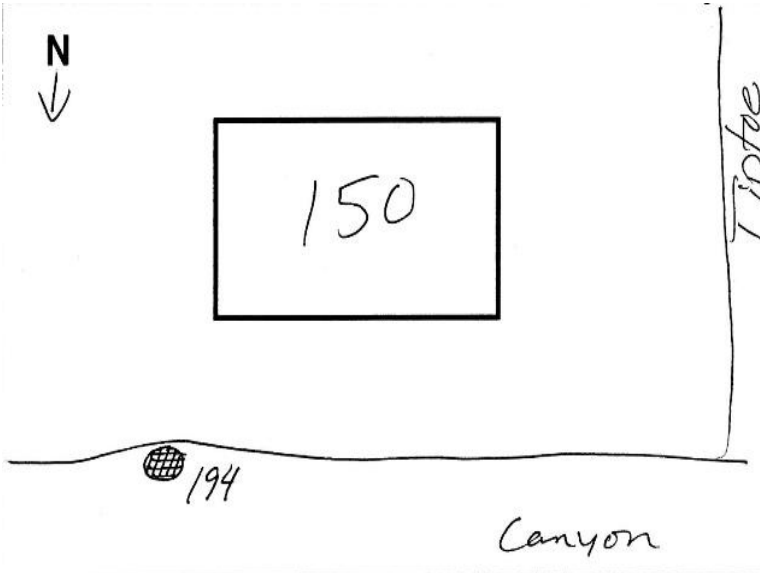
Drainage Area (sq. feet): 600

Smoke Density: Heavy

Upstream Manhole: 194

Downstream Manhole: 194

Comment:



405B1-sk.jpg



405B1.jpg

ACTION TAKEN

Date:

- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



405C1

**181 Valdeflores Dr
 Burlingame, CA**

Date and Time of Test: 10/26/2010
 3:20 PM

Defect Type: Upper Cleanout

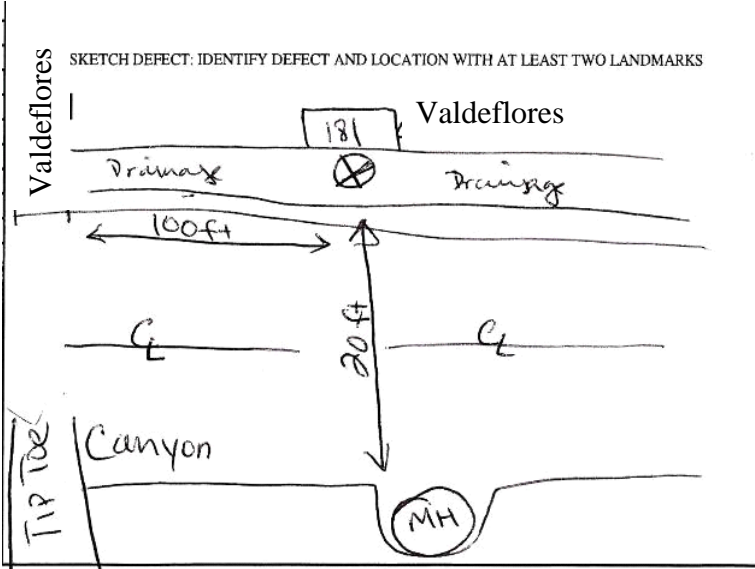
Drainage Area (sq. feet): 2000

Smoke Density: Light

Upstream Manhole: 191

Downstream Manhole: 192

Comment: cleanout number 181 at bottom of drainage ditch is possibly leaking. The whole gutter could be possible drainage area.



405C1-sk.jpg



405C1.jpg

ACTION TAKEN

Date:

- Owner Notified
- Letter
- Phone

Corrective Action Taken

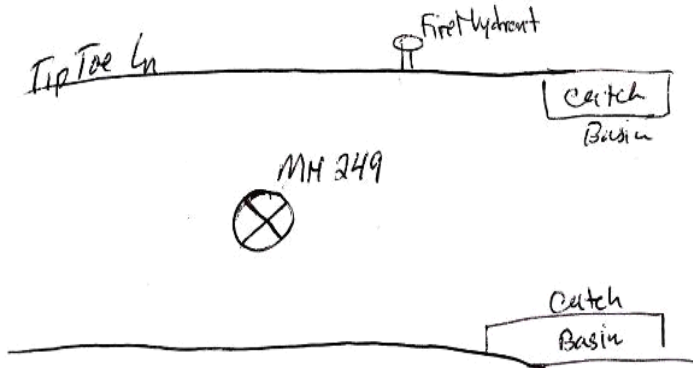
OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



N



406A1-sk.jpg



406A1.jpg

406A1

**20 Tiptoe Ln
 Burlingame, CA**

Date and Time of Test: 10/27/2010
 11:07 AM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 25

Smoke Density: Light

Upstream Manhole: 249

Downstream Manhole: 249

Comment:

ACTION TAKEN

Date:

Owner Notified

Letter

Phone

Corrective Action Taken

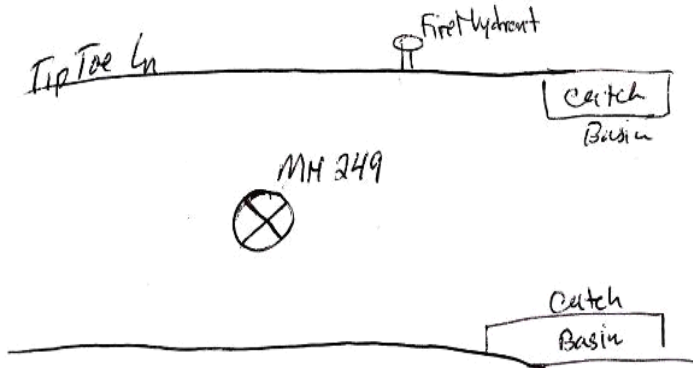
OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



N



406B1-sk.jpg



406B1.jpg

406B1

**15 Tiptoe Ln
 Burlingame, CA**

Date and Time of Test: 10/27/2010
 11:07 AM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 25

Smoke Density: Light

Upstream Manhole: 250

Downstream Manhole: 250

Comment:

ACTION TAKEN

Date:

- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



407A1

**135 Glen Aulin Ln
 Burlingame, CA**

Date and Time of Test: 10/27/2010

11:35 AM

Defect Type: Upper Lateral

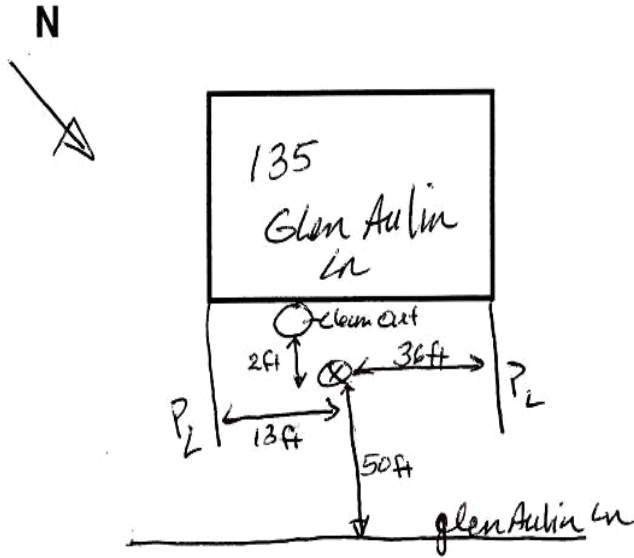
Drainage Area (sq. feet): 100

Smoke Density: Light

Upstream Manhole: 233

Downstream Manhole: 232

Comment:



407A1-sk.jpg



407A1.jpg

ACTION TAKEN

Date:

Owner Notified

Letter

Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



407B1-sk.jpg

**139 Glen Aulin Ln
 Burlingame, CA**

407B1

Date and Time of Test: 10/27/2010
 11:35 AM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 40

Smoke Density: Light

Upstream Manhole: 232

Downstream Manhole: 232

Comment: mh 232 smoking from cracks around it.



407B1.jpg

ACTION TAKEN

Date:

Owner Notified

Letter

Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



408A1-sk.jpg



408A1.jpg

408A1

70 Tiptoe Ln
Burlingame, CA

Date and Time of Test: 10/27/2010
1:10 PM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 50

Smoke Density: Light

Upstream Manhole: 236

Downstream Manhole: 236

Comment: MH 236 defect

ACTION TAKEN

Date:

Owner Notified

Letter

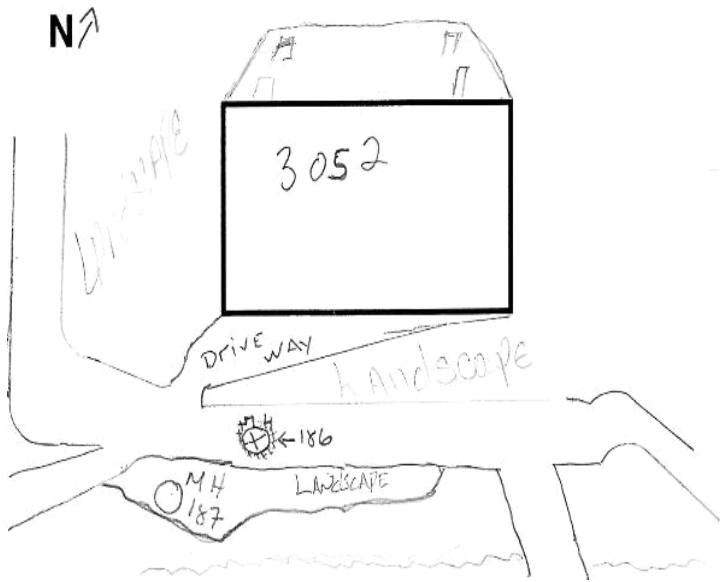
Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



409A1-sk.jpg



409A1.jpg

409A1

**3052 Canyon rd
 Burlingame, CA**

Date and Time of Test: 10/27/2010
 1:50 PM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 100

Smoke Density: Heavy

Upstream Manhole: 186

Downstream Manhole: 186

Comment: smoke coming from cracks around manhole 186

ACTION TAKEN

Date:

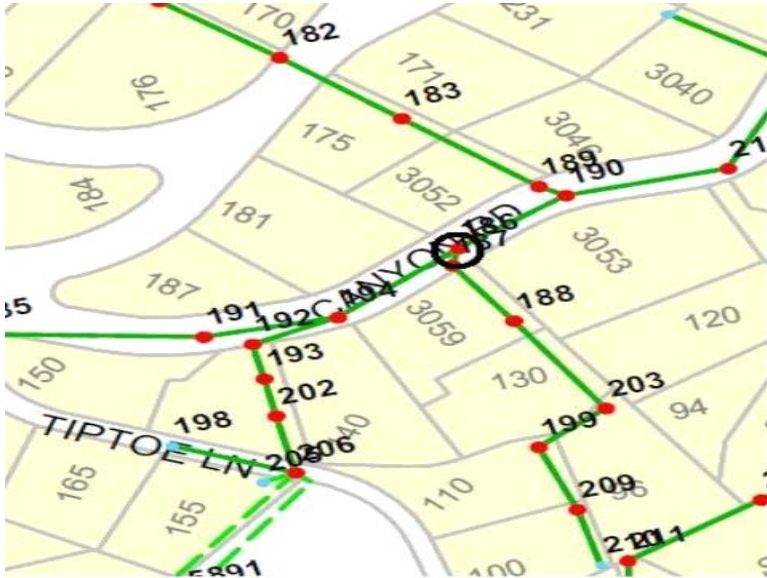
- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



409B1-sk.jpg

**3059 Canyon rd
 Burlingame, CA**

409B1

Date and Time of Test: 10/27/2010
 1:50 PM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 25

Smoke Density: Light

Upstream Manhole: 187

Downstream Manhole: 187

Comment: smoking around mh 187



409B1.jpg

ACTION TAKEN

Date:

Owner Notified

Letter

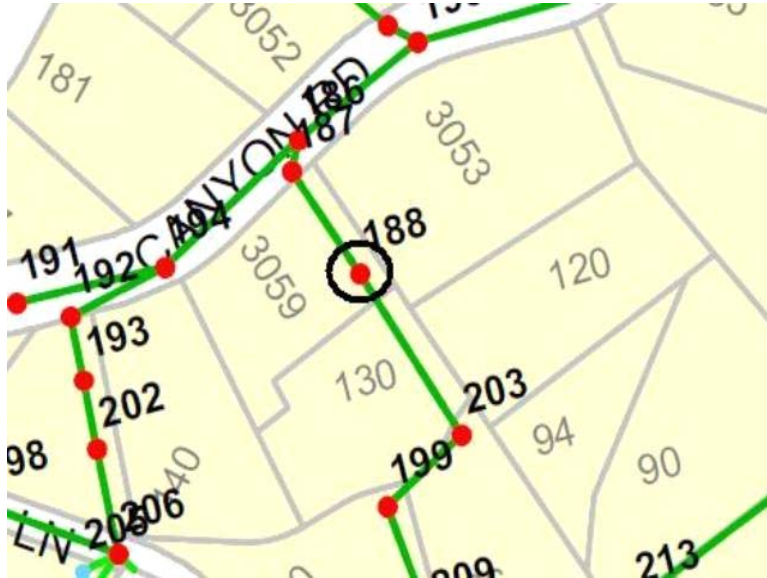
Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



409C1-sk.jpg

**3059 Canyon rd
 Burlingame, CA**

409C1

Date and Time of Test: 10/27/2010
 1:50 PM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 4

Smoke Density: Light

Upstream Manhole: 188

Downstream Manhole: 188

Comment: MH 188 Defect



409C1.jpg

ACTION TAKEN

Date:

Owner Notified

Letter

Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



409D1

3059 Canyon rd
Burlingame, CA

Date and Time of Test: 10/27/2010

1:50 PM

Defect Type: Sewer Main

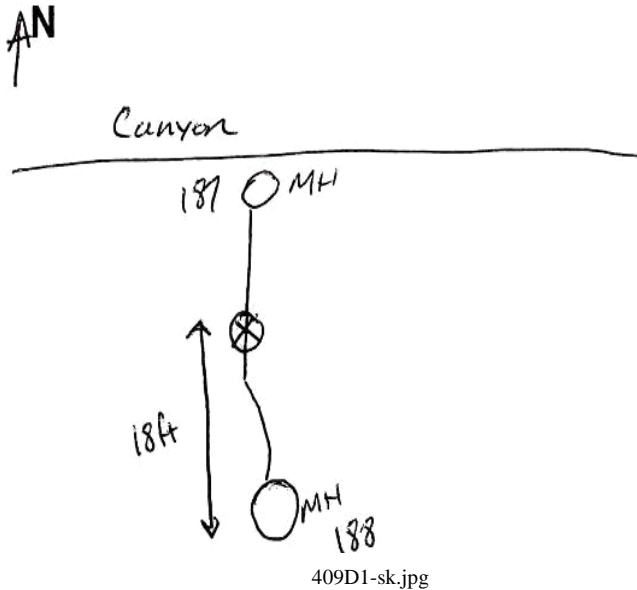
Drainage Area (sq. feet): 1

Smoke Density: Light

Upstream Manhole: 188

Downstream Manhole: 187

Comment: defect on main 18ft north of mh 188



409D1.jpg

ACTION TAKEN

Date:

Owner Notified

Letter

Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



409E1

**130 Tiptoe Ln
 Burlingame, CA**

Date and Time of Test: 10/27/2010

1:50 PM

Defect Type: Sewer Main

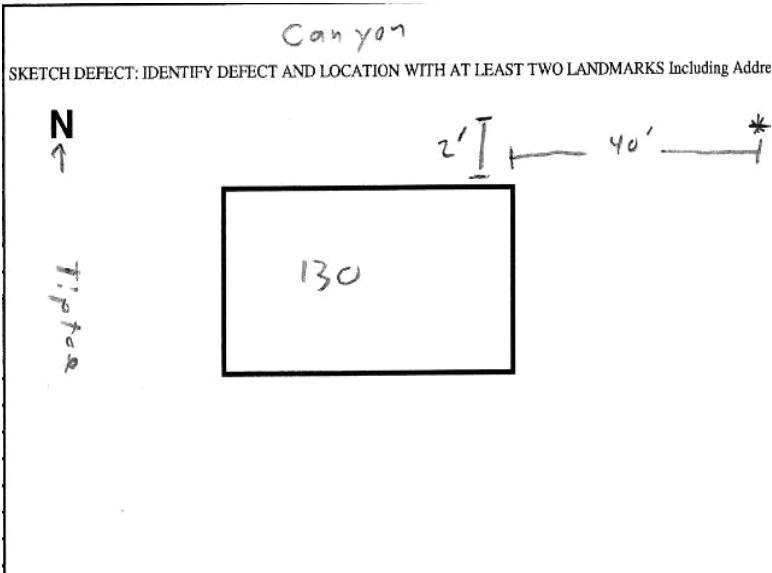
Drainage Area (sq. feet): 225

Smoke Density: Heavy

Upstream Manhole: 203

Downstream Manhole: 188

Comment: resident says someone put in pipe recently



409E1-sk.jpg



409E1.jpg

ACTION TAKEN

Date:

Owner Notified

Letter

Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



409F1-sk.jpg

**130 Tiptoe Ln
 Burlingame, CA**

409F1

Date and Time of Test: 10/27/2010
 1:50 PM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 4

Smoke Density: Light

Upstream Manhole: 203

Downstream Manhole: 203

Comment: MH 203



409F1.jpg

ACTION TAKEN

Date:

- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



410A1-sk.jpg



410A1.jpg

410A1

**3 Tiara Ct
 Burlingame, CA**

Date and Time of Test: 10/27/2010
 2:49 PM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 9

Smoke Density: Light

Upstream Manhole: 167

Downstream Manhole: 167

Comment: MH 167 defect

ACTION TAKEN

Date:

Owner Notified

Letter

Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



410B1-sk.jpg



410B1.jpg

410B1

**2 Tiara Ct
 Burlingame, CA**

Date and Time of Test: 10/27/2010
 2:49 PM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 4

Smoke Density: Light

Upstream Manhole: 167

Downstream Manhole: 220

Comment: MH 212 defect

ACTION TAKEN

- Date:**
- Owner Notified
 - Letter
 - Phone

Corrective Action Taken

OK by _____

Date _____

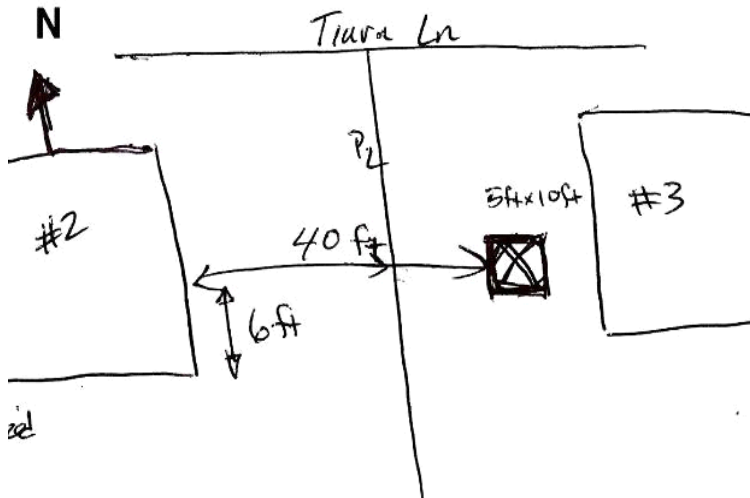
Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



410C1

**3 Tiara Ct
 Burlingame, CA**

SKETCH DEFECT: IDENTIFY DEFECT AND LOCATION WITH AT LEAST TWO LANDMARKS



410C1-sk.jpg

Date and Time of Test: 10/27/2010
 2:49 PM

Defect Type: Sewer Main

Drainage Area (sq. feet): 200

Smoke Density: Light

Upstream Manhole: 222

Downstream Manhole: 219

Comment: 5x10 ft patch of non localized smoke in the yard of House 3



410C1.jpg

ACTION TAKEN

Date:

- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



411A1

**100 La Mesa Dr
 Burlingame, CA**

Date and Time of Test: 10/27/2010
 3:20 PM

Defect Type: Upper Cleanout

Drainage Area (sq. feet): 25

Smoke Density: Heavy

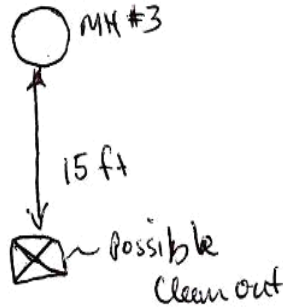
Upstream Manhole: 0

Downstream Manhole: 3

Comment: 15ft (approx) sw of mh 3, possibly a cleanout



La Mesa



411A1-sk.jpg



411A1.jpg

ACTION TAKEN

Date:

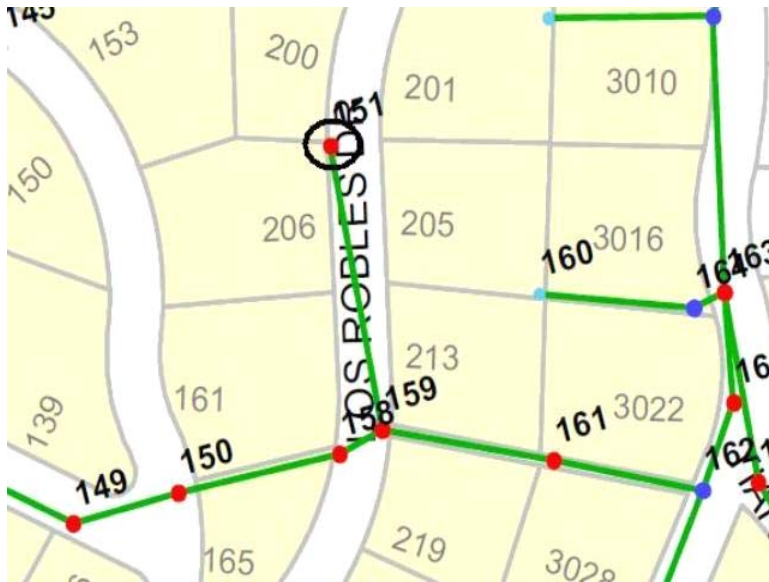
- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



412A1-sk.jpg

412A1

**206 Los Robles Dr
 Burlingame, CA**

Date and Time of Test: 10/27/2010
 4:05 PM

Defect Type: Sanitary Manhole

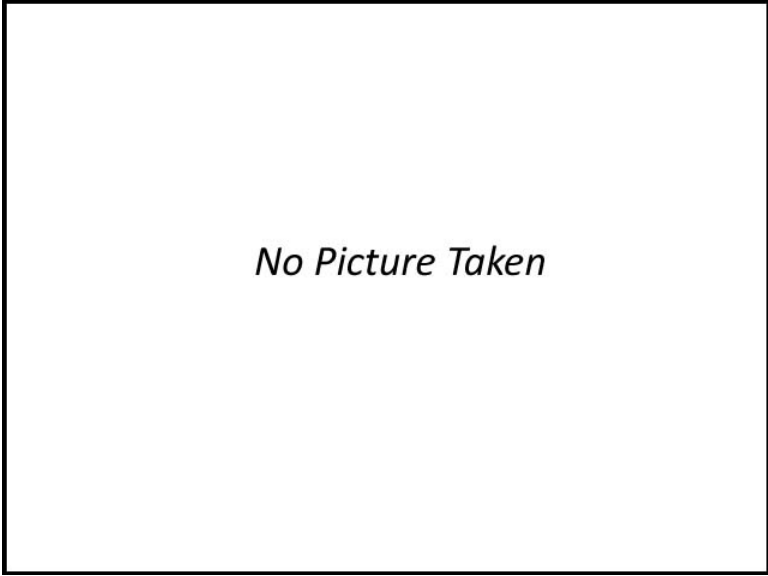
Drainage Area (sq. feet): 25

Smoke Density: Light

Upstream Manhole: 151

Downstream Manhole: 151

Comment: no picture. Smoke around mh151



412A1.jpg

ACTION TAKEN

Date:

- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



414A1-sk.jpg

**3028 Canyon rd
 Burlingame, CA**

414A1

Date and Time of Test: 10/28/2010
 10:51 AM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 1

Smoke Density: Light

Upstream Manhole: 217

Downstream Manhole: 217

Comment: MH 217 Defect



414A1.jpg

ACTION TAKEN

- Date:**
- Owner Notified
 - Letter
 - Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



414B1-sk.jpg



414B1.jpg

414B1

**3022 Canyon rd
 Burlingame, CA**

Date and Time of Test: 10/28/2010
 10:51 AM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 25

Smoke Density: Light

Upstream Manhole: 162

Downstream Manhole: 162

Comment: MH 162 defect

ACTION TAKEN

- Date:**
- Owner Notified
 - Letter
 - Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



414C1-sk.jpg



414C1.jpg

414C1

**3022 Canyon rd
 Burlingame, CA**

Date and Time of Test: 10/28/2010
 10:51 AM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 25

Smoke Density: Light

Upstream Manhole: 165

Downstream Manhole: 165

Comment: MH 163 defect

ACTION TAKEN

Date:

- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



414D1

**3028 Canyon rd
 Burlingame, CA**

Date and Time of Test: 10/28/2010
 10:51 AM

Defect Type: Upper Cleanout

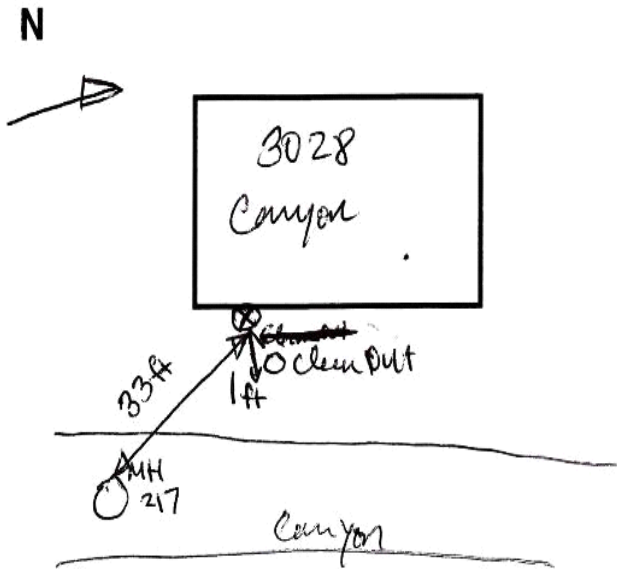
Drainage Area (sq. feet): 1

Smoke Density: Light

Upstream Manhole: 217

Downstream Manhole: 162

Comment: leak 1 ft west of cleanout on driveway of house 3028



414D1-sk.jpg



414D1.jpg

ACTION TAKEN

Date:

Owner Notified

Letter

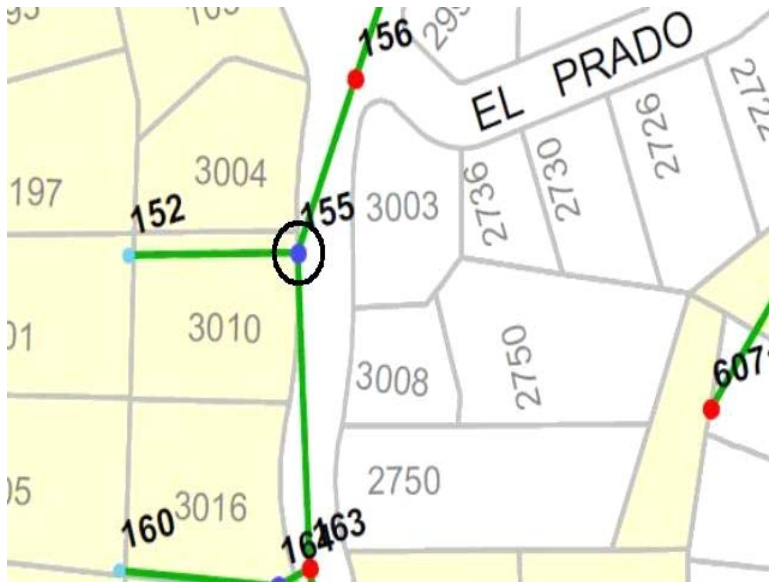
Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



415A1-sk.jpg

**3004 Canyon rd
 Burlingame, CA**

415A1

Date and Time of Test: 11/2/2010
 11:30 AM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 1

Smoke Density: Light

Upstream Manhole: 155

Downstream Manhole: 155

Comment: MH 155



415A1.jpg

ACTION TAKEN

Date:

Owner Notified

Letter

Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



415B1

**3004 Canyon rd
 Burlingame, CA**

Date and Time of Test: 11/2/2010
 11:30 AM

Defect Type: Lower Lateral

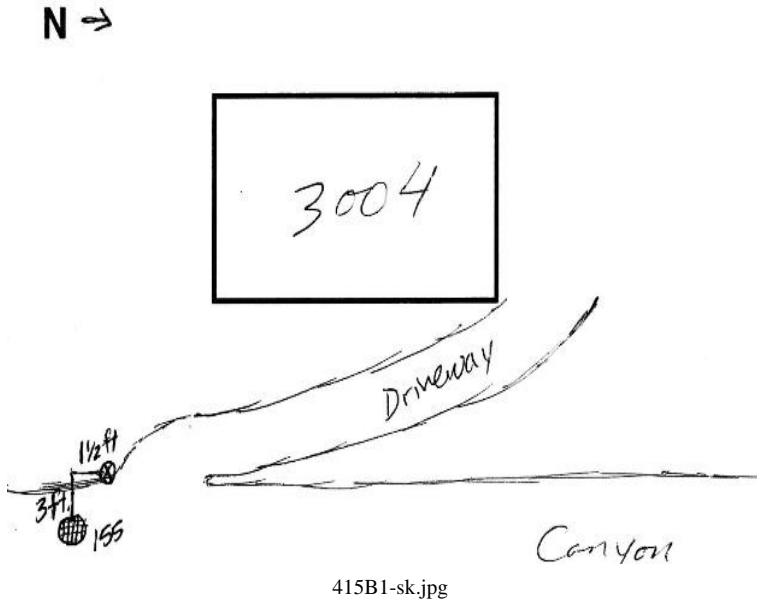
Drainage Area (sq. feet): 1

Smoke Density: Light

Upstream Manhole: 156

Downstream Manhole: 155

Comment:



ACTION TAKEN

Date:

Owner Notified

Letter

Phone

Corrective Action Taken

OK by _____

Date _____



Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



415C1

**2730 el prado rd
 Burlingame, CA**

Date and Time of Test: 11/2/2010
 11:30 AM

Defect Type: Sanitary Manhole

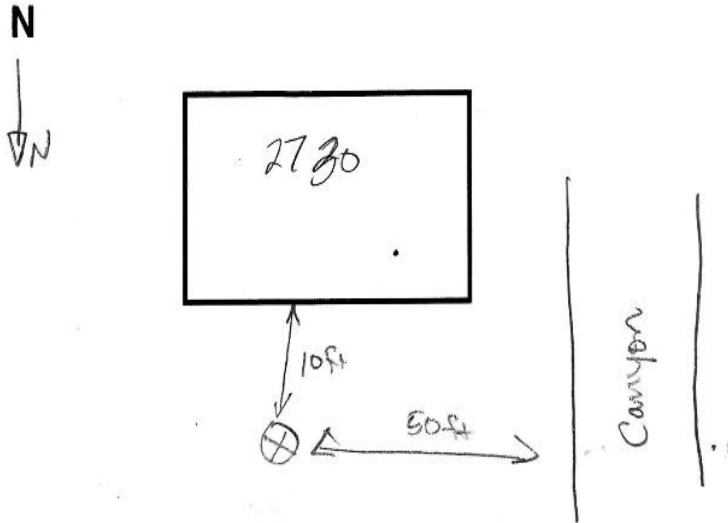
Drainage Area (sq. feet): 25

Smoke Density: Light

Upstream Manhole: 156

Downstream Manhole: 156

Comment: up structure not on map



415C1-sk.jpg



415C1.jpg

ACTION TAKEN

Date:

- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

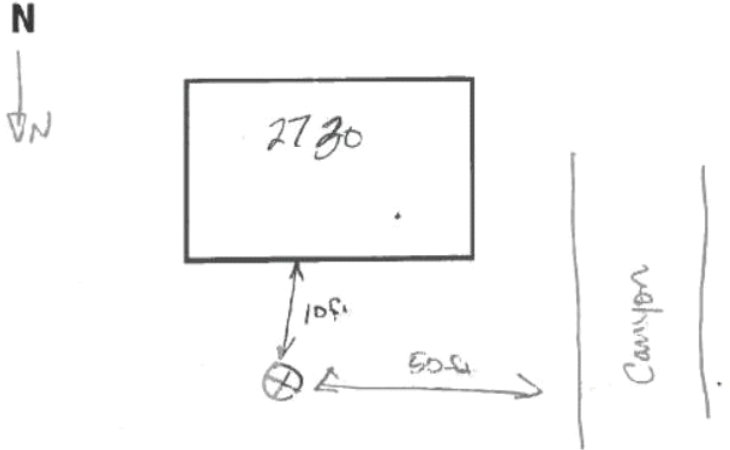
Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



415D1

**2730 el prado rd
 Burlingame, CA**

SKETCH DEFECT: IDENTIFY DEFECT AND LOCATION WITH AT LEAST TWO LANDMARKS Including Address



415D1-sk.jpg

Date and Time of Test: 11/2/2010
 11:30 AM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 25

Smoke Density: Light

Upstream Manhole: 155

Downstream Manhole: 155

Comment: not on map



415D1.jpg

ACTION TAKEN

Date:

- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



416A1-sk.jpg



416A1.jpg

416A1

**3004 Canyon rd
 Burlingame, CA**

Date and Time of Test: 11/2/2010
 12:01 PM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 25

Smoke Density: Light

Upstream Manhole: 165

Downstream Manhole: 165

Comment: MH 165 defect

ACTION TAKEN

Date:

- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



416B1

**3022 Canyon rd
 Burlingame, CA**

Date and Time of Test: 11/2/2010
 12:01 PM

Defect Type: Sanitary Manhole

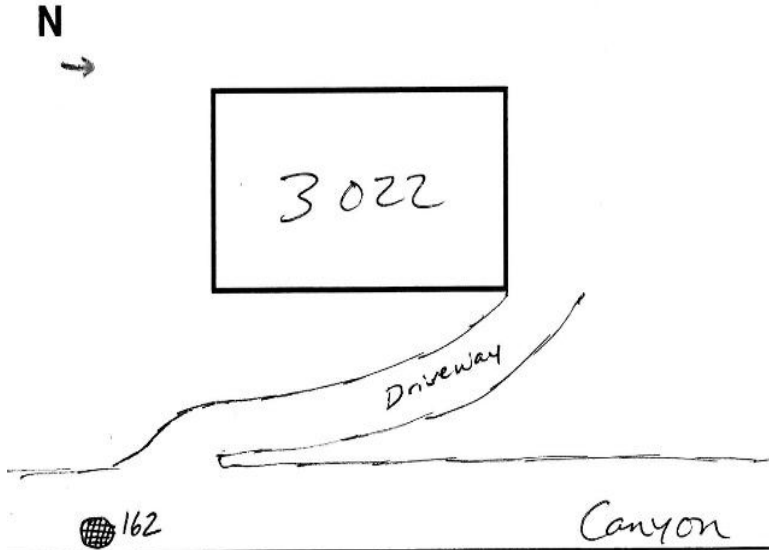
Drainage Area (sq. feet): 400

Smoke Density: Light

Upstream Manhole: 162

Downstream Manhole: 162

Comment:



416B1-sk.jpg



416B1.jpg

ACTION TAKEN

Date:

- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



417A1

**2920 Canyon rd
 Burlingame, CA**

Date and Time of Test: 11/2/2010
 12:28 PM

Defect Type: Upper Cleanout

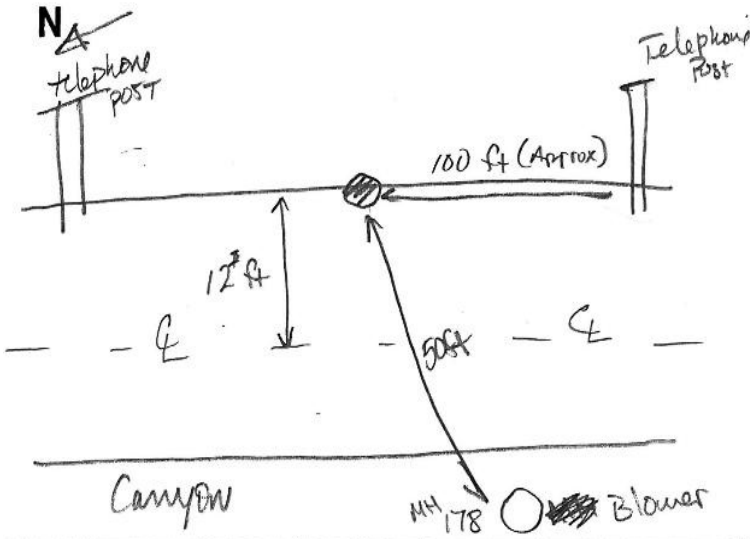
Drainage Area (sq. feet): 500

Smoke Density: Heavy

Upstream Manhole: 174

Downstream Manhole: 176

Comment:



417A1-sk.jpg



417A1.jpg

ACTION TAKEN

Date:

Owner Notified

Letter

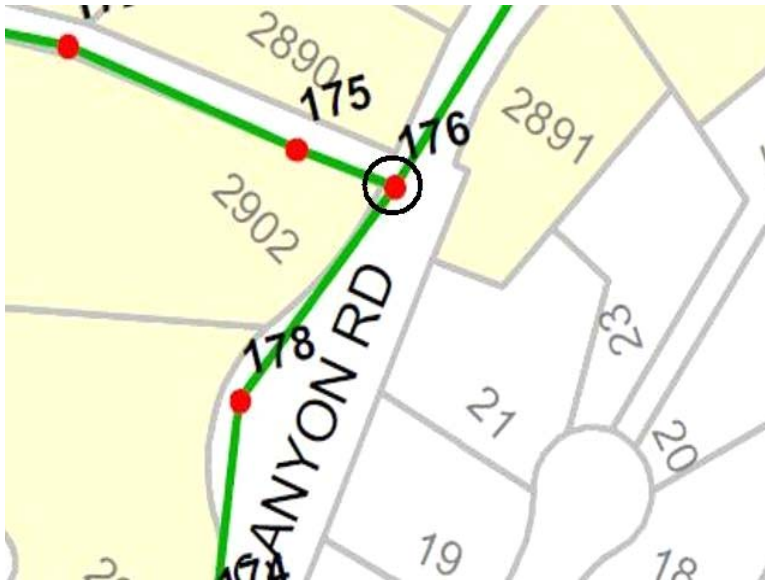
Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



417B1-sk.jpg



417B1.jpg

417B1

2890 Canyon rd
Burlingame, CA

Date and Time of Test: 11/2/2010
12:28 PM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 25

Smoke Density: Heavy

Upstream Manhole: 178

Downstream Manhole: 176

Comment: MH 176 defect

ACTION TAKEN

Date:

Owner Notified

Letter

Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



419A1-sk.jpg



419A1.jpg

419A1

103 Canyon rd
Burlingame, CA

Date and Time of Test: 11/2/2010

1:41 PM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 25

Smoke Density: Light

Upstream Manhole: 139

Downstream Manhole: 139

Comment: MH 139 Defect

ACTION TAKEN

Date:

Owner Notified

Letter

Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



420A1-sk.jpg



420A1.jpg

420A1

**127 Fey Dr
 Burlingame, CA**

Date and Time of Test: 11/2/2010
 1:57 PM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 25

Smoke Density: Light

Upstream Manhole: 127

Downstream Manhole: 127

Comment: light smoke around mh 127

ACTION TAKEN

Date:

Owner Notified

Letter

Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



420B1

**128 Fey Dr
 Burlingame, CA**

Date and Time of Test: 11/2/2010
 1:57 PM

Defect Type: Sewer Main

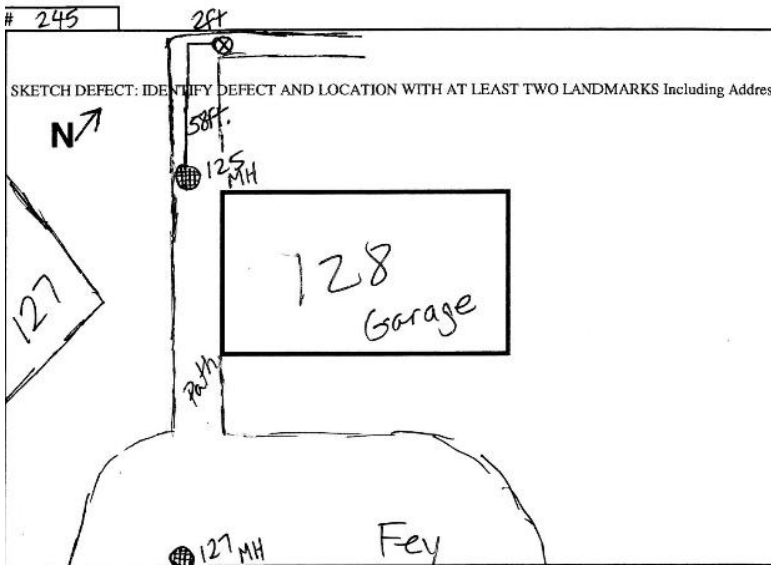
Drainage Area (sq. feet): 600

Smoke Density: Light

Upstream Manhole: 124

Downstream Manhole: 125

Comment: defect located on path at right turn on the start of a step uphill grade



420B1-sk.jpg



420B1.jpg

ACTION TAKEN

Date:

Owner Notified

Letter

Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



421A1-sk.jpg

421A1

**102 Fey Dr
 Burlingame, CA**

Date and Time of Test: 11/2/2010
 2:31 PM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 25

Smoke Density: Light

Upstream Manhole: 137

Downstream Manhole: 154

Comment: mh 153 has light smoke coming around it.



421A1.jpg

ACTION TAKEN

Date:

- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



421B1-sk.jpg

421B1

**103 Fey Dr
 Burlingame, CA**

Date and Time of Test: 11/2/2010
 2:31 PM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 25

Smoke Density: Light

Upstream Manhole: 156

Downstream Manhole: 156

Comment: light smoke around mh 156



421B1.jpg

ACTION TAKEN

Date:

Owner Notified

Letter

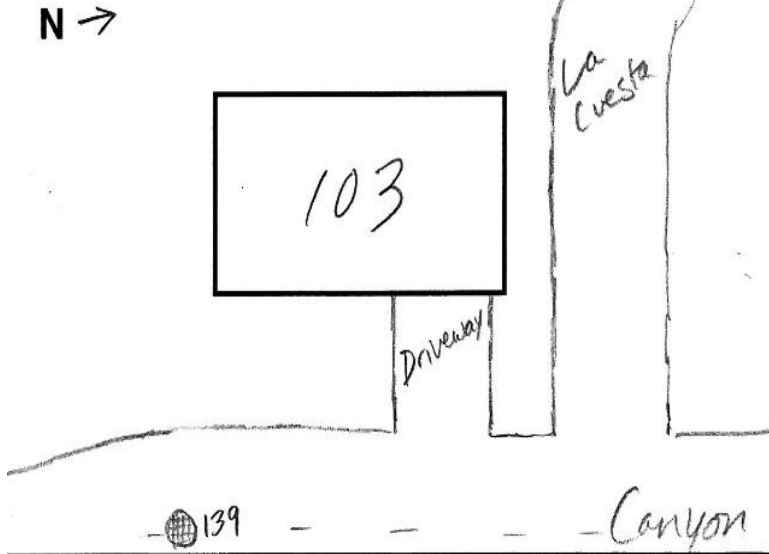
Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



422A1-sk.jpg

422A1

103 Canyon rd
Burlingame, CA

Date and Time of Test: 11/3/2010
11:20 AM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 8000

Smoke Density: Light

Upstream Manhole: 139

Downstream Manhole: 139

Comment: MH 139 defect



422A1.jpg

ACTION TAKEN

Date:

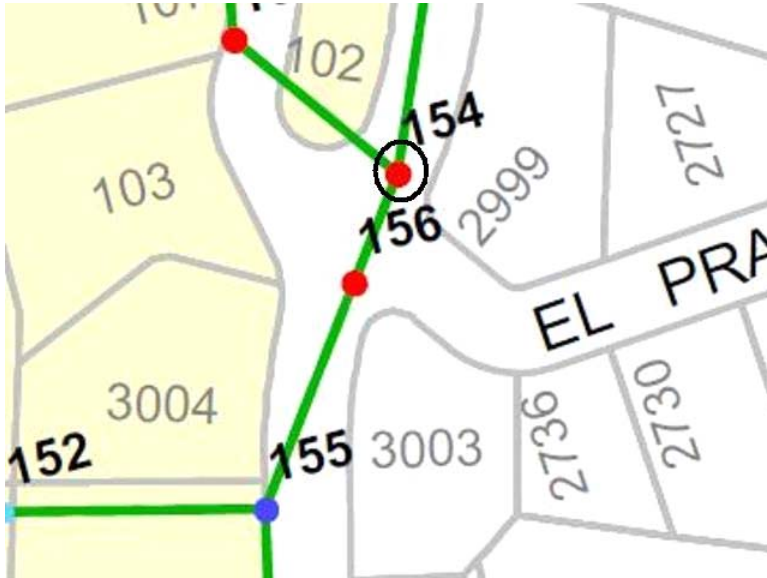
- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



422B1-sk.jpg

422B1

**2999 Canyon rd
 Burlingame, CA**

Date and Time of Test: 11/3/2010
 11:20 AM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 25

Smoke Density: Light

Upstream Manhole: 154

Downstream Manhole: 154

Comment: MH 154 defect



422B1.jpg

ACTION TAKEN

Date:

Owner Notified

Letter

Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



423A1

**162 Los Robles Dr
 Burlingame, CA**

Date and Time of Test: 11/3/2010
 11:41 AM

Defect Type: Downspout

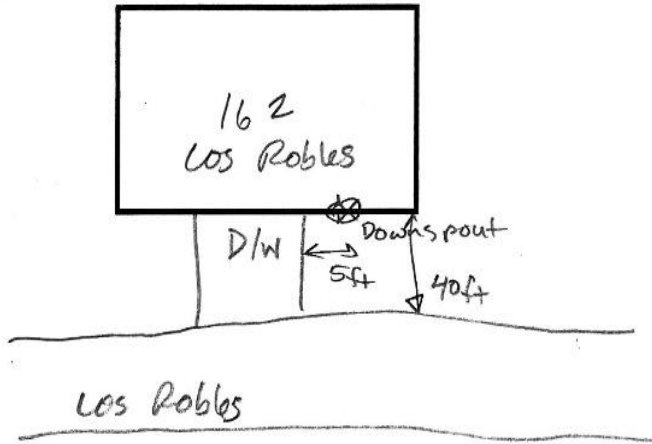
Drainage Area (sq. feet): 2500

Smoke Density: Heavy

Upstream Manhole: 116

Downstream Manhole: 113

Comment: whole roof is possible drainage area



423A1-sk.jpg



423A1.jpg

ACTION TAKEN

Date:

Owner Notified

Letter

Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



423B1-sk.jpg

**158 Los Robles Dr
 Burlingame, CA**

423B1

Date and Time of Test: 11/3/2010
 11:41 AM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 25

Smoke Density: Light

Upstream Manhole: 119

Downstream Manhole: 119

Comment: MH 119 defect



423B1.jpg

ACTION TAKEN

Date:

Owner Notified

Letter

Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



425A1

**3023 Hillside Dr
 Burlingame, CA**

Date and Time of Test: 11/3/2010
 12:40 PM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 25

Smoke Density: Light

Upstream Manhole: 109

Downstream Manhole: 109

Comment: MH 109 defect



425A1-sk.jpg



425A1.jpg

ACTION TAKEN

Date:

- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



426A1

**142 Valdeflores Dr
 Burlingame, CA**

Date and Time of Test: 11/3/2010
 1:08 PM

Defect Type: Lower Lateral

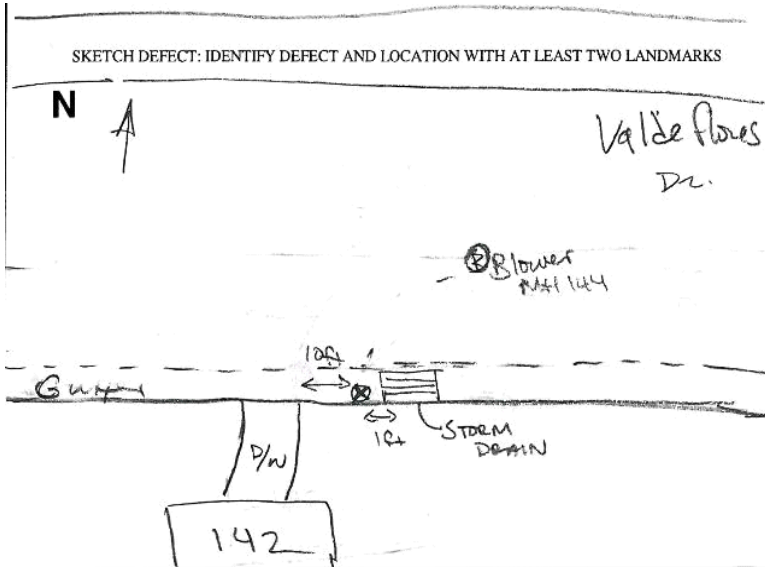
Drainage Area (sq. feet): 100

Smoke Density: Light

Upstream Manhole: 118

Downstream Manhole: 145

Comment: smoke out of lateral in storm drain 10 ft from driveway of 142 valde flores dr.



426A1-sk.jpg



426A1.jpg

ACTION TAKEN

Date:

Owner Notified

Letter

Phone

Corrective Action Taken

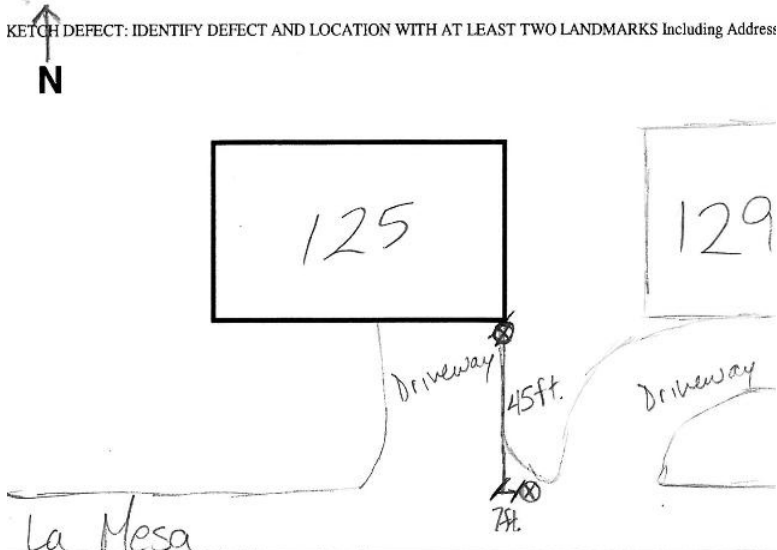
OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



KETCH DEFECT: IDENTIFY DEFECT AND LOCATION WITH AT LEAST TWO LANDMARKS Including Address



426B1-sk.jpg



426B1.jpg

426B1

**125 La Mesa Dr
 Burlingame, CA**

Date and Time of Test: 11/3/2010
 1:08 PM

Defect Type: Area Drain

Drainage Area (sq. feet): 300

Smoke Density: Heavy

Upstream Manhole: 140

Downstream Manhole: 142

Comment:

ACTION TAKEN

Date:

- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



426C1

**125 La Mesa Dr
 Burlingame, CA**

Date and Time of Test: 11/3/2010
 1:08 PM

Defect Type: Downspout

Drainage Area (sq. feet): 300

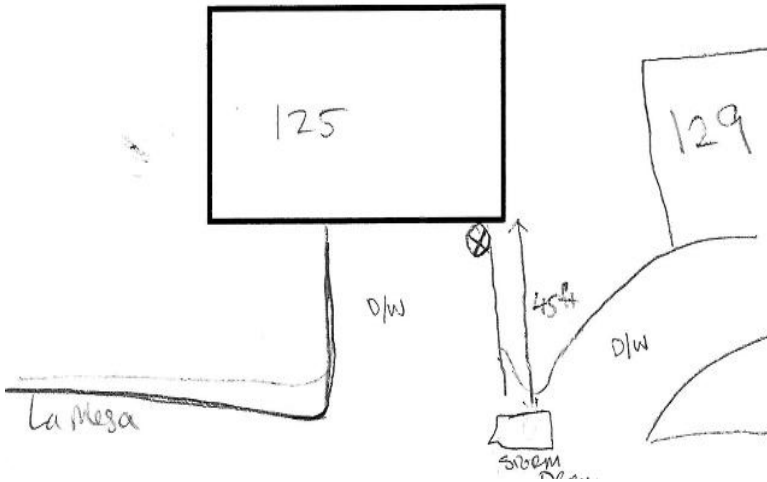
Smoke Density: Heavy

Upstream Manhole: 140

Downstream Manhole: 147

Comment: Downspout at corner of house in pic may be smoking slightly

N



426C1-sk.jpg



426C1.jpg

ACTION TAKEN

Date:

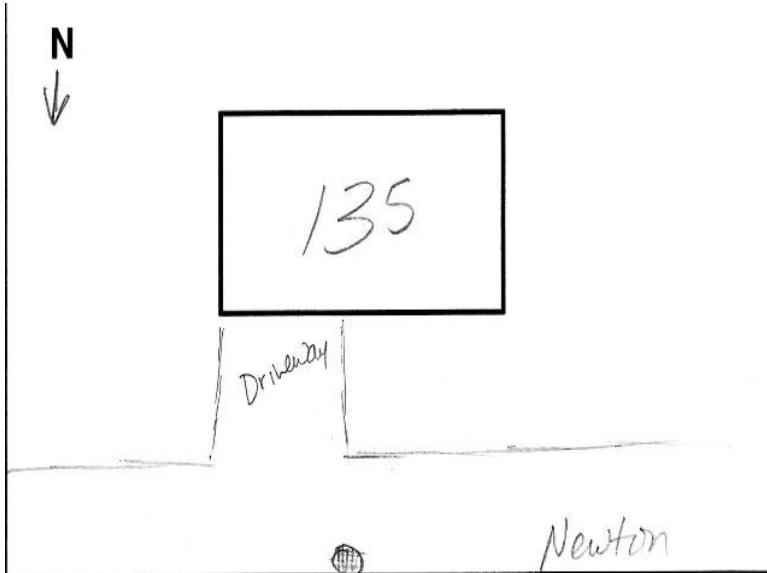
- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



427A1-sk.jpg



427A1.jpg

427A1

135 Newton Dr
Burlingame, CA

Date and Time of Test: 11/3/2010
1:53 PM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 1500

Smoke Density: Light

Upstream Manhole: 90

Downstream Manhole: 90

Comment:

ACTION TAKEN

Date:

- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



427B1

**120 Newton Dr
 Burlingame, CA**

Date and Time of Test: 11/3/2010
 1:53 PM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 25

Smoke Density: Light

Upstream Manhole: 120

Downstream Manhole: 89

Comment:



427B1-sk.jpg



427B1.jpg

ACTION TAKEN

Date:

Owner Notified

Letter

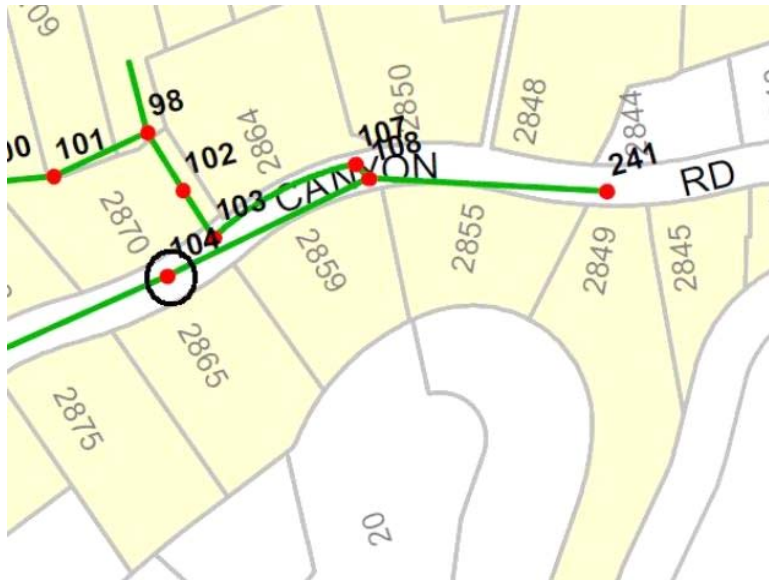
Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



428A1-sk.jpg

428A1

**2870 Canyon rd
 Burlingame, CA**

Date and Time of Test: 11/3/2010
 2:22 PM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 25

Smoke Density: Heavy

Upstream Manhole: 104

Downstream Manhole: 104

Comment:



428A1.jpg

ACTION TAKEN

Date:

Owner Notified

Letter

Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



428B1

**2849 Canyon rd
 Burlingame, CA**

Date and Time of Test: 11/3/2010
 2:22 PM

Defect Type: Sanitary Manhole

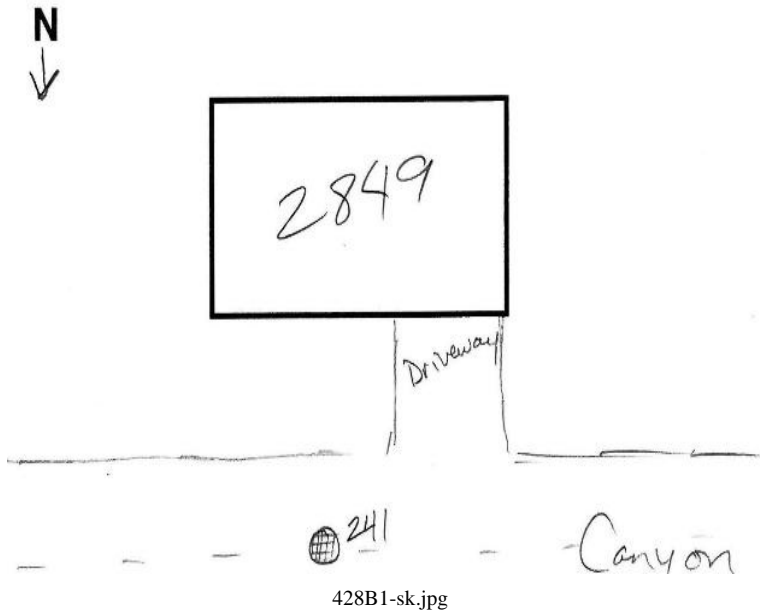
Drainage Area (sq. feet): 25

Smoke Density: Light

Upstream Manhole: 108

Downstream Manhole: 241

Comment:



ACTION TAKEN

Date:

- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____



428B1.jpg

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



429A1

**109 Los Robles Dr
 Burlingame, CA**

Date and Time of Test: 11/4/2010
 10:45 AM

Defect Type: Sanitary Manhole

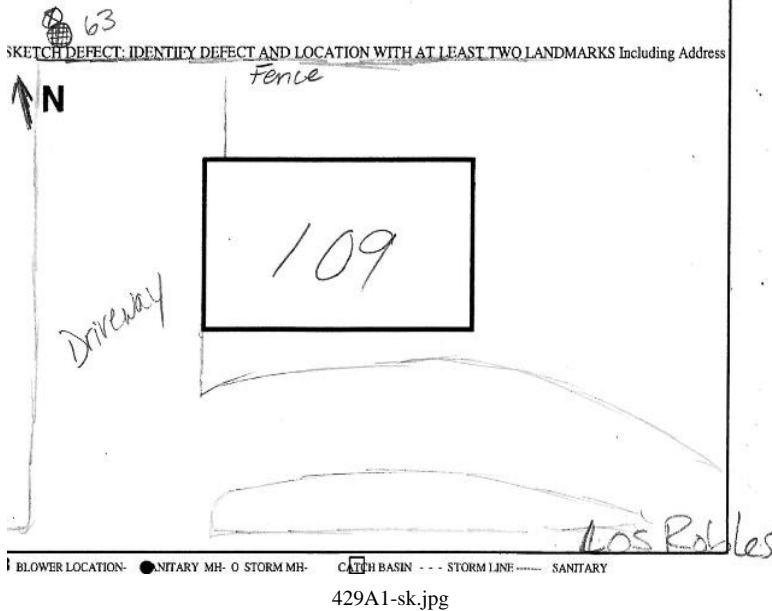
Drainage Area (sq. feet): 100

Smoke Density: Heavy

Upstream Manhole: 62

Downstream Manhole: 63

Comment: MH 63 defect



429A1.jpg

ACTION TAKEN

Date:

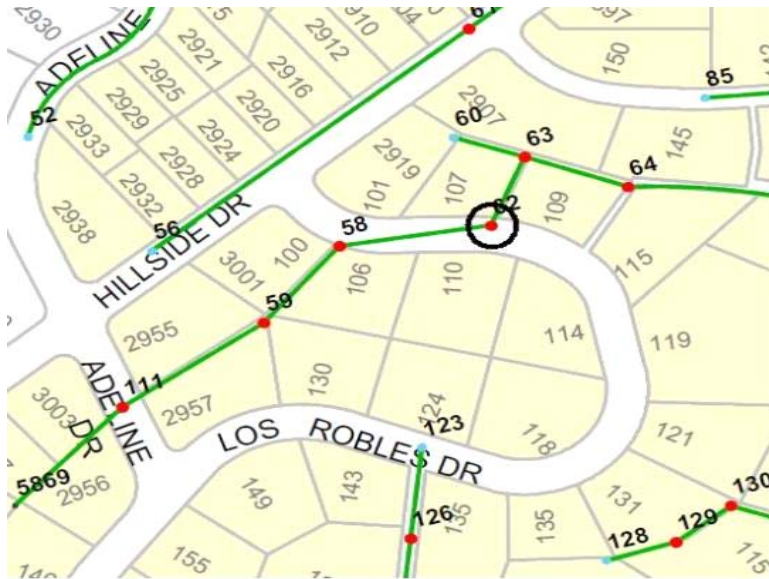
- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



429B1-sk.jpg

429B1

**109 Los Robles Dr
 Burlingame, CA**

Date and Time of Test: 11/4/2010
 10:45 AM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 1

Smoke Density: Light

Upstream Manhole: 62

Downstream Manhole: 62

Comment: MH 62 defect



429B1.jpg

ACTION TAKEN

Date:

- Owner Notified
- Letter
- Phone

Corrective Action Taken

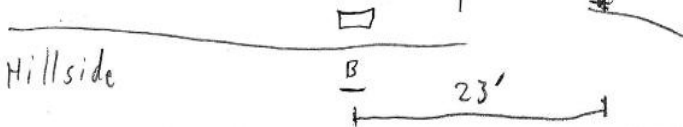
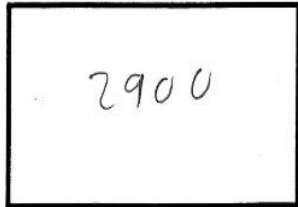
OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



N ↗



430A1-sk.jpg



430A1.jpg

430A1

**2900 Hillside Dr
 Burlingame, CA**

Date and Time of Test: 11/4/2010
 11:16 AM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 8

Smoke Density: Light

Upstream Manhole: 61

Downstream Manhole: 61

Comment:

ACTION TAKEN

Date:

Owner Notified

Letter

Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



430B1

**2861 Hillside Dr
 Burlingame, CA**

Date and Time of Test: 11/4/2010

11:16 AM

Defect Type: Lower Lateral

Drainage Area (sq. feet): 600

Smoke Density: Heavy

Upstream Manhole: 82

Downstream Manhole: 93

Comment:



430B1-sk.jpg



430B1.jpg

ACTION TAKEN

Date:

Owner Notified

Letter

Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



431A1

**2832 Hillside Dr
 Burlingame, CA**

Date and Time of Test: 11/4/2010
 11:47 AM

Defect Type: Lower Cleanout

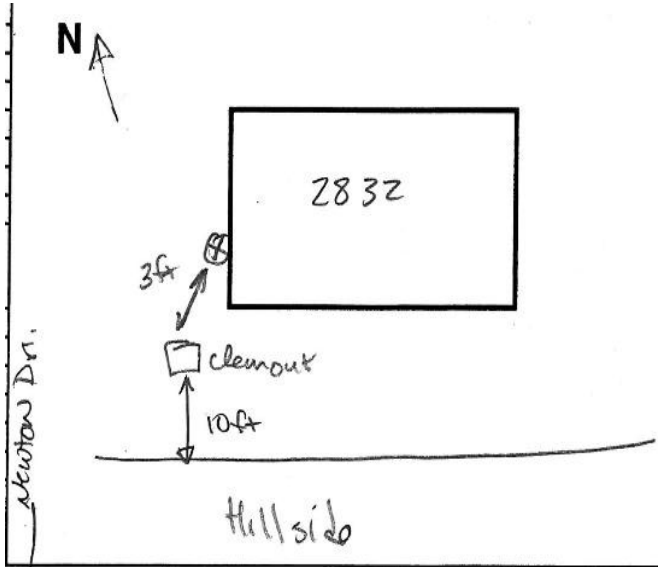
Drainage Area (sq. feet): 25

Smoke Density: Light

Upstream Manhole: 94

Downstream Manhole: 96

Comment: possible cleanout leak



431A1-sk.jpg



431A1.jpg

ACTION TAKEN

Date:

- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



431B1

**2810 Hillside Dr
 Burlingame, CA**

Date and Time of Test: 11/4/2010
 11:47 AM

Defect Type: Upper Lateral

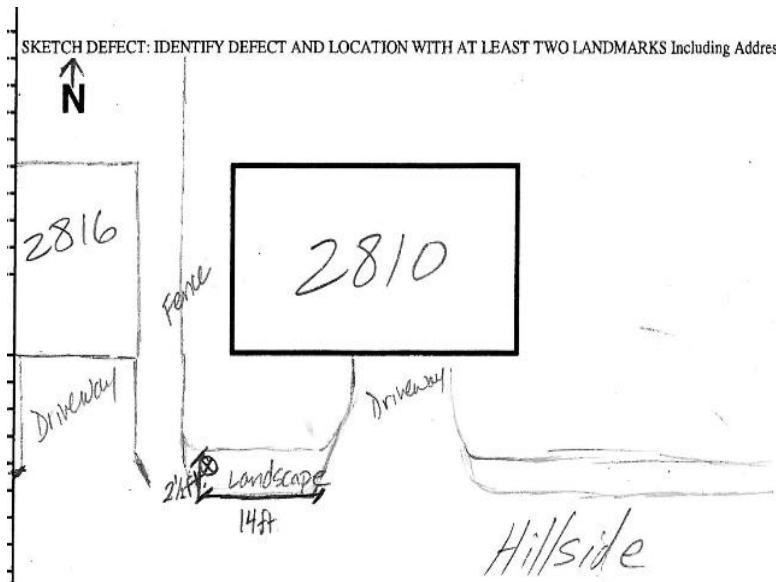
Drainage Area (sq. feet): 48

Smoke Density: Light

Upstream Manhole: 237

Downstream Manhole: 238

Comment:



431B1-sk.jpg



431B1.jpg

ACTION TAKEN

Date:

Owner Notified

Letter

Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



432A1

**2835 Adeline Dr
 Burlingame, CA**

Date and Time of Test: 11/4/2010
 12:55 PM

Defect Type: Lower Cleanout

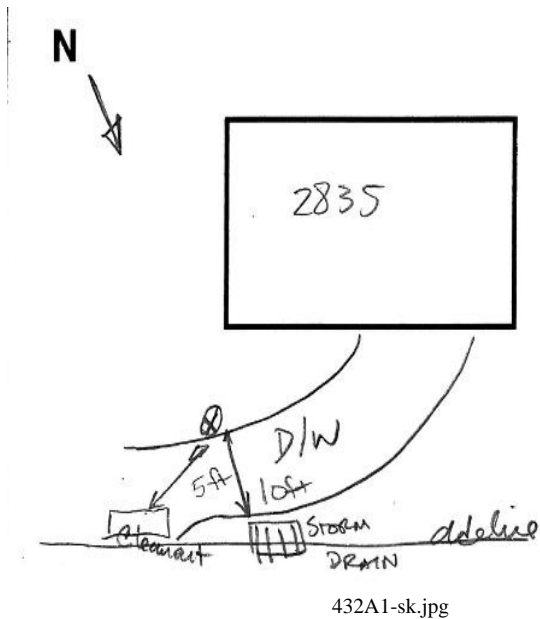
Drainage Area (sq. feet): 100

Smoke Density: Light

Upstream Manhole: 76

Downstream Manhole: 78

Comment: smoke coming from landscape approx 5 ft sw of cleanout on d/w and 10 ft south of storm drain.



ACTION TAKEN

Date:

- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



432B1

**2815 Adeline Dr
 Burlingame, CA**

Date and Time of Test: 11/4/2010
 12:55 PM

Defect Type: Lower Lateral

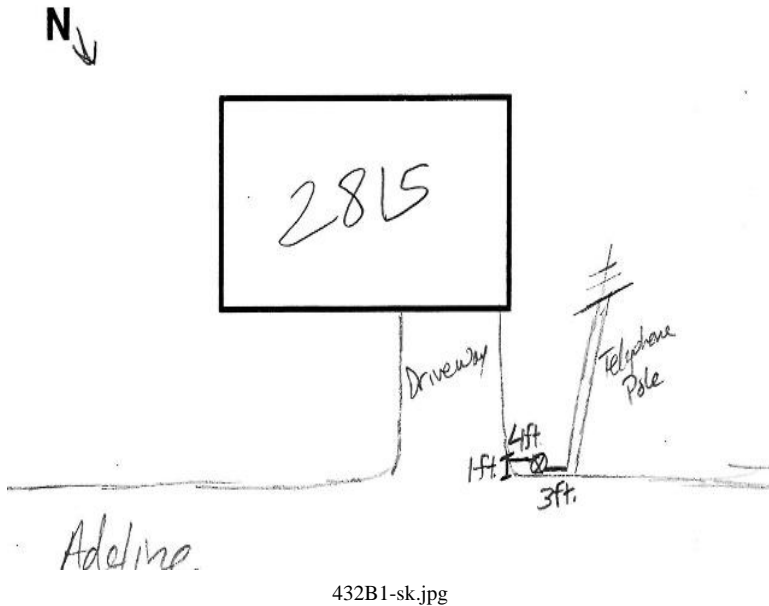
Drainage Area (sq. feet): 80

Smoke Density: Light

Upstream Manhole: 78

Downstream Manhole: 80

Comment: landscape is stacked rocks beside end of driveway



432B1-sk.jpg



432B1.jpg

ACTION TAKEN

Date:

- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



432C1

**2825 Adeline Dr
 Burlingame, CA**

Date and Time of Test: 11/4/2010
 12:55 PM

Defect Type: Upper Cleanout

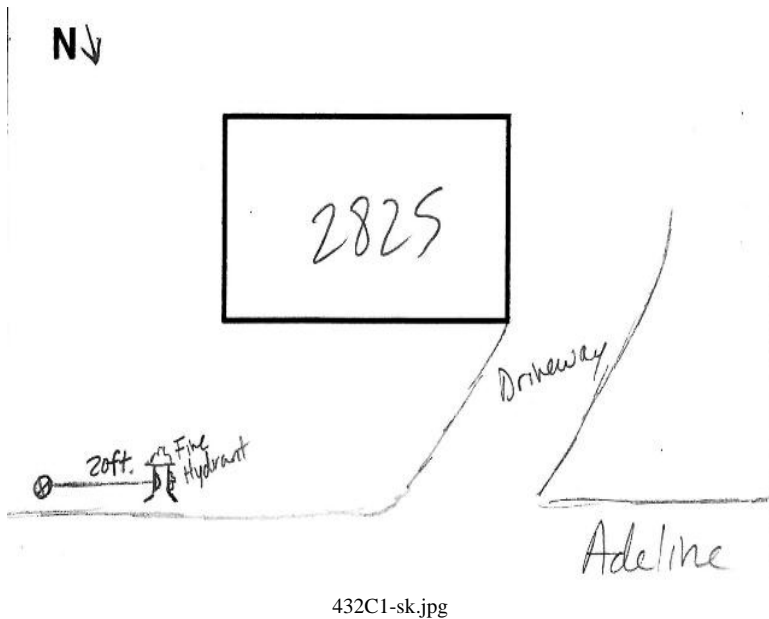
Drainage Area (sq. feet): 300

Smoke Density: Light

Upstream Manhole: 78

Downstream Manhole: 80

Comment:



ACTION TAKEN

Date:

Owner Notified

Letter

Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



432D1

2825 Adeline Dr
Burlingame, CA

Date and Time of Test: 11/4/2010
12:55 PM

Defect Type: Lower Lateral

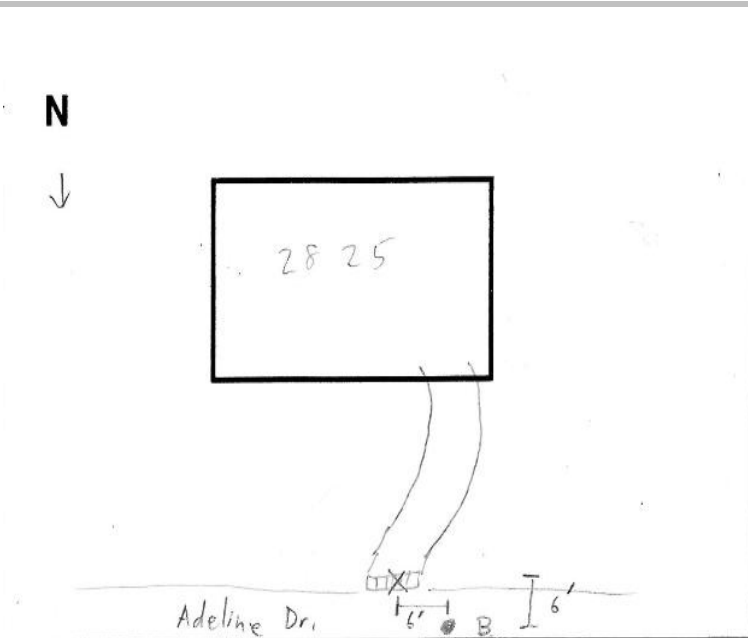
Drainage Area (sq. feet): 200

Smoke Density: Heavy

Upstream Manhole: 78

Downstream Manhole: 80

Comment: Area drain at bottom of driveway smoking.



432D1-sk.jpg



432D1.jpg

ACTION TAKEN

Date:

- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



433A1

**2880 Adeline Dr
 Burlingame, CA**

Date and Time of Test: 11/4/2010
 1:40 PM

Defect Type: Lower Lateral

Drainage Area (sq. feet): 200

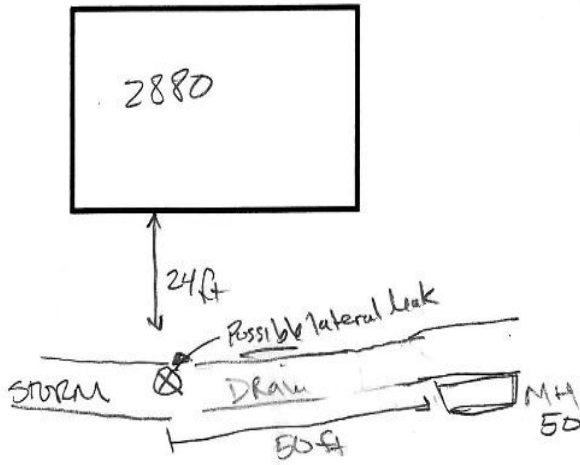
Smoke Density: Light

Upstream Manhole: 51

Downstream Manhole: 50

Comment: smoke from possible lateral leak across from 2880 in drain

N



433A1-sk.jpg



433A1.jpg

ACTION TAKEN

Date:

- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

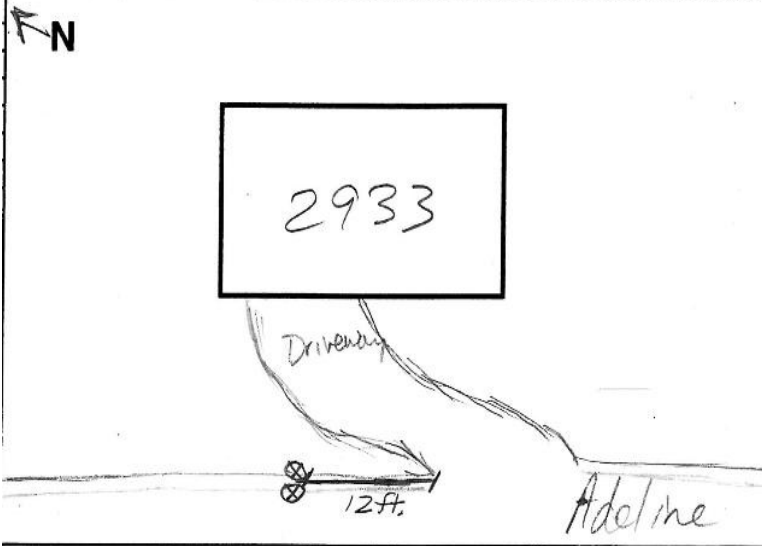
Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



434A1

SKETCH DEFECT: IDENTIFY DEFECT AND LOCATION WITH AT LEAST TWO LANDMARKS Including Address



434A1-sk.jpg

**2933 Adeline Dr
 Burlingame, CA**

Date and Time of Test: 11/4/2010
 2:05 PM

Defect Type: Sewer Main

Drainage Area (sq. feet): 150

Smoke Density: Light

Upstream Manhole: 52

Downstream Manhole: 53

Comment:



434A1.jpg

ACTION TAKEN

Date:

- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



434B1

2925 Adeline Dr
Burlingame, CA

Date and Time of Test: 11/4/2010

2:05 PM

Defect Type: Upper Cleanout

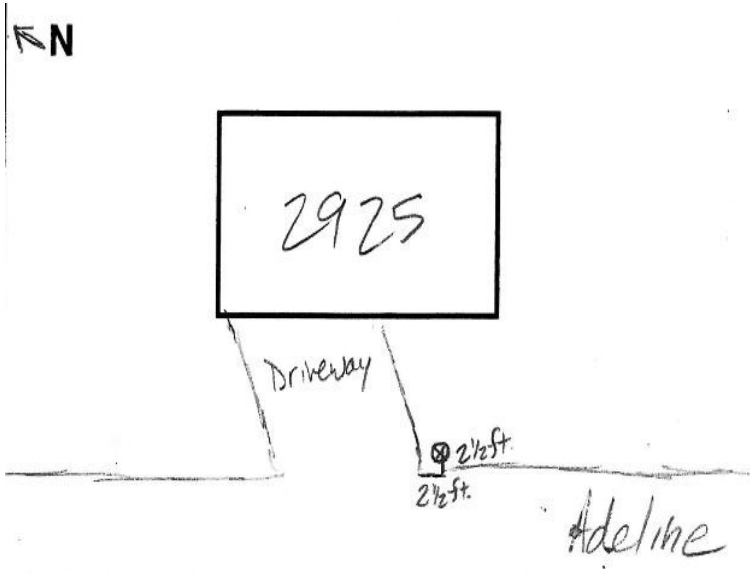
Drainage Area (sq. feet): 120

Smoke Density: Heavy

Upstream Manhole: 52

Downstream Manhole: 53

Comment:



434B1-sk.jpg



434B1.jpg

ACTION TAKEN

Date:

Owner Notified

Letter

Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



434C1

**2909 Adeline Dr
 Burlingame, CA**

Date and Time of Test: 11/4/2010
 2:05 PM

Defect Type: Lower Lateral

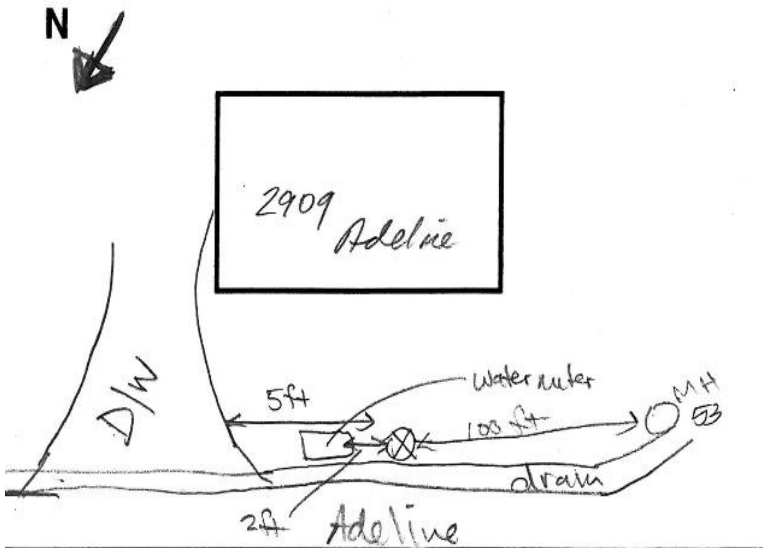
Drainage Area (sq. feet): 250

Smoke Density: Heavy

Upstream Manhole: 53

Downstream Manhole: 54

Comment: smoke coming out of water meter and 50 ft North of MH 53 possible lateral tie in



434C1-sk.jpg



434C1.jpg

ACTION TAKEN

Date:

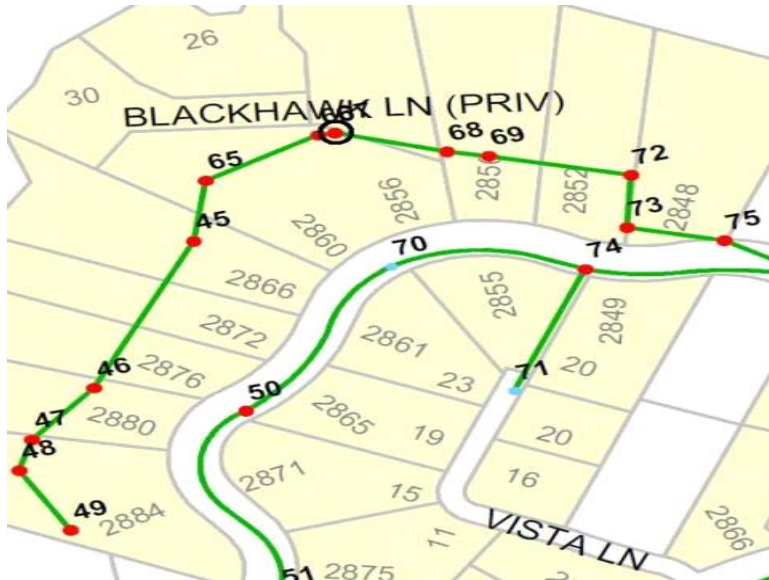
- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



435A1-sk.jpg



435A1.jpg

435A1

**blackhawk In
 Burlingame, CA**

Date and Time of Test: 11/11/2010
 11:45 AM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 25

Smoke Density: Light

Upstream Manhole: 65

Downstream Manhole: 68

Comment:

ACTION TAKEN

Date:

Owner Notified

Letter

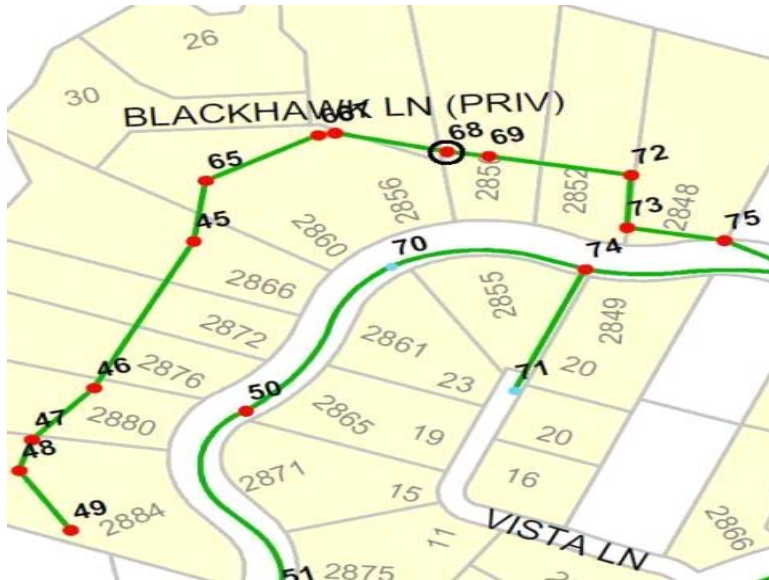
Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



435B1-sk.jpg



435B1.jpg

435B1

**blackhawk In
 Burlingame, CA**

Date and Time of Test: 11/11/2010
 11:45 AM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 1

Smoke Density: Light

Upstream Manhole: 68

Downstream Manhole: 68

Comment:

ACTION TAKEN

Date:

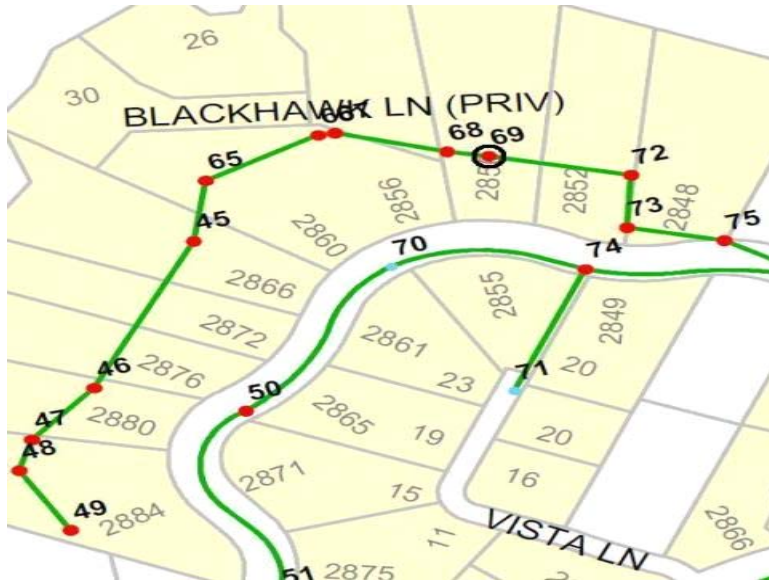
- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



435C1-sk.jpg

435C1

**blackhawk In
 Burlingame, CA**

Date and Time of Test: 11/11/2010
 11:45 AM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 1

Smoke Density: Light

Upstream Manhole: 69

Downstream Manhole: 69

Comment:



435C1.jpg

ACTION TAKEN

Date:

Owner Notified

Letter

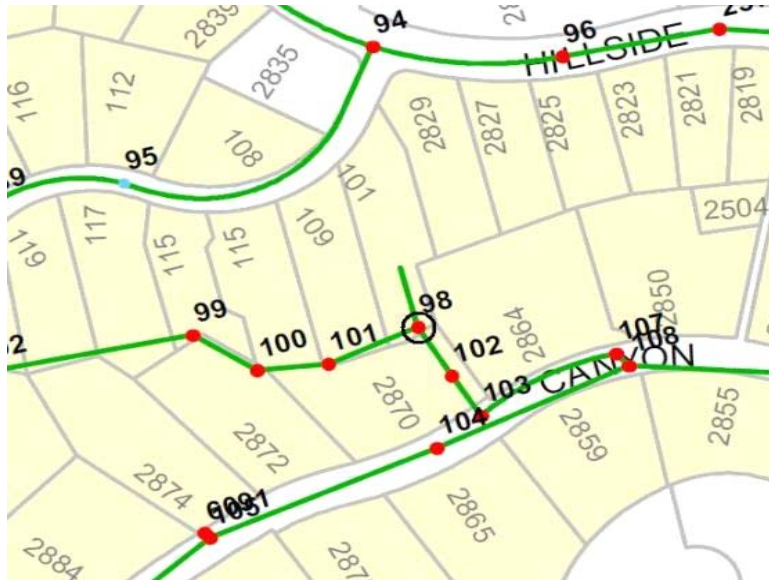
Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



436A1-sk.jpg

436A1

**2890 Canyon rd
 Burlingame, CA**

Date and Time of Test: 11/11/2010
 1:41 PM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 4

Smoke Density: Light

Upstream Manhole: 98

Downstream Manhole: 98

Comment:



436A1.jpg

ACTION TAKEN

- Date:**
- Owner Notified
 - Letter
 - Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



437A1

**2884 Adeline Dr
 Burlingame, CA**

Date and Time of Test: 11/11/2010

2:01 PM

Defect Type: Sewer Main

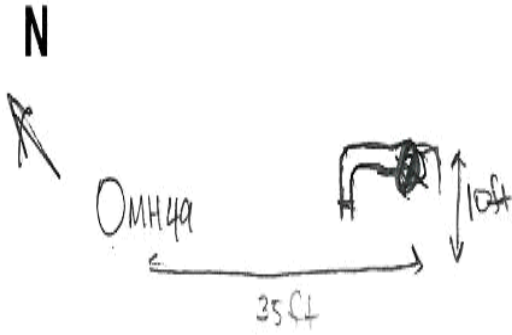
Drainage Area (sq. feet): 100

Smoke Density: Heavy

Upstream Manhole: 49

Downstream Manhole: 48

Comment: Spots around exposed piping smoking.



437A1-sk.jpg



437A1.jpg

ACTION TAKEN

Date:

Owner Notified

Letter

Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



437B1

**2884 Adeline Dr
 Burlingame, CA**

Date and Time of Test: 11/11/2010

2:01 PM

Defect Type: Sewer Main

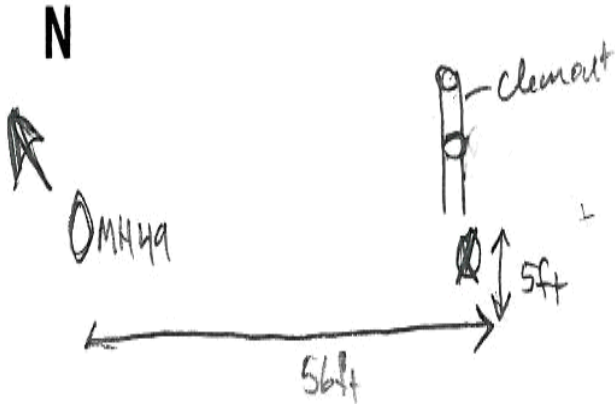
Drainage Area (sq. feet): 100

Smoke Density: Heavy

Upstream Manhole: 49

Downstream Manhole: 48

Comment: Spots around exposed piping smoking.



437B1-sk.jpg



437B1.jpg

ACTION TAKEN

Date:

Owner Notified

Letter

Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



437C1

**2884 Adeline Dr
 Burlingame, CA**

Date and Time of Test: 11/11/2010
 2:01 PM

Defect Type: Lower Cleanout

Drainage Area (sq. feet): 4

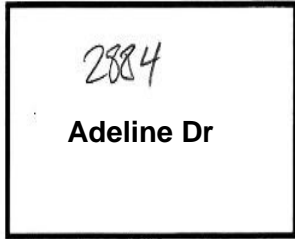
Smoke Density: Light

Upstream Manhole: 49

Downstream Manhole: 48

Comment: cleanout 3 ft from steps and about 12 ft from mh 49

N



437C1-sk.jpg



437C1.jpg

ACTION TAKEN

Date:

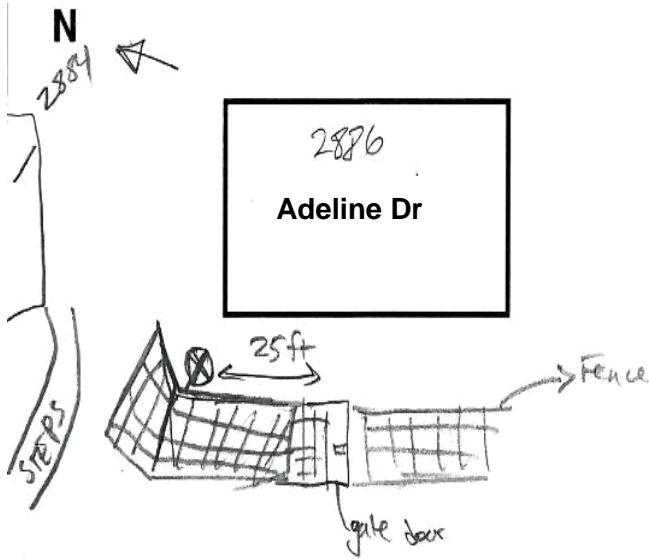
- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



437D1-sk.jpg

437D1

**2886 Adeline Dr
 Burlingame, CA**

Date and Time of Test: 11/11/2010
 2:01 PM

Defect Type: Upper Lateral

Drainage Area (sq. feet): 4

Smoke Density: Light

Upstream Manhole: 49

Downstream Manhole: 48

Comment: small lateral defect in the inside portion of house number 2886 Adeline near the backyard fence.



437D1.jpg

ACTION TAKEN

Date:

- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



437E1

**2884 Adeline Dr
 Burlingame, CA**

Date and Time of Test: 11/11/2010

2:01 PM

Defect Type: Sewer Main

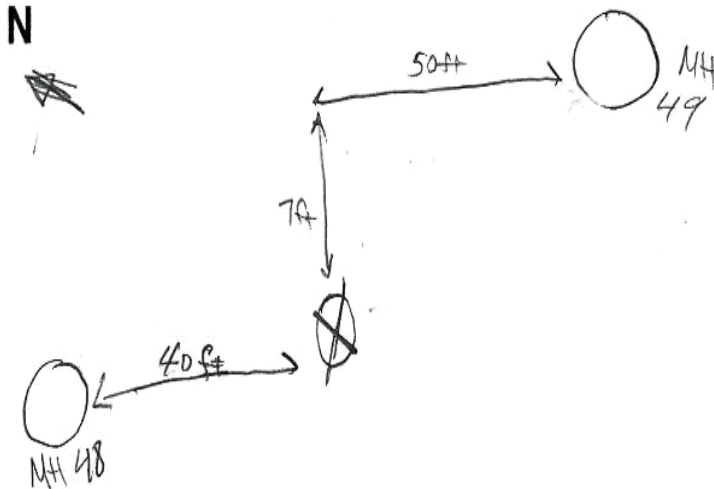
Drainage Area (sq. feet): 10000

Smoke Density: Heavy

Upstream Manhole: 49

Downstream Manhole: 48

Comment: possible lateral tie-in (large hole in ground is smoking) approx 50 ft along trail north of MH 49, and down from trail 40 ft south of mh 48



437E1-sk.jpg



437E1.jpg

ACTION TAKEN

Date:

Owner Notified

Letter

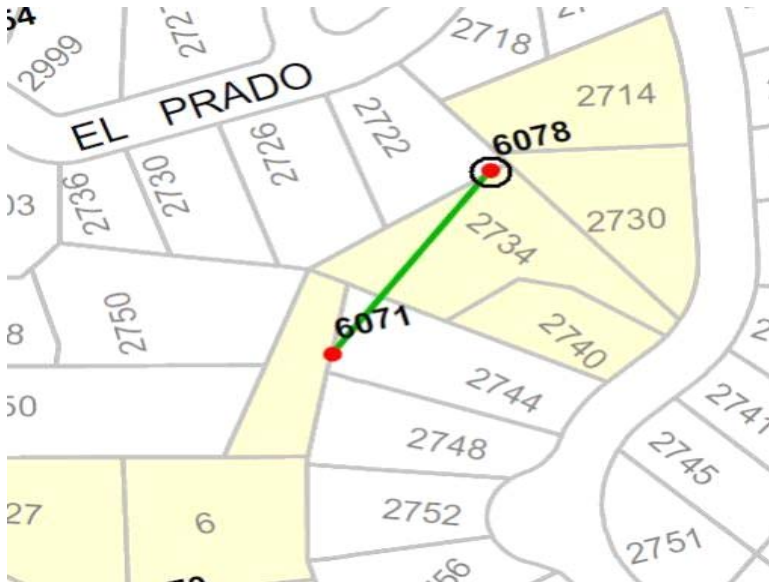
Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



438A1-sk.jpg

438A1

**2734 Summit Dr
 Burlingame, CA**

Date and Time of Test: 11/11/2010
 3:21 PM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 25

Smoke Density: Heavy

Upstream Manhole: 6078

Downstream Manhole: 6078

Comment:



438A1.jpg

ACTION TAKEN

Date:

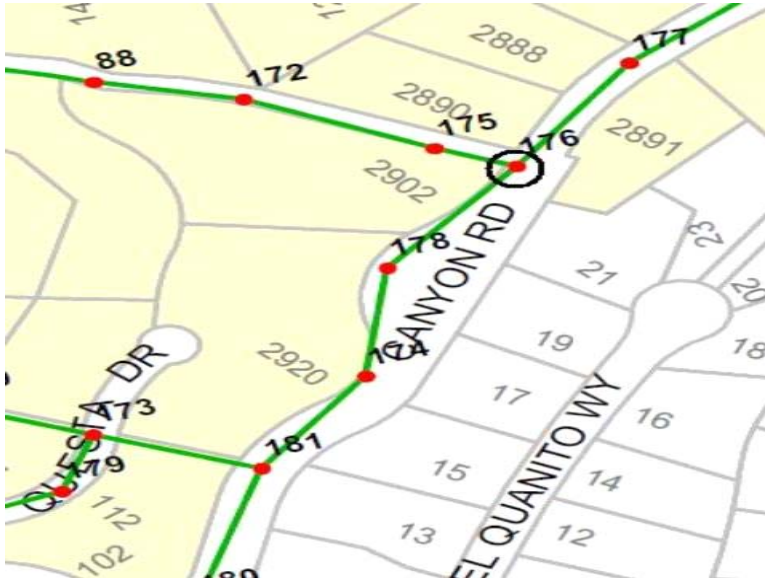
- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



439A1-sk.jpg

**2890 Canyon rd
 Burlingame, CA**

439A1

Date and Time of Test: 11/11/2010
 2:13 PM

Defect Type: Sanitary Manhole

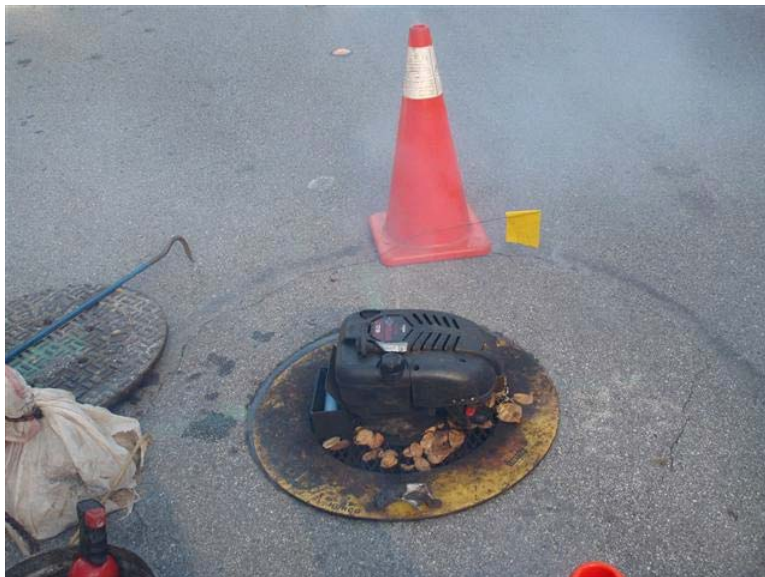
Drainage Area (sq. feet): 1

Smoke Density: Light

Upstream Manhole: 176

Downstream Manhole: 176

Comment:



439A1.jpg

ACTION TAKEN

Date:

- Owner Notified
- Letter
- Phone

Corrective Action Taken

OK by _____

Date _____

Burlingame Hills Sewer Maintenance District
INFILTRATION CORRECTION RECORD



441A1-sk.jpg



441A1.jpg

441A1

**15 tulip In
 Burlingame, CA**

Date and Time of Test: 11/11/2010
 4:33 PM

Defect Type: Sanitary Manhole

Drainage Area (sq. feet): 25

Smoke Density: Light

Upstream Manhole: 236

Downstream Manhole: 236

Comment:

ACTION TAKEN

- Date:**
- Owner Notified
 - Letter
 - Phone

Corrective Action Taken

OK by _____

Date _____

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Attachment B: Dye Testing Inspection Forms

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DYE TESTING SETUP FORM

Sheet _____ of _____
Time _____ :

PROJECT:	TASK	DATE: 4/6/11
INITIALS: E6	Pipe Size	
ADDRESS: 115	Street: Los Robles	

all down spouts not connected

NUMBER OF DYE TABLETS USED: 2 Green	NUMBER OF DEFECTS FOUND: _____
-------------------------------------	--------------------------------

COMMENTS: Map different? Yes No Manhole defect? Yes No

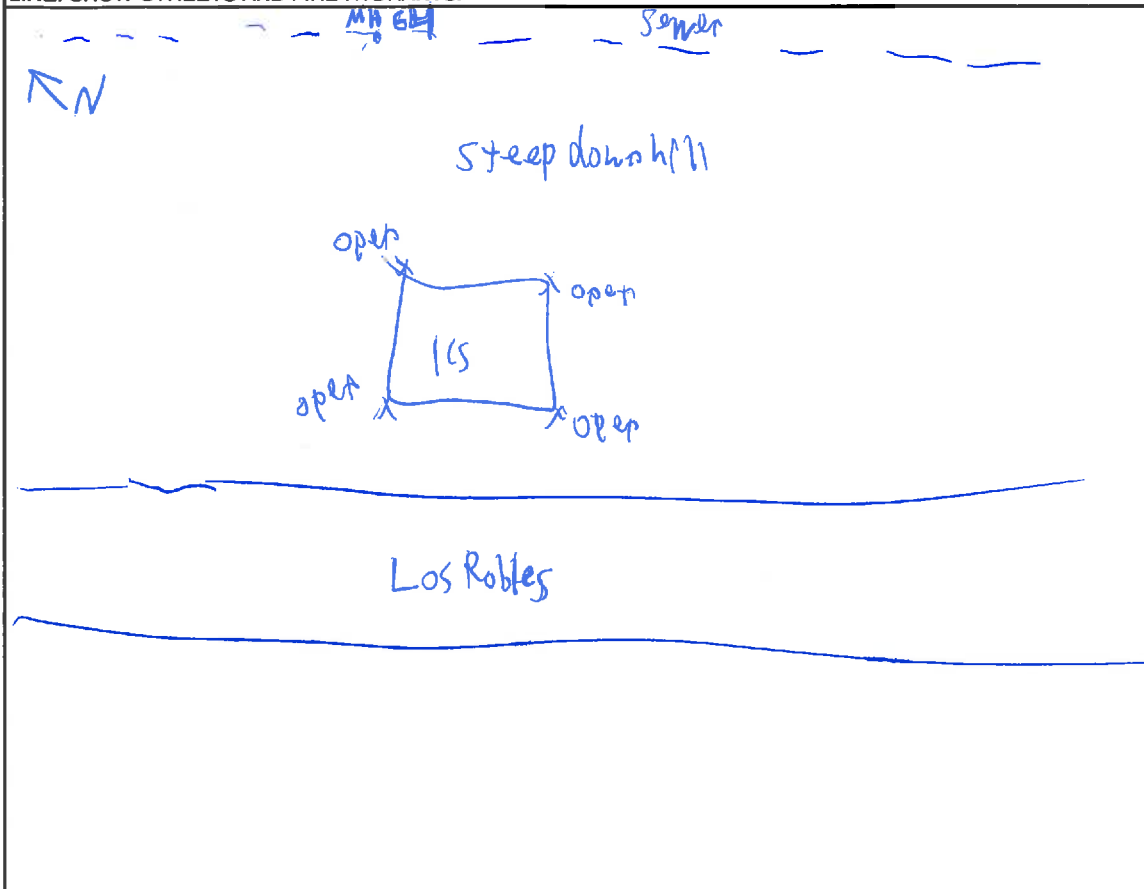
Water Source _____
Area Drain _____
Down Spouts _____

SKETCH DYE TESTING SET UP; Identify DYE INJECTION LOCATION AND ALL POSITIVE TESTED STORM LINES, MANHOLES AND CATCH BASINS. DRAW IN SANITARY LINE. SHOW STREETS AND FIRE HYDRANTS.

LEGEND

Dye LOCATION

- SANITARY MH
- STORM MH
- CATCH BASIN
- - - - STORM LINE
- SANITARY
- ↑ NORTH ARROW
- V View Dy Response



Name of property owner _____ Accepted \$ amount _____ Sig _____

DYE TESTING SETUP FORM

Sheet _____ of _____
Time 3:15

PROJECT:	TASK	DATE: 4/6/11
INITIALS: EB	Pipe Size	
ADDRESS: 141	Street: Newton Dr	

sewer line is on opposite side of creek and at higher elevation
all down spouts accounted for above ground

NUMBER OF DYE TABLETS USED 4 Green NUMBER OF DEFECTS FOUND: _____

COMMENTS: Map different? Yes No Manhole defect? Yes No

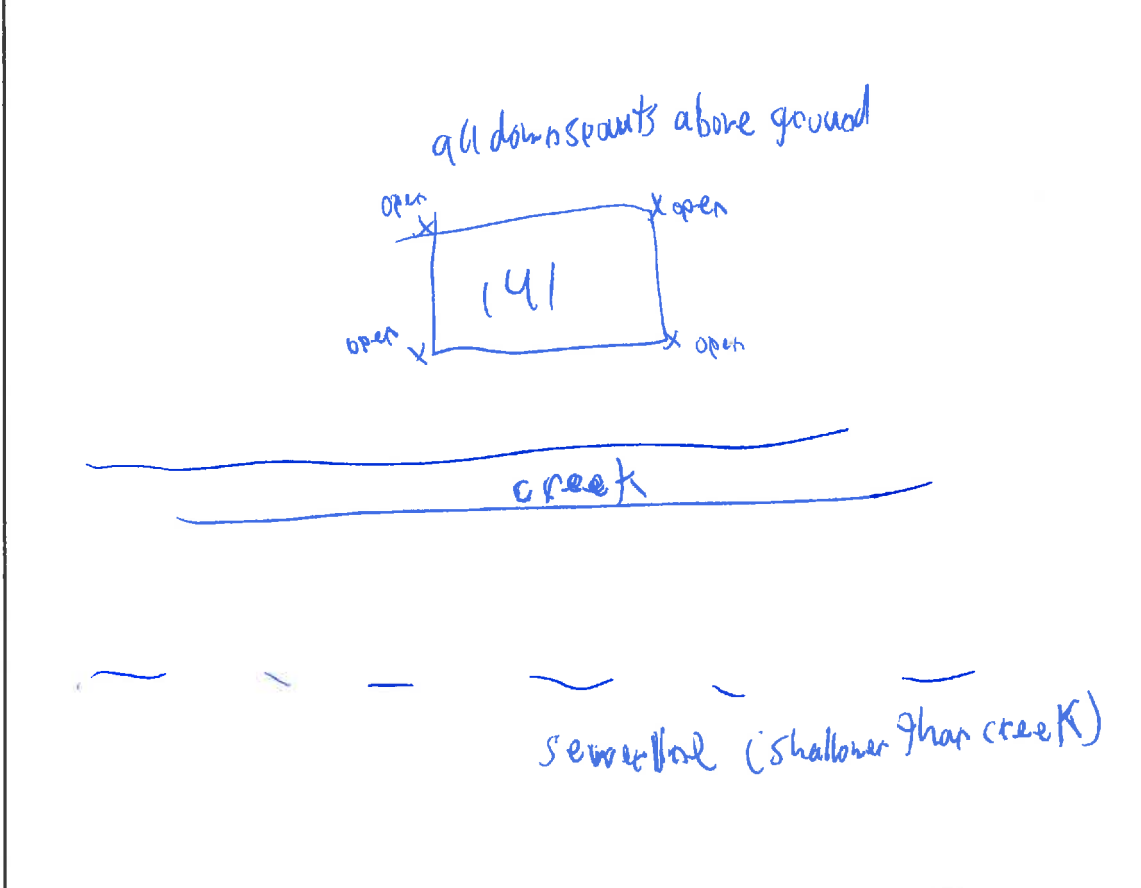
Water Source _____
Area Drain _____
Down Spouts _____

SKETCH DYE TESTING SET UP; Identify DYE INJECTION LOCATION AND ALL POSITIVE TESTED STORM LINES, MANHOLES AND CATCH BASINS. DRAW IN SANITARY LINE. SHOW STREETS AND FIRE HYDRANTS.

LEGEND

Dye LOCATION

- SANITARY MH
- STORM MH
- CATCH BASIN
- - - - STORM LINE
- SANITARY
- ↑ NORTH ARROW
- ∇ View Dy Response



Name of property owner _____ Accepted \$ amount _____ Sig _____

DYE TESTING SETUP FORM

Sheet _____ of _____

PROJECT:	TASK	DATE: 4/6/11	Time :
INITIALS: EG	Pipe Size		
ADDRESS: 145	Street Newton		

sewer in back yard connected to Newton house
 sewer is on other side of creek. 145 Newton drains to creek
 (and shallower than creek) sewer line is higher elevation than creek

NUMBER OF DYE TABLETS USED: 2 Green	NUMBER OF DEFECTS FOUND: _____
-------------------------------------	--------------------------------

COMMENTS: Map different? Yes No Manhole defect? Yes No

Water Source _____

Area Drain _____

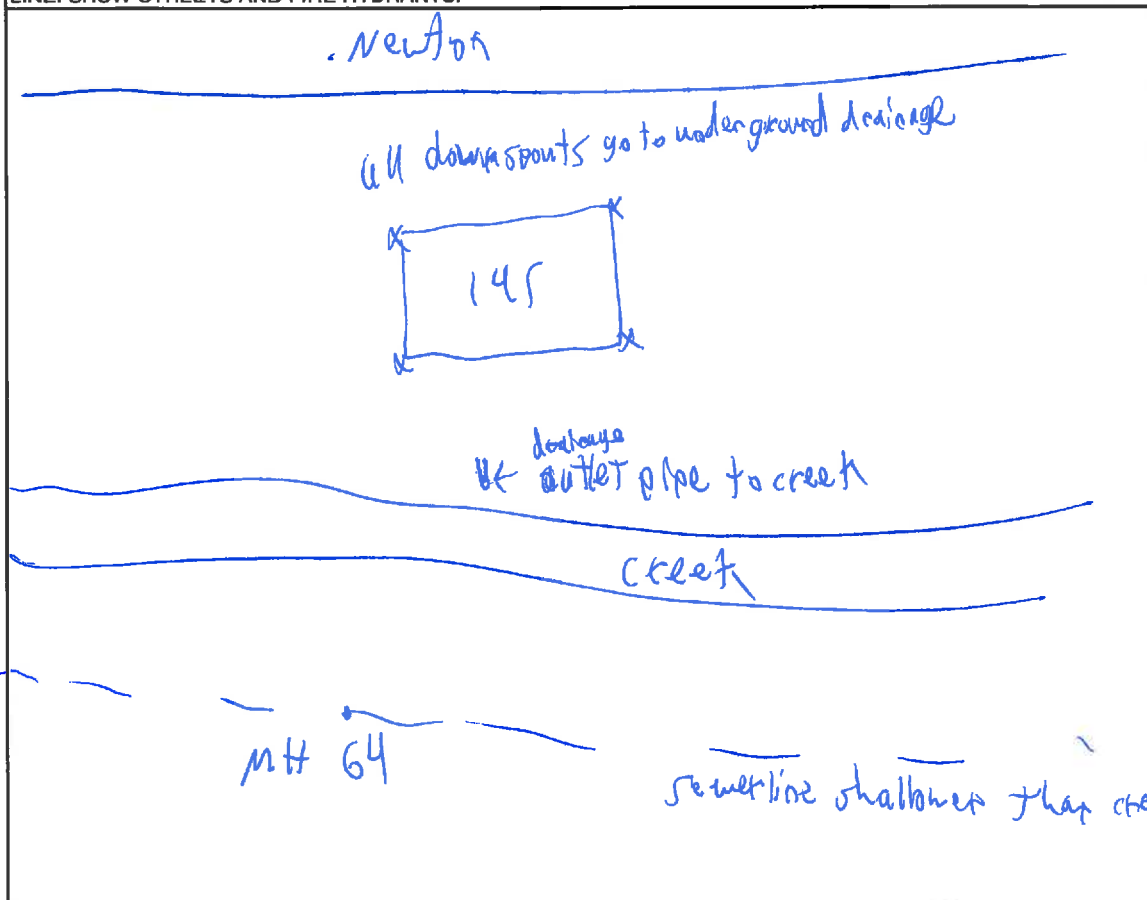
Down Spouts _____

SKETCH DYE TESTING SET UP; Identify DYE INJECTION LOCATION AND ALL POSITIVE TESTED STORM LINES, MANHOLES AND CATCH BASINS. DRAW IN SANITARY LINE. SHOW STREETS AND FIRE HYDRANTS.

LEGEND

Dye LOCATION

- SANITARY MH
- STORM MH
- CATCH BASIN
- - - - STORM LINE
- SANITARY
- ↑ NORTH ARROW
- V View Dye Response



Name of property owner _____ Accepted \$amount _____ Sig _____

Redb sheet

DYE TESTING SETUP FORM

DYE TESTING SETUP FORM			Sheet _____ of _____
PROJECT:	TASK	DATE: 4/6/11	Time _____
INITIALS: ES			Pipe Size _____
ADDRESS	2774 Street Summit dr		

NUMBER OF DYE TABLETS USED <u>4 Green</u>	NUMBER OF DEFECTS FOUND: _____
---	--------------------------------

COMMENTS: Map different? Yes No Manhole defect? Yes No

Water Source house outside tap

Area Drain _____

Down Spouts downspout led to drainage pipe unknown end destination, but appears to head to possible dry creek after some of flow no water visible in lower house lateral

SKETCH DYE TESTING SET UP; Identify DYE INJECTION LOCATION AND ALL POSITIVE TESTED STORM LINES, MANHOLES AND CATCH BASINS. DRAW IN SANITARY LINE. SHOW STREETS AND FIRE HYDRANTS.

LEGEND

Dye LOCATION

- SANITARY MH
- STORM MH
- CATCH BASIN
- - - - STORM LINE
- SANITARY
- ↑ NORTH ARROW
- ∨ View Dye Response

Name of property owner _____ Accepted \$ amount _____ Sig _____

DYE TESTING SETUP FORM

3/21

Sheet of

PROJECT:	TASK	DATE: 4/8/11	Time 14:30
INITIALS: FB	Pipe Size		
ADDRESS 2778	Street Summit dr		

test A and B outflow of grate in back. Pipe leads to grate then simply pours out of grate into yard. test C could hear water running along back of house but could not determine outlet. No water came through lower cleanout

NUMBER OF DYE TABLETS USED 4 Green	NUMBER OF DEFECTS FOUND:
------------------------------------	--------------------------

COMMENTS: Map different? Yes No Manhole defect? Yes No

Water Source house bib

Area Drain

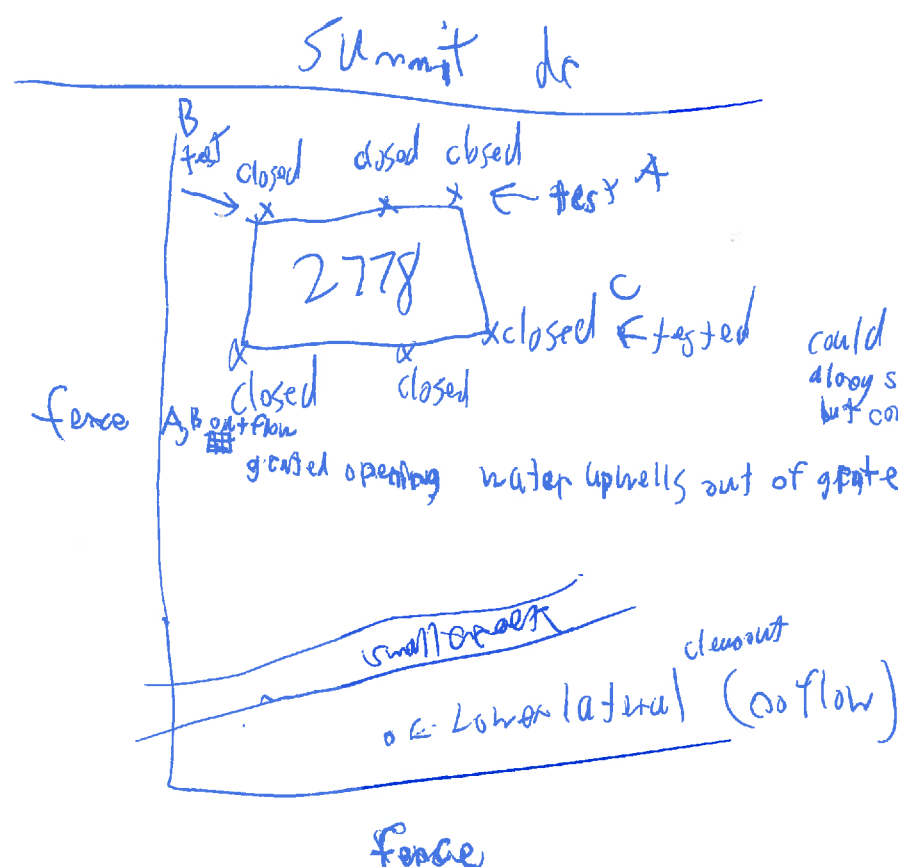
Down Spouts downspouts into drainage system beware of dog sign covers not home need to find down stream 1st

SKETCH DYE TESTING SET UP; Identify DYE INJECTION LOCATION AND ALL POSITIVE TESTED STORM LINES, MANHOLES AND CATCH BASINS. DRAW IN SANITARY LINE. SHOW STREETS AND FIRE HYDRANTS.

LEGEND

- Dye LOCATION
- SANITARY MH
- STORM MH
- CATCH BASIN
- - - - STORM LINE
- SANITARY
- ↑ NORTH ARROW
- V View Dy Response

RN



Name of property owner _____ Accepted \$ amount _____ Sig _____

DYE TESTING SETUP FORM

Sheet _____ of _____

PROJECT:	TASK	DATE: 4/16/11	Time: 14:30
INITIALS: EG	Pipe Size		
ADDRESS: 2784	Street Summit Dr		

all downspouts went to underground drainage
 came out at back of hill

NUMBER OF DYE TABLETS USED 3 Green NUMBER OF DEFECTS FOUND: _____

COMMENTS: Map different? Yes No Manhole defect? Yes No

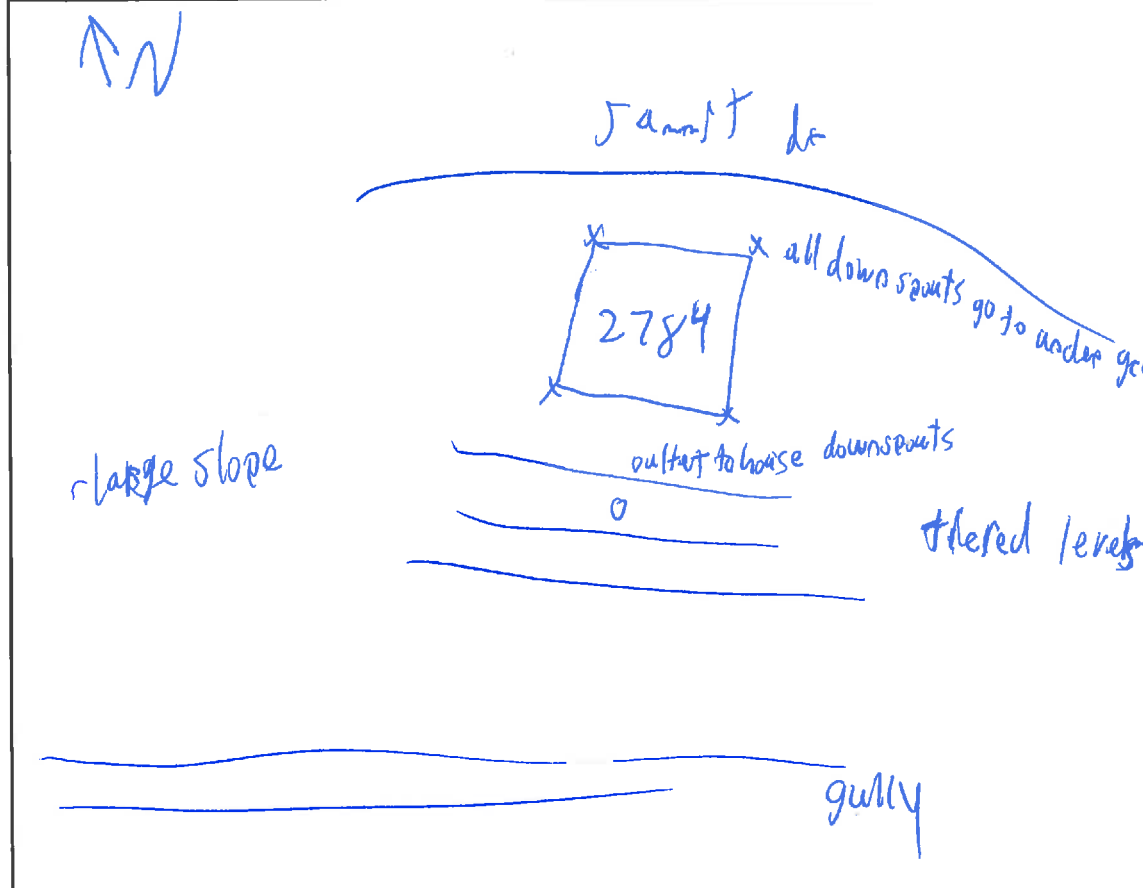
Water Source _____
 Area Drain _____
 Down Spouts _____

SKETCH DYE TESTING SET UP; Identify DYE INJECTION LOCATION AND ALL POSITIVE TESTED STORM LINES, MANHOLES AND CATCH BASINS. DRAW IN SANITARY LINE. SHOW STREETS AND FIRE HYDRANTS.

LEGEND

Dye LOCATION

- SANITARY MH
- STORM MH
- CATCH BASIN
- - - - STORM LINE
- SANITARY
- ↑ NORTH ARROW
- ∨ View Dy Response



Name of property owner _____ Accepted \$amount _____ Sig _____

DYE TESTING SETUP FORM

Sheet of

PROJECT:	TASK	DATE: 4/6/11	Time :
INITIALS: EB	DYE STRUCTURE	PIPE SIZE	
ADDRESS # 2810	STREET Summit dr CROSS		

downspouts go to underground drainage, comes out to open ditch at back of house

NUMBER OF DYE TABLETS USED 0	NUMBER OF DEFECTS FOUND: _____
------------------------------	--------------------------------

COMMENTS:

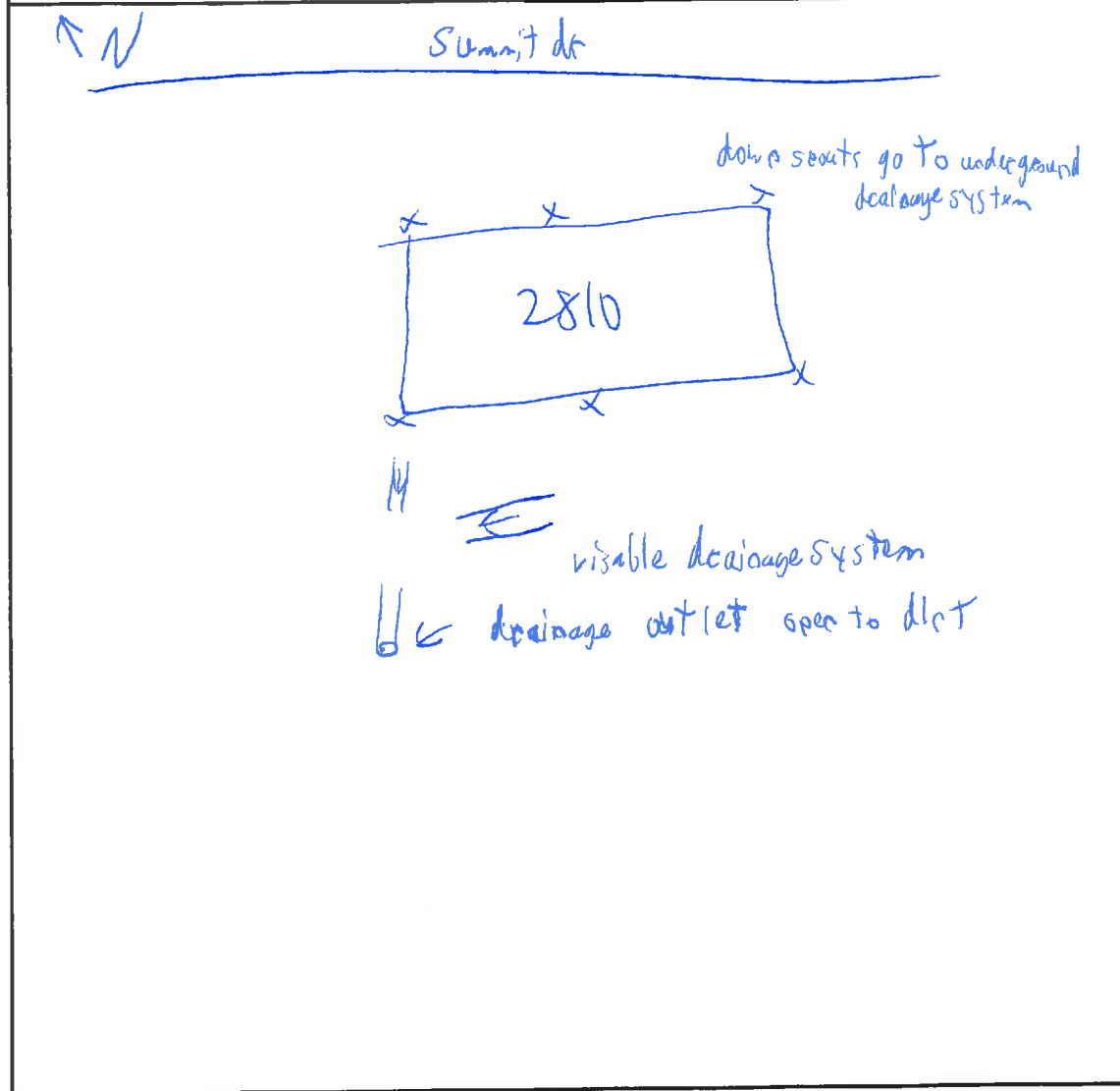
Water source	Amount used
Area Drains	
Down Spouts	

SKETCH DYE TESTING SET UP; Identify DYE INJECTION LOCATION AN ALL POSITIVE TESTED STORM LINES, MANHOLES AND CATCH BASINS. DRAW IN SANITARY LINE. SHOW STREETS AND FIRE HYDRANTS.

LEGEND

- D Injection Point
- SANITARY MH
- STORM MH
- CATCH BASIN
- - - - STORM LINE
- SANITARY
- ↑ NORTH ARROW

ZZ



DYE TESTING SETUP FORM

Sheet _____ of _____

PROJECT:	TASK	DATE: 4 / 6 / 11	Time :
INITIALS: EG	Pipe Size		
ADDRESS	2814	Street Summit dr	

all downspouts open to ground

NUMBER OF DYE TABLETS USED 4 Green	NUMBER OF DEFECTS FOUND: _____
------------------------------------	--------------------------------

COMMENTS: Map different? Yes No Manhole defect? Yes No

Water Source _____

Area Drain _____

Down Spouts _____

<p>SKETCH DYE TESTING SET UP; Identify DYE INJECTION LOCATION AN ALL POSITIVE TESTED STORM LINES, MANHOLES AND CATCH BASINS. DRAW IN SANITARY LINE. SHOW STREETS AND FIRE HYDRANTS.</p>	<p>LEGEND</p> <p>Dye LOCATION</p> <ul style="list-style-type: none"> ● SANITARY MH ○ STORM MH □ CATCH BASIN - - - - STORM LINE SANITARY ↑ NORTH ARROW ∨ View Dy Response
<p>Name of property owner _____ Accepted \$amount _____ Sig _____</p>	

DYE TESTING SETUP FORM

Sheet of

PROJECT:	TASK	DATE: 4/6/11	Time :
INITIALS: EB	Pipe Size		
ADDRESS: 2818	Street Summit		

found outlet at back of house for under ground
 drainage. Due to active construction around open drainage pipes did not run any water

NUMBER OF DYE TABLETS USED: 4 Green	NUMBER OF DEFECTS FOUND:
-------------------------------------	--------------------------

COMMENTS: Map different? Yes No Manhole defect? Yes No

Water Source _____

Area Drain _____

Down Spouts _____

SKETCH DYE TESTING SET UP; Identify DYE INJECTION LOCATION AND ALL POSITIVE TESTED STORM LINES, MANHOLES AND CATCH BASINS. DRAW IN SANITARY LINE. SHOW STREETS AND FIRE HYDRANTS.

LEGEND

Dye LOCATION

- SANITARY MH
- STORM MH
- CATCH BASIN
- - - - STORM LINE
- SANITARY
- ↑ NORTH ARROW
- ∨ View Dy Response

Name of property owner _____ Accepted \$ amount _____ Sig *Summit dr*

DYE TESTING SETUP FORM

Sheet _____ of _____

PROJECT:	TASK	DATE: 4/12/11	Time 11:00
INITIALS: EG	Pipe Size		
ADDRESS: 3	Street trash ct		

defect from smoke testing is uphill and not near house, defect in 1/2e with sewer main defect highly unlikely to be related to any house

NUMBER OF DYE TABLETS USED 4 Green	NUMBER OF DEFECTS FOUND: _____
------------------------------------	--------------------------------

COMMENTS: Map different? Yes No Manhole defect? Yes No

Water Source _____
 Area Drain _____
 Down Spouts original smoke testing sheet not to scale with regards to house #3 it is not nearby defect, defect is a main line defect not lateral defect

SKETCH DYE TESTING SET UP; Identify DYE INJECTION LOCATION AND ALL POSITIVE TESTED STORM LINES, MANHOLES AND CATCH BASINS. DRAW IN SANITARY LINE. SHOW STREETS AND FIRE HYDRANTS.

The sketch shows a dashed line representing a sewer line. At the top, there is a catch basin labeled 'catch basin' with a small circle above it. Below the catch basin, the sewer line goes down, then turns right and goes up. A defect is marked with an 'x' on the sewer line near house 3, labeled 'defect 410 ct'. House 2 is on the left, and house 3 is on the right. A north arrow is in the top left. Slopes are indicated: 'slopes down' with an arrow pointing up-right, and 'slopes up' with an arrow pointing right. A distance of 40' is marked between house 2 and the defect. A 6' distance is marked from the bottom of house 2 to the sewer line.

LEGEND

Dye LOCATION

- SANITARY MH
- STORM MH
- CATCH BASIN
- - - - STORM LINE
- SANITARY
- ↑ NORTH ARROW
- ∇ View Dye Response

Name of property owner _____

Accepted \$ amount _____

Sig _____

next uphill house very far away

DYE TESTING SETUP FORM

Sheet _____ of _____

PROJECT:	TASK	DATE: 4/2/11	Time 11:30
INITIALS: RB	Pipe Size		
ADDRESS: 219	Street Los Robles		

drainage pipe for yard appeared to head
 for sewer line. Applied dye, no results at MH 162 up to 10 min later.

NUMBER OF DYE TABLETS USED: 4 Green	NUMBER OF DEFECTS FOUND:
-------------------------------------	--------------------------

COMMENTS: Map different? Yes No Manhole defect? Yes No

Water Source: house bib

Area Drain

Down Spouts

SKETCH DYE TESTING SET UP; Identify DYE INJECTION LOCATION AND ALL POSITIVE TESTED STORM LINES, MANHOLES AND CATCH BASINS. DRAW IN SANITARY LINE. SHOW STREETS AND FIRE HYDRANTS.

LEGEND

Dye LOCATION

- SANITARY MH
- STORM MH
- CATCH BASIN
- - - - STORM LINE
- SANITARY
- ↑ NORTH ARROW
- ∇ View Dy Response

Name of property owner _____

Accepted \$ amount _____

Sig _____

162

canyon

opened and saw no dye (10 min)

DYE TESTING SETUP FORM

Sheet _____ of _____

PROJECT:		TASK	DATE: 4/12/11	Time 12:00
INITIALS: Eb			Pipe Size	
ADDRESS	213	Street	Los Robles	

west discharge pipes open east pipes closed
 appear to run to gully on east side, (down hill)

NUMBER OF DYE TABLETS USED 4 Green	NUMBER OF DEFECTS FOUND: _____
------------------------------------	--------------------------------

COMMENTS: Map different? Yes No Manhole defect? Yes No

Water Source _____

Area Drain _____

Down Spouts _____

<p>SKETCH DYE TESTING SET UP; Identify DYE INJECTION LOCATION AN ALL POSITIVE TESTED STORM LINES, MANHOLES AND CATCH BASINS. DRAW IN SANITARY LINE. SHOW STREETS AND FIRE HYDRANTS.</p>	<p>LEGEND</p> <p>Dye LOCATION</p> <ul style="list-style-type: none"> ● SANITARY MH ○ STORM MH □ CATCH BASIN - - - - STORM LINE ----- SANITARY ↑ NORTH ARROW ∇ View Dy Response
<p>Lo 5 Robles</p> <p>Sewer</p> <p>213</p> <p>open closed closed</p> <p>open open closed</p> <p>gully</p> <p>→ Slopes down</p>	
<p>Name of property owner _____ Accepted \$ amount _____ Sig _____</p>	

DYE TESTING SETUP FORM

Sheet _____ of _____

PROJECT:		TASK	DATE: 9/14/11	Time 12:10
INITIALS: Eb			Pipe Size	
ADDRESS	142	Street Val de Flores		

dye tested south east down spouts both drain to street through drainage pipe coming out just above catch basin. North side spouts sealed at ground level

NUMBER OF DYE TABLETS USED 4 Green red	NUMBER OF DEFECTS FOUND: _____
---	---------------------------------------

COMMENTS: Map different? Yes No Manhole defect? Yes No

Water Source water jugs (resident out home)

Area Drain

Down Spouts

<p>SKETCH DYE TESTING SET UP; Identify DYE INJECTION LOCATION AN ALL POSITIVE TESTED STORM LINES, MANHOLES AND CATCH BASINS. DRAW IN SANITARY LINE. SHOW STREETS AND FIRE HYDRANTS.</p>	<p>LEGEND</p> <p>Dye LOCATION</p> <ul style="list-style-type: none"> ● SANITARY MH ○ STORM MH □ CATCH BASIN - - - - STORM LINE ----- SANITARY ↑ NORTH ARROW V View Dy Responce
	<p>Name of property owner _____ Accepted \$ amount _____ Sig _____</p>

DYE TESTING SETUP FORM

Sheet _____ of _____

PROJECT:	TASK	DATE: 4/12/11	Time 13:00
INITIALS: E6	Pipe Size		
ADDRESS 125	Street Lamesa		

had nanny run house stick for 60+ seconds, did not see resulting water anywhere

NUMBER OF DYE TABLETS USED 4 Green	NUMBER OF DEFECTS FOUND:
------------------------------------	--------------------------

COMMENTS: Map different? Yes No Manhole defect? Yes No

Water Source house pits for tests 1,2,3 water jug for test 4

Area Drain

Down Spouts See overhead map

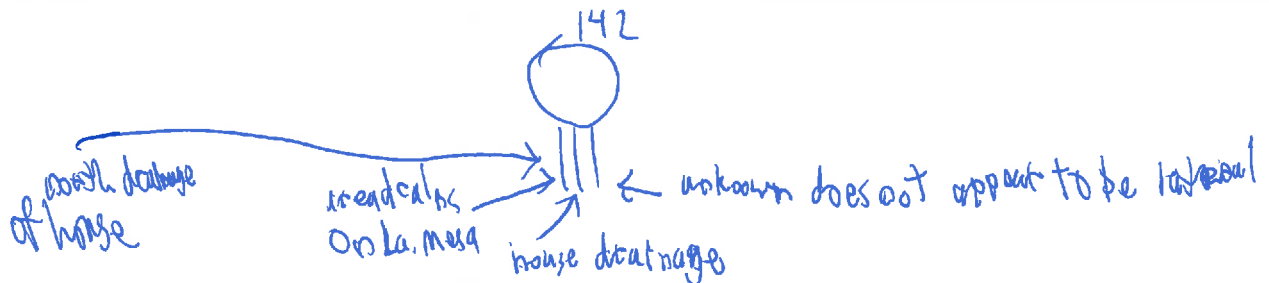
SKETCH DYE TESTING SET UP; Identify DYE INJECTION LOCATION AN ALL POSITIVE TESTED STORM LINES, MANHOLES AND CATCH BASINS. DRAW IN SANITARY LINE. SHOW STREETS AND FIRE HYDRANTS.

LEGEND

Dye LOCATION

- SANITARY MH
- STORM MH
- CATCH BASIN
- - - - STORM LINE
- SANITARY
- ↑ NORTH ARROW
- V View Dy Response

Name of property owner _____ Accepted \$ amount _____ Sig _____



DYE TESTING SETUP FORM

Sheet _____ of _____

PROJECT:	TASK	DATE: 4/13/11	Time 10:06
INITIALS: EG	Pipe Size		
ADDRESS 35	Street tulip		

~~found~~ currently catalog, drainage ends above ground found 2 active drainage lines in back yard

NUMBER OF DYE TABLETS USED 4 Green	NUMBER OF DEFECTS FOUND:
------------------------------------	--------------------------

COMMENTS: Map different? Yes No Manhole defect? Yes No

Water Source _____

Area Drain _____

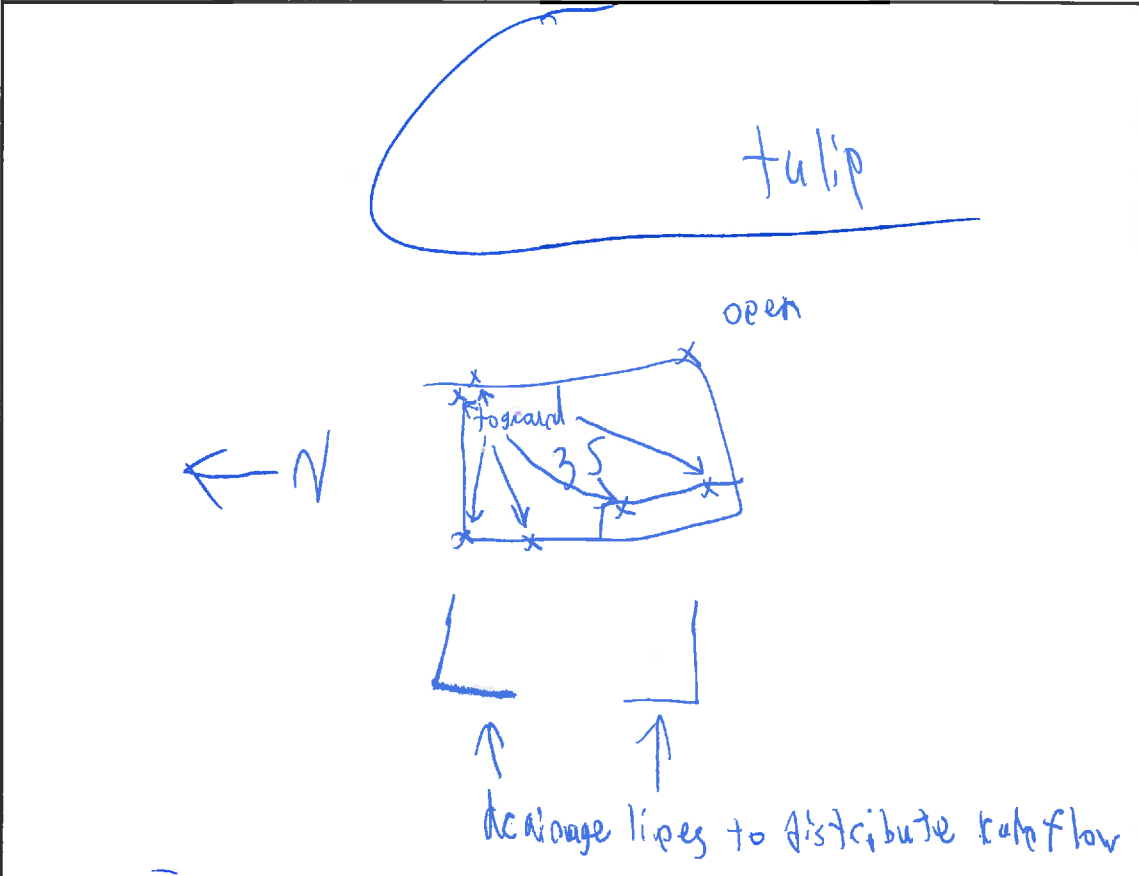
Down Spouts _____

SKETCH DYE TESTING SET UP; Identify DYE INJECTION LOCATION AND ALL POSITIVE TESTED STORM LINES, MANHOLES AND CATCH BASINS. DRAW IN SANITARY LINE. SHOW STREETS AND FIRE HYDRANTS.

LEGEND

Dye LOCATION

- SANITARY MH
- STORM MH
- CATCH BASIN
- - - - STORM LINE
- SANITARY
- ↑ NORTH ARROW
- ∇ View Dy Responce



Name of property owner _____ Accepted \$ amount _____ Sig _____ *Sierra*

DYE TESTING SETUP FORM

Sheet _____ of _____

PROJECT:	TASK	DATE: 4/13/11	Time 10:20
INITIALS: E6	Pipe Size		
ADDRESS 48	Street tulip		

observed at MH 223, no results for dye

NUMBER OF DYE TABLETS USED 4 Green red	NUMBER OF DEFECTS FOUND: _____
--	--------------------------------

COMMENTS: Map different? Yes No Manhole defect? Yes No

Water Source house btb

Area Drain

Down Spouts

SKETCH DYE TESTING SET UP; Identify DYE INJECTION LOCATION AN ALL POSITIVE TESTED STORM LINES, MANHOLES AND CATCH BASINS. DRAW IN SANITARY LINE. SHOW STREETS AND FIRE HYDRANTS.

LEGEND

Dye LOCATION

- SANITARY MH
- STORM MH
- CATCH BASIN
- - - - STORM LINE
- SANITARY
- ↑ NORTH ARROW
- V View Dy Response

Name of property owner _____

Accepted \$amount _____

Sig _____

DYE TESTING SETUP FORM

Sheet _____ of _____

PROJECT:	TASK	DATE: 4/13/11	Time 10:30
INITIALS: E6		Pipe Size	
ADDRESS 50	Street tulip		

~~1911.11~~ MH 223 no dye hits

NUMBER OF DYE TABLETS USED 4 Green blue	NUMBER OF DEFECTS FOUND: _____
---	--------------------------------

COMMENTS: Map different? Yes No Manhole defect? Yes No

Water Source house bib

Area Drain _____

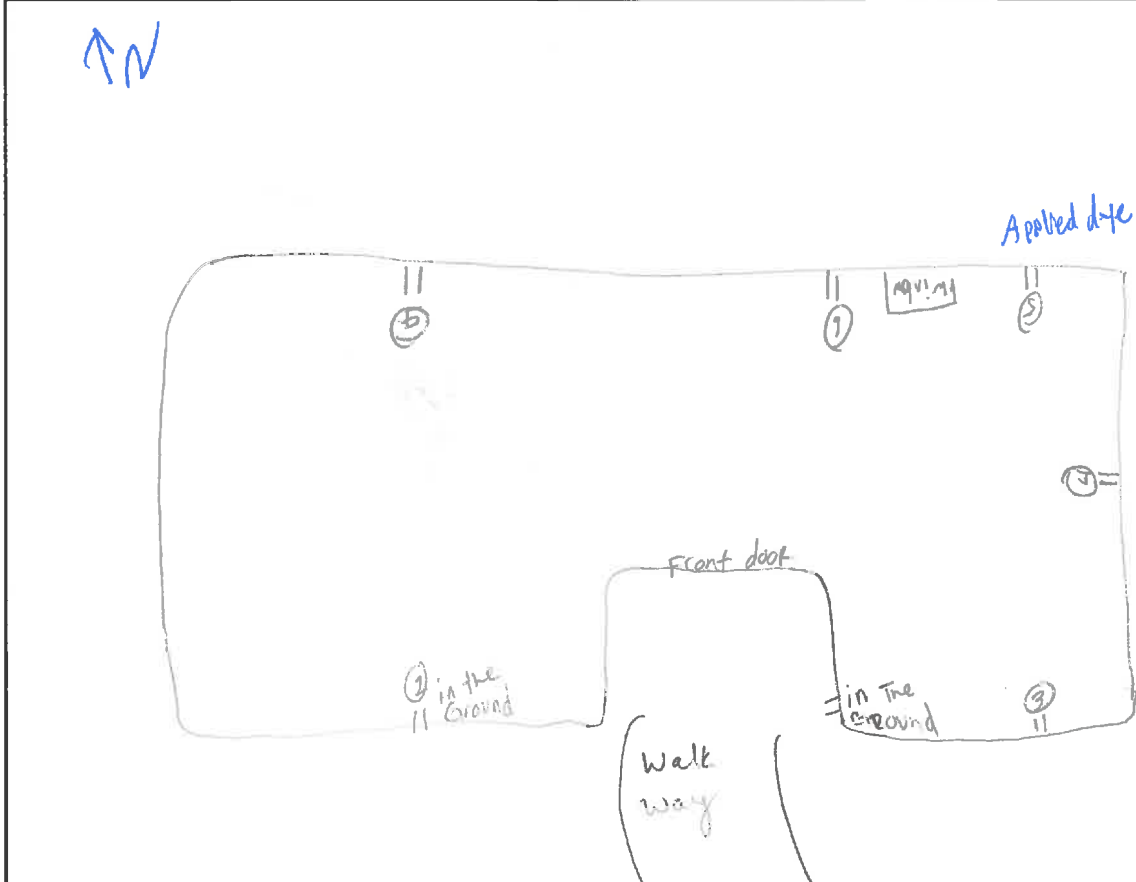
Down Spouts _____

SKETCH DYE TESTING SET UP; Identify DYE INJECTION LOCATION AN ALL POSITIVE TESTED STORM LINES, MANHOLES AND CATCH BASINS. DRAW IN SANITARY LINE. SHOW STREETS AND FIRE HYDRANTS.

LEGEND

Dye LOCATION

- SANITARY MH
- STORM MH
- CATCH BASIN
- - - - STORM LINE
- SANITARY
- ↑ NORTH ARROW
- V View Dy Response



Name of property owner _____ Accepted \$amount _____ Sig _____

DYE TESTING SETUP FORM

Sheet _____ of _____
Time 11:00

PROJECT:	TASK	DATE: 4/13/11
INITIALS: FG	Pipe Size	
ADDRESS: 90	Street: tiptoe?	

no visible outlet, no dye in MH ~~did not dye~~ dyed downspout to back of house

NUMBER OF DYE TABLETS USED: 4 Green green	NUMBER OF DEFECTS FOUND: _____
---	--------------------------------

COMMENTS: Map different? Yes No Manhole defect? Yes No

Water Source: water jug

Area Drain: _____

Down Spouts: _____

SKETCH DYE TESTING SET UP; Identify DYE INJECTION LOCATION AND ALL POSITIVE TESTED STORM LINES, MANHOLES AND CATCH BASINS. DRAW IN SANITARY LINE. SHOW STREETS AND FIRE HYDRANTS.

LEGEND

Dye LOCATION

- SANITARY MH
- STORM MH
- CATCH BASIN
- - - - - STORM LINE
- _____ SANITARY
- ↑ NORTH ARROW
- ∇ View Dy Response

Name of property owner: MA223 Accepted \$ amount: _____ Sig: _____

DYE TESTING SETUP FORM

Sheet _____ of _____

PROJECT:	TASK	DATE: 4/13/11	Time 11:30
INITIALS: EG		Pipe Size	
ADDRESS	96	Street	tiptoe

can account for all down spouts except channel in back of house leading to a pipe going under deck. Pipe full of leaves pouring water in caused pipe to leak under deck (slowly) did not dye due to heavy pipe leakage to ground. No flow to create visible

NUMBER OF DYE TABLETS USED 4 Green no dye	NUMBER OF DEFECTS FOUND: 5	at MH 199
---	----------------------------	-----------

COMMENTS: Map different? Yes No Manhole defect? Yes No

Water Source water jug

Area Drain

Down Spouts

SKETCH DYE TESTING SET UP; Identify DYE INJECTION LOCATION AND ALL POSITIVE TESTED STORM LINES, MANHOLES AND CATCH BASINS. DRAW IN SANITARY LINE. SHOW STREETS AND FIRE HYDRANTS.

channel is clogged
water very slow to drain
pipe leaks, did not use dye.
no kitchen outlet, no visible
flow to sanitary sewer 199

LEGEND

Dye LOCATION

- SANITARY MH
- STORM MH
- CATCH BASIN
- STORM LINE
- SANITARY
- ↑ NORTH ARROW
- ∨ View Dye Response

Name of property owner _____ Accepted \$ amount _____ Sig _____

DYE TESTING SETUP FORM

Sheet _____ of _____

PROJECT:	TASK	DATE: 4/13/11	Time 11:45
INITIALS: Eb	Pipe Size		
ADDRESS: 100	Street: Hoptoe		

all drainage pipes visible, all heading west

NUMBER OF DYE TABLETS USED 4 Green	NUMBER OF DEFECTS FOUND: _____
------------------------------------	--------------------------------

COMMENTS: Map different? Yes No Manhole defect? Yes No

Water Source _____

Area Drain _____

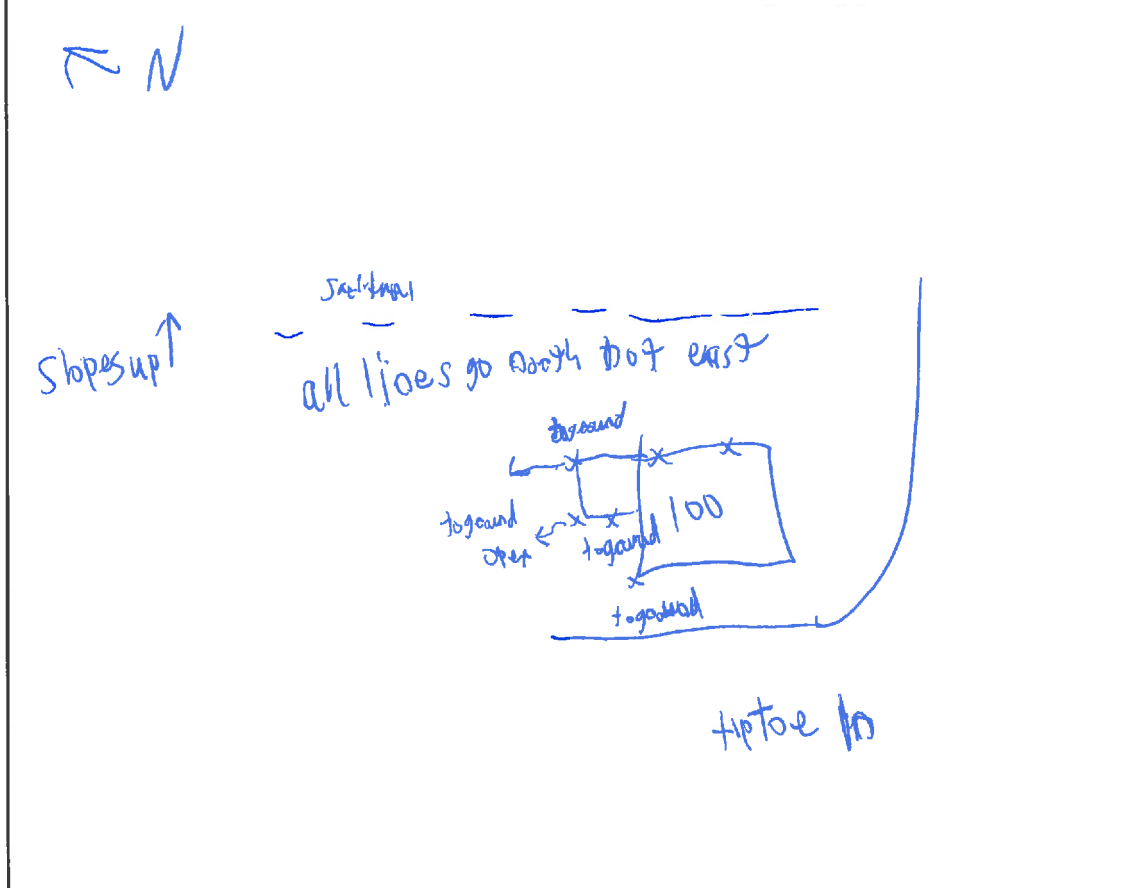
Down Spouts _____

SKETCH DYE TESTING SET UP; Identify DYE INJECTION LOCATION AN ALL POSITIVE TESTED STORM LINES, MANHOLES AND CATCH BASINS. DRAW IN SANITARY LINE. SHOW STREETS AND FIRE HYDRANTS.

LEGEND

Dye LOCATION

- SANITARY MH
- STORM MH
- CATCH BASIN
- - - - STORM LINE
- SANITARY
- ↑ NORTH ARROW
- ∨ View Dy Responce



Name of property owner _____ Accepted \$ amount _____ Sig _____

DYE TESTING SETUP FORM

Sheet _____ of _____

PROJECT:	TASK	DATE: 4/13/11	Time 14:30
INITIALS: E6	Pipe Size		
ADDRESS 18	Street Lastrada		

back drains appear to go to channel, foot drains unknown outlet, no access to nearby sanitary sewer

NUMBER OF DYE TABLETS USED 4 Green	NUMBER OF DEFECTS FOUND: _____
------------------------------------	--------------------------------

COMMENTS: Map different? Yes No Manhole defect? Yes No

Water Source _____

Area Drain _____

Down Spouts _____

SKETCH DYE TESTING SET UP; Identify DYE INJECTION LOCATION AN ALL POSITIVE TESTED STORM LINES, MANHOLES AND CATCH BASINS. DRAW IN SANITARY LINE. SHOW STREETS AND FIRE HYDRANTS.

LEGEND

Dye LOCATION

- SANITARY MH
- STORM MH
- CATCH BASIN
- - - - STORM LINE
- SANITARY
- ↑ NORTH ARROW
- V View Dy Responce

Name of property owner _____

Accepted \$amount _____

Sig _____

DYE TESTING SETUP FORM

Sheet _____ of _____

PROJECT:		TASK	DATE: 4/13/11	Time: 14:55
INITIALS: TP			Pipe Size	
ADDRESS	1	Street La Strada cl		

no flow from house to M#33

NUMBER OF DYE TABLETS USED 4 Green	NUMBER OF DEFECTS FOUND:
---	---------------------------------

COMMENTS: Map different? Yes No Manhole defect? Yes No

Water Source water jug

Area Drain

Down Spouts 12 Down spouts and all runs into the ground and ~~couldn't find the outlets to the down spouts.~~ drains to drainage pipe to back of house #5

SKETCH DYE TESTING SET UP; Identify DYE INJECTION LOCATION AN ALL POSITIVE TESTED STORM LINES, MANHOLES AND CATCH BASINS. DRAW IN SANITARY LINE. SHOW STREETS AND FIRE HYDRANTS.

LEGEND

Dye LOCATION

- SANITARY MH
- STORM MH
- CATCH BASIN
- STORM LINE
- SANITARY
- ↑ NORTH ARROW
- ∇ View Dy Responce

TN

8

9

5

Back of House

Front of House

Name of property owner _____

Accepted \$ amount _____

Sig _____

1 2

DYE TESTING SETUP FORM

Sheet _____ of _____

PROJECT:	TASK	DATE: 4/13/11	Time 14:45
INITIALS: SS	Pipe Size		
ADDRESS 5	Street 1A STRADA AVE		

no flow from house to MH33

NUMBER OF DYE TABLETS USED 4 Green	NUMBER OF DEFECTS FOUND:
------------------------------------	--------------------------

COMMENTS: Map different? Yes (No) Manhole defect? Yes (No)

Water Source

Area Drain

Down Spouts

4" decharge pipe from house leading to decharge ditch in back

SKETCH DYE TESTING SET UP; Identify DYE INJECTION LOCATION AN ALL POSITIVE TESTED STORM LINES, MANHOLES AND CATCH BASINS. DRAW IN SANITARY LINE. SHOW STREETS AND FIRE HYDRANTS.

LEGEND

Dye LOCATION

- SANITARY MH
- STORM MH
- CATCH BASIN
- STORM LINE
- SANITARY
- ↑ NORTH ARROW
- ∨ View Dy Responce

Name of property owner _____ Accepted \$amount _____ Sig _____

DYE TESTING SETUP FORM

Sheet _____ of _____

PROJECT:	TASK	DATE: 7/13/11	Time 14:45
INITIALS: ZV	Pipe Size		
ADDRESS: 11	Street La Strada Ct		

found outlet for east downspout

all water appears to drain downhill though did not (north)

NUMBER OF DYE TABLETS USED 4 Green	NUMBER OF DEFECTS FOUND: _____
------------------------------------	--------------------------------

COMMENTS: Map different? Yes No Manhole defect? Yes No

Water Source water jug

Area Drain _____

Down Spouts _____

SKETCH DYE TESTING SET UP; Identify DYE INJECTION LOCATION AND ALL POSITIVE TESTED STORM LINES, MANHOLES AND CATCH BASINS. DRAW IN SANITARY LINE. SHOW STREETS AND FIRE HYDRANTS.

LEGEND

Dye LOCATION

- SANITARY MH
- STORM MH
- CATCH BASIN
- - - - STORM LINE
- SANITARY
- ↑ NORTH ARROW
- V View Dye Response

Name of property owner _____

Accepted \$ amount _____

Sig _____

DYE TESTING SETUP FORM

Sheet _____ of _____

PROJECT:		TASK	DATE: 4/13/11	Time 15:30
INITIALS: EG			Pipe Size	
ADDRESS	18	Street La Strada		

all downspouts go below ground, need to access a drainage stream

manhole

NUMBER OF DYE TABLETS USED 4 Green	NUMBER OF DEFECTS FOUND: _____
---	---------------------------------------

COMMENTS: Map different? Yes No Manhole defect? Yes No

Water Source
Area Drain
Down Spouts

<p>SKETCH DYE TESTING SET UP; Identify DYE INJECTION LOCATION AN ALL POSITIVE TESTED STORM LINES, MANHOLES AND CATCH BASINS. DRAW IN SANITARY LINE. SHOW STREETS AND FIRE HYDRANTS.</p>	<p>LEGEND</p> <p>Dye LOCATION</p> <ul style="list-style-type: none"> ● SANITARY MH ○ STORM MH □ CATCH BASIN - - - - STORM LINE ----- SANITARY ↑ NORTH ARROW ∇ View Dy Responce
<p>Name of property owner _____ Accepted \$amount _____ Sig _____</p>	

DYE TESTING SETUP FORM

Sheet _____ of _____

PROJECT:		TASK	DATE: 4/13/11	Time 15:55
INITIALS: EB			Pipe Size	
ADDRESS	6081	Street skyline		

resident says his lateral goes across skyline to sewer on other side. Resident unwilling to let us on property

NUMBER OF DYE TABLETS USED 4 Green	NUMBER OF DEFECTS FOUND: _____
------------------------------------	--------------------------------

COMMENTS: Map different? Yes No Manhole defect? Yes No

Water Source _____

Area Drain _____

Down Spouts _____

<p>SKETCH DYE TESTING SET UP; Identify DYE INJECTION LOCATION AN ALL POSITIVE TESTED STORM LINES, MANHOLES AND CATCH BASINS. DRAW IN SANITARY LINE. SHOW STREETS AND FIRE HYDRANTS.</p>	<p>LEGEND</p> <p>Dye LOCATION</p> <p>● SANITARY MH</p> <p>○ STORM MH</p> <p>□ CATCH BASIN</p> <p>- - - - STORM LINE</p> <p>----- SANITARY</p> <p>↑ NORTH ARROW</p> <p>V View Dy Responce</p>
<p>Name of property owner _____ Accepted \$amount _____ Sig _____</p>	

Attachment C: Manhole Inspection Form Information

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C.1 Manhole Inspection Forms

The manhole inspection form shown on Figure C-1 and C-2 was used to record asset information and defect observations in the field. The inspection form includes the information required by the National Association of Sewer Service Companies (NASSCO) Manhole Assessment and Certification Program (MACP). The key to the abbreviations/codes used on the manhole inspection form are shown on Figure C-3 and Figure C-4.

MANHOLE INSPECTION FORM	
<p>MH Use (17) <input type="checkbox"/> SS (Sanitary) <input type="checkbox"/> AMH <input type="checkbox"/> ACOM <input type="checkbox"/> AIB</p> <p>MH Type (30) <input type="checkbox"/> AS <input type="checkbox"/> GD <input type="checkbox"/> CO <input type="checkbox"/> GR <input type="checkbox"/> CC <input type="checkbox"/> ZZ</p> <p>Rim to Invert (14) Rim to Grade (16) <input type="checkbox"/> ft <input type="checkbox"/> in</p> <p>Wall Diameter (length/width) (77) <input type="checkbox"/> ft <input type="checkbox"/> in</p> <p>Location Code (26) <input type="checkbox"/> A <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> D <input type="checkbox"/> C</p> <p>City (11) <input type="checkbox"/> Burlingame <input checked="" type="checkbox"/> Hills SMD</p>	<p>Inspection Level (38) <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>Purpose (21) <input type="checkbox"/> B (Investigate) <input type="checkbox"/> N <input type="checkbox"/> Y</p> <p>Pre-clean (23) <input type="checkbox"/> N <input type="checkbox"/> Y</p> <p>Surveyor's Name (1) <input type="text"/></p> <p>Penetration/Scratch (ST) Results inches Rating <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 NA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 NA</p> <p>Cross Street or Location Details (12) <input type="text"/></p> <p>Additional Inspection Information (27) <input type="text"/></p>
<p>Inspection Level (38) <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>Surface Type (28) <input type="checkbox"/> AS <input type="checkbox"/> GD <input type="checkbox"/> CO <input type="checkbox"/> GR <input type="checkbox"/> CC <input type="checkbox"/> ZZ</p> <p>Wall Diameter (length/width) (77) <input type="checkbox"/> ft <input type="checkbox"/> in</p> <p>City (11) <input type="checkbox"/> Burlingame <input checked="" type="checkbox"/> Hills SMD</p>	<p>Inspection Level (38) <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>Purpose (21) <input type="checkbox"/> B (Investigate) <input type="checkbox"/> N <input type="checkbox"/> Y</p> <p>Pre-clean (23) <input type="checkbox"/> N <input type="checkbox"/> Y</p> <p>Surveyor's Name (1) <input type="text"/></p> <p>Penetration/Scratch (ST) Results inches Rating <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 NA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 NA</p> <p>Cross Street or Location Details (12) <input type="text"/></p> <p>Additional Inspection Information (27) <input type="text"/></p>
MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS	
<p>Cover</p> <p>Size (41/42) in <input type="text"/></p> <p>Material (43) <input type="checkbox"/> CAS <input type="checkbox"/></p> <p>Shape (40) <input type="checkbox"/> C <input type="checkbox"/></p> <p>Type (44) <input type="checkbox"/> Solid <input type="checkbox"/> Vented <input type="checkbox"/> # (46)</p> <p>Fit (49) <input type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R</p> <p>Cover Conditions (50) <input type="checkbox"/> Bolts <input type="checkbox"/> Missing <input type="checkbox"/> Missing</p> <p>Insert Type (51) Condition (52) <input type="checkbox"/> None <input type="checkbox"/> Plastic <input type="checkbox"/> Metal <input type="checkbox"/> Sound <input type="checkbox"/> Poor Fit <input type="checkbox"/> Cracked</p> <p>Photo # (s) <input type="text"/></p>	<p>Inspection Level (38) <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>Purpose (21) <input type="checkbox"/> B (Investigate) <input type="checkbox"/> N <input type="checkbox"/> Y</p> <p>Pre-clean (23) <input type="checkbox"/> N <input type="checkbox"/> Y</p> <p>Surveyor's Name (1) <input type="text"/></p> <p>Penetration/Scratch (ST) Results inches Rating <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 NA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 NA</p> <p>Cross Street or Location Details (12) <input type="text"/></p> <p>Additional Inspection Information (27) <input type="text"/></p>
<p>Frame</p> <p>Material (57) <input type="checkbox"/> CAS <input type="checkbox"/></p> <p>Condition (s) (61) <input type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken <input type="checkbox"/> Missing <input type="checkbox"/> Corroded <input type="checkbox"/> Coated</p> <p>Offset Distance (63) <input type="text"/> in</p> <p>Seal Condition (62) Inflow (64) <input type="checkbox"/> None <input type="checkbox"/> IW ID IR <input type="checkbox"/> IG IS</p> <p>Adjustment Ring Type (63) Material (64) Condition (65) <input type="checkbox"/> None <input type="checkbox"/> Solid <input type="checkbox"/> Adjustable <input type="checkbox"/> CAS <input type="checkbox"/> Sound <input type="checkbox"/> Cracked</p> <p>Photo # (s) <input type="text"/></p>	<p>Inspection Level (38) <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>Purpose (21) <input type="checkbox"/> B (Investigate) <input type="checkbox"/> N <input type="checkbox"/> Y</p> <p>Pre-clean (23) <input type="checkbox"/> N <input type="checkbox"/> Y</p> <p>Surveyor's Name (1) <input type="text"/></p> <p>Penetration/Scratch (ST) Results inches Rating <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 NA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 NA</p> <p>Cross Street or Location Details (12) <input type="text"/></p> <p>Additional Inspection Information (27) <input type="text"/></p>
<p>Chimney</p> <p>Material (s) (66) Coat/Liner (70) <input type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> NC <input type="checkbox"/> C</p> <p>Depth (69) <input type="text"/> ft</p> <p>DEFECTS</p> <p>I/I (67) <input type="checkbox"/> None <input type="checkbox"/> circle one: <input type="checkbox"/> IW ID <input type="checkbox"/> IR IG <input type="checkbox"/> IS</p> <p>Corrosion <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP</p> <p>Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Severity: L / M / S</p> <p>Seal Condition (62) Inflow (64) <input type="checkbox"/> None <input type="checkbox"/> IW ID IR <input type="checkbox"/> IG IS</p> <p>Adjustment Ring Type (63) Material (64) Condition (65) <input type="checkbox"/> None <input type="checkbox"/> Solid <input type="checkbox"/> Adjustable <input type="checkbox"/> CAS <input type="checkbox"/> Sound <input type="checkbox"/> Cracked</p> <p>Photo # (s) <input type="text"/></p>	<p>Inspection Level (38) <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>Purpose (21) <input type="checkbox"/> B (Investigate) <input type="checkbox"/> N <input type="checkbox"/> Y</p> <p>Pre-clean (23) <input type="checkbox"/> N <input type="checkbox"/> Y</p> <p>Surveyor's Name (1) <input type="text"/></p> <p>Penetration/Scratch (ST) Results inches Rating <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 NA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 NA</p> <p>Cross Street or Location Details (12) <input type="text"/></p> <p>Additional Inspection Information (27) <input type="text"/></p>
<p>Cone</p> <p>Material (s) (73) Coat/Liner (75) <input type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> NC <input type="checkbox"/> C</p> <p>Depth (74) <input type="text"/> ft</p> <p>DEFECTS</p> <p>I/I (71) <input type="checkbox"/> None <input type="checkbox"/> circle one: <input type="checkbox"/> IW ID <input type="checkbox"/> IR IG <input type="checkbox"/> IS</p> <p>Corrosion <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP</p> <p>Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Severity: L / M / S</p> <p>Seal Condition (62) Inflow (64) <input type="checkbox"/> None <input type="checkbox"/> IW ID IR <input type="checkbox"/> IG IS</p> <p>Adjustment Ring Type (63) Material (64) Condition (65) <input type="checkbox"/> None <input type="checkbox"/> Solid <input type="checkbox"/> Adjustable <input type="checkbox"/> CAS <input type="checkbox"/> Sound <input type="checkbox"/> Cracked</p> <p>Photo # (s) <input type="text"/></p>	<p>Inspection Level (38) <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>Purpose (21) <input type="checkbox"/> B (Investigate) <input type="checkbox"/> N <input type="checkbox"/> Y</p> <p>Pre-clean (23) <input type="checkbox"/> N <input type="checkbox"/> Y</p> <p>Surveyor's Name (1) <input type="text"/></p> <p>Penetration/Scratch (ST) Results inches Rating <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 NA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 NA</p> <p>Cross Street or Location Details (12) <input type="text"/></p> <p>Additional Inspection Information (27) <input type="text"/></p>
<p>Wall</p> <p>Material (s) (78) Coat/Liner (80) <input type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> NC <input type="checkbox"/> C</p> <p>Depth (79) <input type="text"/> ft</p> <p>DEFECTS</p> <p>I/I (71) <input type="checkbox"/> None <input type="checkbox"/> circle one: <input type="checkbox"/> IW ID <input type="checkbox"/> IR IG <input type="checkbox"/> IS</p> <p>Corrosion <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP</p> <p>Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Severity: L / M / S</p> <p>Seal Condition (62) Inflow (64) <input type="checkbox"/> None <input type="checkbox"/> IW ID IR <input type="checkbox"/> IG IS</p> <p>Adjustment Ring Type (63) Material (64) Condition (65) <input type="checkbox"/> None <input type="checkbox"/> Solid <input type="checkbox"/> Adjustable <input type="checkbox"/> CAS <input type="checkbox"/> Sound <input type="checkbox"/> Cracked</p> <p>Photo # (s) <input type="text"/></p>	<p>Inspection Level (38) <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>Purpose (21) <input type="checkbox"/> B (Investigate) <input type="checkbox"/> N <input type="checkbox"/> Y</p> <p>Pre-clean (23) <input type="checkbox"/> N <input type="checkbox"/> Y</p> <p>Surveyor's Name (1) <input type="text"/></p> <p>Penetration/Scratch (ST) Results inches Rating <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 NA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 NA</p> <p>Cross Street or Location Details (12) <input type="text"/></p> <p>Additional Inspection Information (27) <input type="text"/></p>
Bench, Channel, and Steps	
<p>Bench Present (82) <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Channel Installed (85) <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Number of Steps (89) <input type="text"/></p> <p>Step Material (90) <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Brick <input type="checkbox"/> Other</p>	<p>Inspection Level (38) <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>Purpose (21) <input type="checkbox"/> B (Investigate) <input type="checkbox"/> N <input type="checkbox"/> Y</p> <p>Pre-clean (23) <input type="checkbox"/> N <input type="checkbox"/> Y</p> <p>Surveyor's Name (1) <input type="text"/></p> <p>Penetration/Scratch (ST) Results inches Rating <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 NA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 NA</p> <p>Cross Street or Location Details (12) <input type="text"/></p> <p>Additional Inspection Information (27) <input type="text"/></p>

Figure C-1. Manhole Inspection Form (Page 1)

SKETCH										MH Number
PIPE CONNECTIONS										
REQUIRED					OPTIONAL					
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> MI (Force Main) <input type="checkbox"/> BI (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectang <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> MI (Force Main) <input type="checkbox"/> BI (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectang <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> MI (Force Main) <input type="checkbox"/> BI (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectang <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> MI (Force Main) <input type="checkbox"/> BI (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectang <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> MI (Force Main) <input type="checkbox"/> BI (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectang <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

Figure C-2. Manhole Inspection Form (Page 2)

Field	Code	Definition/Description
MH Type	AMH	Manhole
	ACOM	Cleanout Mainline
	AJB	Junction Box
Location Code	A	Main Highway - Urban
	F	Sidewalk
	C	Light Highway
	G	Parking Lot
	D	Easement/Right of Way
	H	Alley
	J	Building
	K	Creek
	I	Ditch
	L	Railway
	E	Woods
	Y	Yard
	Shape	C
H		Horseshoe (with flat bottom, curved sides)
R		Rectangular
A		Arched (with flat bottom)
B		Barrel (beer barrel)
E		Egg Shaped
O		Oval
S		Square
T		Trapezoidal
U		U-Shaped (with flat top)
Z		Other
Surface Type	AS	Asphalt
	CO	Concrete Pavement
	CC	Concrete Collar
	GD	Grass/Dirt
	GR	Gravel
	ZZ	Other
Inspection Status	BM	Buried or Marked
	DI	Descent Inspection
	NI	NI Traffic
	NA	No Access
	NF	Not Found
	NO	Not Opened
	RI	Remote Inspection
	SD	Surcharged/Debris
	SI	Surface Inspection

Figure C-3. Manhole Inspection Form Codes (Page 1)

Field	Code	Definition/Description
Material	RCP	Reinforced Concrete
	BR	Brick
	VCP	Vitrified Clay
	DIP	Ductile Iron
	PE	Polyethylene
	PVC	Polyvinyl Chloride
Fit (Cover Frame)	G	Good
	O	Oversized
	U	Undersized
	R	Rocks/Wobbles
Manhole Lining Material	PL	Plastic
	NC	None - No Coating
	E	Epoxy
	C	Cementitious
	CP	Cured in Place
Pipe Lining Material	PVC	Polyvinyl Chloride
	PE	Polyethylene
	CIPP	Cured In Place
	HOBA	Hobas
Lining Defect	LFDE	Lining Failure - Defective End
	LFD	Lining Failure - Detached
	LFW	Lining Failure - Wrinkled
	LFB	Lining Failure - Blistered
	WF	Weld Failure
Corrosion Defect	SRI	Surface Roughness Increased
	SSS	Surface Spalling
	SAV	Surface Aggregate Visible
	SAP	Surface Aggregate Projecting
	SAM	Surface Aggregate Missing
	SRV	Surface Reinforcement Visible
	SRP	Surface Reinforcement Projecting
	SRC	Surface Reinforcement Corroded
Component	W	Wall
	Co	Cone
	Cm	Chimney
	B	Bench
Sediment Type	F	Fine
	GV	Gravel
	C	Compacted
Infiltration Defect	ID	Infil Dropper
	IG	Infil Gusher
	IR	Infil Runner
	IS	Infil Stained
	IW	Infil Weeper

Figure C-4. Manhole Inspection Form Codes (Page 2)

C.1 Manhole Inspection Forms

The location criteria form shown on Figure C-5 was used to record observations of public impact, environmental, and access/safety criteria for each manhole location. The Priority rating key for each of these criteria are shown on Figure C-6.

LOCATION CRITERIA FORM		Camera No.												
		General Picture No.												
LOCATION SKETCH BY SANITARY SEWER MANHOLE		Drainage Picture No.												
<div style="position: relative; width: 100%; height: 100%;"> <div style="position: absolute; top: 10px; right: 10px; text-align: right;"> Camera No. _____ General Picture No. _____ Drainage Picture No. _____ </div> <div style="position: absolute; bottom: 10px; left: 10px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">LEGEND</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black;"> <table style="width: 100%; border-collapse: collapse;"> <tr><td>— Sewer Line</td></tr> <tr><td>- - - Storm Drain Line</td></tr> <tr><td>..... Water Line</td></tr> <tr><td>→ Likely spill path</td></tr> </table> </td> <td style="width: 50%; border-right: 1px solid black;"> <table style="width: 100%; border-collapse: collapse;"> <tr><td>● Sewer MH</td></tr> <tr><td>□ Drain Inlet</td></tr> <tr><td>⊗ Valve</td></tr> <tr><td>➤ Photo Direction</td></tr> </table> </td> </tr> <tr> <td colspan="2" style="border: none;"> <p>O & M HISTORY (Applies to manhole and segment downstream of manhole)</p> </td> </tr> </table> </div> <div style="width: 50%;"> <p style="text-align: center;">NOTES</p> Asset #: _____ Completed by: _____ Date: _____ Inspection #: _____ Group Project#: _____ </div> </div> </div> </div>			<table style="width: 100%; border-collapse: collapse;"> <tr><td>— Sewer Line</td></tr> <tr><td>- - - Storm Drain Line</td></tr> <tr><td>..... Water Line</td></tr> <tr><td>→ Likely spill path</td></tr> </table>	— Sewer Line	- - - Storm Drain Line Water Line	→ Likely spill path	<table style="width: 100%; border-collapse: collapse;"> <tr><td>● Sewer MH</td></tr> <tr><td>□ Drain Inlet</td></tr> <tr><td>⊗ Valve</td></tr> <tr><td>➤ Photo Direction</td></tr> </table>	● Sewer MH	□ Drain Inlet	⊗ Valve	➤ Photo Direction	<p>O & M HISTORY (Applies to manhole and segment downstream of manhole)</p>	
<table style="width: 100%; border-collapse: collapse;"> <tr><td>— Sewer Line</td></tr> <tr><td>- - - Storm Drain Line</td></tr> <tr><td>..... Water Line</td></tr> <tr><td>→ Likely spill path</td></tr> </table>	— Sewer Line	- - - Storm Drain Line Water Line	→ Likely spill path	<table style="width: 100%; border-collapse: collapse;"> <tr><td>● Sewer MH</td></tr> <tr><td>□ Drain Inlet</td></tr> <tr><td>⊗ Valve</td></tr> <tr><td>➤ Photo Direction</td></tr> </table>	● Sewer MH	□ Drain Inlet	⊗ Valve	➤ Photo Direction					
— Sewer Line														
- - - Storm Drain Line														
..... Water Line														
→ Likely spill path														
● Sewer MH														
□ Drain Inlet														
⊗ Valve														
➤ Photo Direction														
<p>O & M HISTORY (Applies to manhole and segment downstream of manhole)</p>														
LOCATION DESCRIPTION		PRIORITY												
Public Impact														
(Proximity to public facilities, Economic impact, Public health or safety concerns)		Picture No.												
Environmental														
(Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)		Picture No.												
Access / Safety														
(Safe, readily accessible area, Traffic level, Strategic importance to operation of system)		Picture No.												

Figure C-5. Manhole Location Criteria Form

Location – Public Impact	Public Impact Rating
> 1000 feet from public facilities, limited public traffic, limited economic impact	1
within 1000 feet of public facilities, moderate public traffic, moderate economic impact	3
within 100 feet of public facilities, significant public traffic, significant economic impact, high construction cost	5

Location – Proximity to Waterways	Environmental Score
Upstream SSMH > 2500 ft to waterway	1
Upstream SSMH > 2500 ft to waterway & < 500 ft to storm DI	2
Upstream SSMH < 2500 ft to waterway	3
Upstream SSMH < 2500 ft to waterway & < 500 ft to storm DI	4
Upstream SSMH < 1000 ft to waterway	5

Location – O&M Access and Safety	O&M Access and Safety Rating
In roadway, residential street	1
In roadway, arterial roadway	2
Not in roadway, can access with truck	3
Not in roadway, must walk equipment to site	4
Not in roadway, no safe working area, under buildings	5

Figure C-6. Priority Key for Manhole Location Criteria Form

Attachment D: Manhole Inspection Summary and Forms

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Table D-1. Manhole Inspections and Defects											
Inspection Manhole	Infiltration Stain	Inflow Source	Roots	Mortar Deterioration	Brick	Frame Offset	Frame Seal Cracked	Adjustment Ring Cracked	Deposits	Vent Holes	No Defects
2										5	
3									X		
4											X
5			X								
6										10	
7										45	
8										6	
9	X		X	X					X		
10										7	
11			X								
12										7	
13	X			X						7	
14									X	7	
15										3	
18										7	
19										7	
21										3	
22										7	
23										3	
24				X						7	
27	X						X			7	
28			X								
29										7	
30											X
31										3	
35											X
36											X
41											X
42											X
43											X
45			X								
46									X		
47											X
48			X								
49											X
50	X										

Table D-1. Manhole Inspections and Defects

Inspection Manhole	Infiltration Stain	Inflow Source	Roots	Mortar Deterioration	Brick	Frame Offset	Frame Seal Cracked	Adjustment Ring Cracked	Deposits	Vent Holes	No Defects
51				X					X		
52									X		
53	X										
54				X							
55			X								
56			X	X							
57	X		X								
58	X		X	X							
61							X				
62	X		X								
63											X
64			X								
65										7	
66											X
67		X									
68											X
69			X								
70	X			X							
71											X
72											X
73						X					
74			X								
75	X										
76				X			X				
77				X							
78	X			X			X	X			
79	X						X				
80	X						X				
82				X							
83	X										
84							X				
85	X		X				X		X		
88											X
89	X		X				X				
90	X		X								
91	X										

Table D-1. Manhole Inspections and Defects											
Inspection Manhole	Infiltration Stain	Inflow Source	Roots	Mortar Deterioration	Brick	Frame Offset	Frame Seal Cracked	Adjustment Ring Cracked	Deposits	Vent Holes	No Defects
92			X								
93											X
94	X						X				
95	X						X				
96							X				
98											X
99											X
100											X
102										6	
103										7	
104	X			X						7	
105	X							X		7	
107										7	
108	X		X	X			X			7	
109	X									5	
110				X			X			7	
111			X								
112	X						X				
113	X		X				X				
114											X
115											X
116	X		X								
117											X
118				X			X			7	
119	X			X			X			7	
122						X				7	
123	X		X	X			X			7	
125			X	X							
126			X	X			X				
127	X			X			X			7	
128											X
129											X
130											X
131											X
133										7	
134											X

Table D-1. Manhole Inspections and Defects

Inspection Manhole	Infiltration Stain	Inflow Source	Roots	Mortar Deterioration	Brick	Frame Offset	Frame Seal Cracked	Adjustment Ring Cracked	Deposits	Vent Holes	No Defects
135				X	X		X		X	7	
136											X
137	X			X			X			7	
138	X			X			X			7	
139				X							
140						X					
141	X		X							7	
142			X							4	
143											X
144			X							7	
145											X
147	X		X				X			7	
149										7	
151			X								
154			X	X						7	
155				X			X			7	
156										3	
158			X								
159	X		X	X			X				
160											X
161	X						X				
162					X					7	
163				X						7	
164						X				3	
165				X			X			7	
166							X			3	
167											X
168						X					
170	X										
171	X							X		3	
172											X
173								X		7	
174			X	X				X		7	
175			X			X					
176								X		7	
177	X										

Table D-1. Manhole Inspections and Defects											
Inspection Manhole	Infiltration Stain	Inflow Source	Roots	Mortar Deterioration	Brick	Frame Offset	Frame Seal Cracked	Adjustment Ring Cracked	Deposits	Vent Holes	No Defects
178				X						7	
179											X
180				X						7	
181				X				X		7	
182	X		X	X						7	
185										7	
186										3	
187											X
188										3	
189			X								
190										7	
191			X	X			X			7	
192											X
194			X							7	
199	X										
202											X
203	X		X				X	X			
205											X
206	X										
209											X
210											X
211											X
212											X
213											X
216	X		X	X							
217			X							7	
218			X							7	
219											X
220											X
221	X						X			3	
222							X				
223											X
224											X
225										3	
226	X		X								
227										3	

Table D-1. Manhole Inspections and Defects

Inspection Manhole	Infiltration Stain	Inflow Source	Roots	Mortar Deterioration	Brick	Frame Offset	Frame Seal Cracked	Adjustment Ring Cracked	Deposits	Vent Holes	No Defects
228										4	
229											X
230										3	
231			X								
232										3	
233										3	
234											X
236							X			3	
237											X
238	X									15	
239							X			3	
240										3	
241	X		X	X			X			7	
243										3	
244										3	
245											X
246										3	
249										3	
252											X
253										3	
254											X
256											X
5842	X										
5872											X
6071											X
6078										3	

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary)
 MH Type (30) AS GD GR ZZ
 Surface Type (28) CO CC
 Rm to Invert (14) ft 0 Rm to Grade (16) ft 4.3 Wall Diameter (length/width) (77) ft 4.1
 Location Code (26) A G F D C
 City (11) Burlingame Hills SMD
 Street Address (Number and Name) (10) 3135 Hillside Dr.
 Gross Street or Location Details (12) Hillside Ln
 Penetration/Scratch (ST) Results
 6 o'clock 0 12 o'clock 0
 Rating 2 3 4 NA 2 3 4 NA
 Inspection Status (36) SI NF SD BM DI NO NA NI Traffic
 Additional Inspection Information (27) gas 20.6
 Pre-clean (23) N Y Y N
 Purpose B (N.I. Investig.)
 Surveyor's Name (1) Adam R-1
 Certificate (2)
 Inspection Level (38) 1 2
 MH Sealed? before: Y N after: Y N
 Date (8) 2011-01-17
 Time (9) 1040
 Sheet No. (6) 1
 MH Number (L) 2

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 21.7
 Material (43) CAS
 Shape (40) C
 Type (44) Solid Vented
 # 5 (46)
 Include pick holes
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Missing Broken Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal
FRAME
 Material (57) CAS
 Condition(s) (61) Sound Missing Cracked Corroded Coated
 Offset Distance (63) in 0
 Seal Condition (62) Inflow (64) None IR IG Stain
 Adjustment Ring Type(s) Material(s) (54) Condition(s) CAS
 Photo # (s)
CHIMNEY
 Material(s) (66) BR RCP
 Coat/Liner (70) NC C
 Depth (69) ft N/A
 Other Defect: Lining None LFDE LFD WF LFB
CONE
 Material(s) (73) BR RCP
 Coat/Liner (75) NC C
 Depth (74) ft 3.0
 Other Defect: Lining None LFDE LFD WF LFB
WALL
 Material(s) (78) BR RCP
 Coat/Liner (80) NC C
 Depth (79) ft N/A
 Other Defect: Lining None LFDE LFD WF LFB
BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 1
 Step Material (90) Metal Plastic Brick Other
Required Photos
 01 White Board 1792
 02 Location 1788
 03 Surf Down Taken Above Rim 1789
 04 Surf Down Taken Below Rim 1790
 05 Drainage Inlet Location/ Path from MH 1791

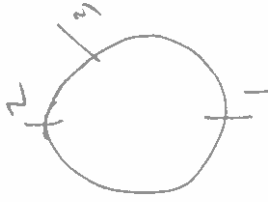
DEFECTS IN CHIMNEY (For no defects, check "None")

I/I (67) None SRI SSS SAV SAP IR IG Stain
 Corrosion SAM SRV SRP SRC SRW
 Brickwork DB MB MM Lining Lined Metal Stone
 Other Defect: Lining None LFDE LFD WF LFB
DEFECTS IN CONE (For no defects, check "None")
 I/I (67) None SRI SSS SAV SAP IR IG Stain
 Corrosion SAM SRV SRP SRC SRW
 Brickwork DB MB MM Lining Lined Metal Stone
 Other Defect: Lining None LFDE LFD WF LFB
DEFECTS IN WALL (For no defects, check "None")
 I/I (67) None SRI SSS SAV SAP IR IG Stain
 Corrosion SAM SRV SRP SRC SRW
 Brickwork DB MB MM Lining Lined Metal Stone
 Other Defect: Lining None LFDE LFD WF LFB

SK_H

MH Number

2



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)	4.4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)	4.3	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	2	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)	4.2	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) MH Type (30) AMH ACOM AIB AS CO CC GD GR Z

Inspection Level (38) 1 2 Purpose B/W Pre-clean (23) N Y Certificate (2)

MH Number () 3 Sheet No. (6) 1 MH Sealed? before: Y N after: Y N Date (8) 11/24/2011 Inspection Status (36) SI NF SD BM DI NO NA NI Traff

Surveyor's Name (1) RM/BR Penetration/Scratch (ST) Results 2 3 4 NA 2 3 4 NA Rating 2 3 4 NA

Rim to Invert (14) 4.3 ft R 1.5 ft W Wall Diameter (length/width) (77) 41-6 inches

Location Code (26) A G F D C City (11) 100 La Mesa Dr. Buildingame Hills SMD

Cross Street or Location Details (12) Hillside Dr. Additional inspection information (27) MH should be raised

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (43/42) in 27 1/4 in Material (43) CAS Shape (40) C Type (44) Solid Vented # 2 (46) Fit (49) G O U R Cover Condition(s) (50) Sound Corroded Cracked Broken Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked Photo #(s)

FRAME
 Material (57) CAS Condition(s) (61) Sound Cracked Broken Offset Distance (63) in 0 Seal Condition (62) Inflow (64) None IW ID IR IG Stain Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) Sound Cracked Adjustable Photo #(s)

CHIMNEY
 Material(s) (66) BR RCP NC C Coat/Liner (70) NC C Depth (69) ft I/I (67) None IW ID IR IG Stain Corrosion SAM SRV SRP SRC SANV None SRI SSS SAV SAP None SRI SSS SAV SAP Brickwork DB MB MM Lumpy/ Mottled/Smooth Photo #(s)

CONE
 Material(s) (73) BR RCP NC C Coat/Liner (75) NC C Depth (74) ft 40 I/I None IW ID IR IG Stain Corrosion SAM SRV SRP SRC SANV None SRI SSS SAV SAP Brickwork DB MB MM Lumpy/ Mottled/Smooth Photo #(s)

WALL
 Material(s) (78) BR RCP NC C Coat/Liner (80) NC C Depth (79) ft I/I None IW ID IR IG Stain Corrosion SAM SRV SRP SRC SANV None SRI SSS SAV SAP Brickwork DB MB MM Lumpy/ Mottled/Smooth Photo #(s)

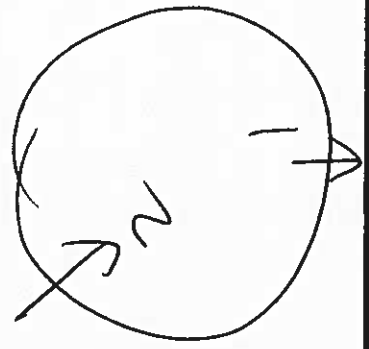
Required Photos
 01 White Board 758
 02 Location 760
 759
 03 Surf Down Taken Above Rim 753
 04 Surf Down Taken Below Rim 756
 05 Drainage Inlet Location/ Pgh from MH 757

BENCH, CHANNEL, STEPS

Bench Present (82) Y N Channel Installed (85) Y N Number of Steps (89) 1 Step Material (90) Metal Plastic Brick Other

MH Number

3



N →

PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (95)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	10	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.2	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AMH ACOM AUB AS CO CC GD GR IZ

Inspection Level (38) 1 2

Purpose B (In)

Pre-clean (23) N Y

MH Number () 7

Sheet No. (6) 1

MH Sealed? before: Y N after: Y N

Date (8) 2011/1/24

Time (9) 14:50

Certificate (2) BR/KM

Inspector's Name (1) BR/KM

Penetration/Scratch (ST) Results 2 3 4 NA 1 2 3 4 NA

Inspection Status (36) SI NF SD BM DI NO NA NI Traff

Rim to Invert (14) Rim to Grade (16) 0 ft 0 ft

Wall Diameter (length/width) (77) 0 ft 0 ft

Location Code (26) A G F D C

City (111) Hills SMD

Street Address (Number and Name) (10) 116 La Mesa Dr.

Cross Street or Location Details (12) Hillside Dr.

Additional inspection information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (43/42) in 6 1/2 Material (43) CAS con Shape (40) C Rect Type (44) Solid Vented # (46) 1

FRAME
 Material (57) CAS con Condition(s) (61) Sound Cracked Broken Offset Distance (63) in 0

CHIMNEY
 Material(s) (66) Coat/Liner (70) BR RCP NC C Depth (69) ft

CONE
 Material(s) (73) Coat/Liner (75) BR RCP NC C Type (72) Flat/Slab Concentric Eccentric Depth (74) ft

WALL
 Material(s) (78) Coat/Liner (80) BR RCP NC C Depth (79) ft

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N Channel Installed (85) Y N Number of Steps (89) 0 Step Material (90) Metal Plastic Brick Other

Required Photos
 01 White Board 769
 02 Location 767
771
 03 Surf Down Taken Above Rim 766
 04 Surf Down Taken Below Rim 765
 05 Drainage Inlet Location/ Path from MH 767

Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked

Cover Condition(s) (50) Sound Cracked Broken Corroded Missing Bolts Missing

Seal Condition (62) Inflow (64) None Inflow Stain IG Stain

Adjustment Ring Type(s) Material(s) Condition(s) (55) None Solid Adjustable CAS Sound Cracked

DEFECTS IN CHIMNEY (For no defects, check "None")
 I/I (67) None SRI SSS SAV SAP SRV SRW SAM SRV SRP SRC SRW SRI SSS SAV SAP SRV SRW SAM SRV SRP SRC SRW

DEFECTS IN WALL (For no defects, check "None")
 I/I None SRI SSS SAV SAP SRV SRW SAM SRV SRP SRC SRW

MANHOLE INSPECTION FORM

Inspection Level (38) 1 2
 Purpos BWR N Y
 Pre-clean (23) N Y
 MH Sealed? before: Y N after: Y N
 Sheet No. (6) 1 MH Number 5
 Date (8) 2011/1/24 Time (9) 14:30
 Certificate (2)
 Surveyor's Name (1) Bk/LEM
 Inspection Status (36) SI NF SD BM DI NO NA NI Traff
 Penetration/Scratch (ST) Results 0 2 3 4 NA 0 2 3 4 NA
 Inches Rating
 Rim to Invert (14) Rim to Grade (16) Wall Diameter (length/width) (77) 4.65 ft 41-
 Location Code (26) A G F D C
 City (31) Burlingame Hills SMD
 Street Address (Number and Name) (10) 120 La Mesa Dr
 Cross Street or Location Details (12) Hillside Dr
 Additional inspection information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 27 3/4 in Material (43) CAS Shape (40) C Type (44) Solid Vented # 2 (46) Fit (49) G O U O O R Cover Condition(s) (50) Sound Corroded Cracked Missing Broken Bolts Missing Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked Photo #(s)
FRAME
 Material (57) CAS Condition(s) (61) Missing Corroded Coated Seal Condition (62) Inflow (64) None Inflow IR IG Stain Adjustment Ring Type(s) Material(s) Condition(s) Sound Cracked Photo #(s)
CHIMNEY
 Material(s) (66) Coat/Liner (70) NC C Depth (69) 1.6 ft
 DEFPCTS in Chimney (For no defects, check "None")
 I/I (67) None SRI SRI SSS SRP SRC SRW SAM SRV SRP SRC SRW Corrosion Lining None LFDE LFD WF LFB Brickwork OB MB MM Lugs/Splice Photo #(s)
CONE
 Material(s) (73) Coat/Liner (75) NC C Depth (74) 4.5 ft
 DEFPCTS in Cone (For no defects, check "None")
 I/I None SRI SRI SSS SRP SRC SRW SAM SRV SRP SRC SRW Corrosion Lining None LFDE LFD WF LFB Brickwork OB MB MM Lugs/Splice Photo #(s)
WALL
 Material(s) (78) Coat/Liner (80) NC C Depth (79) ft
 DEFPCTS in Wall (For no defects, check "None")
 I/I None SRI SRI SSS SRP SRC SRW SAM SRV SRP SRC SRW Corrosion Lining None LFDE LFD WF LFB Brickwork OB MB MM Lugs/Splice Photo #(s)
BENCH, CHANNEL, STEPS
 Bench Present (82) Y N Channel Installed (85) Y N Number of Steps (89) 0 Step Material (90) Metal Plastic Brick Other

Required Photos	01 White Board	768
	02 Location	761 770
	03 Surf Down Taken Above Rim	762
	04 Surf Down Taken Below Rim	463
	05 Drainage Inlet Location/ Path from MH	761



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Over Drop Up) <input type="checkbox"/> OL (Over Drop Low) <input type="checkbox"/> TU (In Drop Up) <input type="checkbox"/> TL (In Drop Low) <input type="checkbox"/> PM (Pierce Main) <input type="checkbox"/> LB (Runoff)	4.7	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Over Drop Up) <input type="checkbox"/> OL (Over Drop Low) <input type="checkbox"/> TU (In Drop Up) <input type="checkbox"/> TL (In Drop Low) <input type="checkbox"/> PM (Pierce Main) <input type="checkbox"/> LB (Runoff)	4.6	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	3	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Over Drop Up) <input type="checkbox"/> OL (Over Drop Low) <input type="checkbox"/> TU (In Drop Up) <input type="checkbox"/> TL (In Drop Low) <input type="checkbox"/> PM (Pierce Main) <input type="checkbox"/> LB (Runoff)	4.7	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4?		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Over Drop Up) <input type="checkbox"/> OL (Over Drop Low) <input type="checkbox"/> TU (In Drop Up) <input type="checkbox"/> TL (In Drop Low) <input type="checkbox"/> PM (Pierce Main) <input type="checkbox"/> LB (Runoff)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Over Drop Up) <input type="checkbox"/> OL (Over Drop Low) <input type="checkbox"/> TU (In Drop Up) <input type="checkbox"/> TL (In Drop Low) <input type="checkbox"/> PM (Pierce Main) <input type="checkbox"/> LB (Runoff)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Over Drop Up) <input type="checkbox"/> OL (Over Drop Low) <input type="checkbox"/> TU (In Drop Up) <input type="checkbox"/> TL (In Drop Low) <input type="checkbox"/> PM (Pierce Main) <input type="checkbox"/> LB (Runoff)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) MH Type (30) AWH ACOM AIB Surface Type (28) AS CO CC GD GR Z

Inspection Level (38) 1 2 Purpos B/W Pre-clean (23) N Y Y N

MH Sealed? N Y before: after: Certificate (2) MH Number / Sheet No. (6) 6 / 1

MH Use (17) SS (Sanitary) MH Type (30) AWH ACOM AIB Surface Type (28) AS CO CC GD GR Z

Inspection Level (38) 1 2 Purpos B/W Pre-clean (23) N Y Y N

MH Sealed? N Y before: after: Certificate (2) MH Number / Sheet No. (6) 6 / 1

Penetration/Scratch (ST) Results
 1 2 3 4 (NA) SI NF SD BM
 1 2 3 4 NA DI NO NI Traff

Rim to invert (14) Rim to Grade (16) Wall Diameter (length/width) (77) 6 o'clock 12 o'clock
 ft D.S. ft 0.5 ft 8" / 8"

Location Code (26) A G F D C City (11) Burlingame Hills SMD
 Street Address (Number and Name) (10) Hillside

Additional Inspection Information (27) owner reports frequent overflows

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 8 / 8 Material (43) CAS Shape (40) C B Type (44) Solid Vented # 10 (46) Fit (49) G U O R Cover Condition(s) (50) Sound Corroded Cracked Broken Missing Bolts Missing Insert Type (51) Condition (52) None Plastic Metal Photo #(s)

FRAME
 Material (57) CAS Condition(s) (61) Sound Cracked Broken Missing Corroded Coated Offset Distance (63) in Seal Condition (62) Inflow (64) None chke one: IW ID IR IG Stain Adjustment Ring Type(s) Material(s) Condition(s) None Solid Adjustable CAS Sound Cracked Photo #(s)

CHIMNEY
 Material(s) (66) Coat/Liner (70) BR RCP NC C Depth (69) ft Defects in Chimney (For no defects, check "None")
 I/I (67) None SRI SSS SAV SAP SAM SRV SRP SRC SRW Corrosion None DB MB MM Lining None LFDE LFD WF LFB Photo #(s)

CONE
 Material(s) (73) Coat/Liner (75) BR RCP NC C Depth (74) ft Defects in Cone (For no defects, check "None")
 I/I None SRI SSS SAV SAP SAM SRV SRP SRC SRW Corrosion None DB MB MM Lining None LFDE LFD WF LFB Photo #(s)

WALL
 Material(s) (78) Coat/Liner (80) BR RCP NC C Depth (79) ft Defects in Wall (For no defects, check "None")
 I/I None SRI SSS SAV SAP SAM SRV SRP SRC SRW Corrosion None DB MB MM Lining None LFDE LFD WF LFB Photo #(s)

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N Channel Installed (85) Y N Step Material (90) Metal Plastic Brick Other

Required Photos	
01 White Board	780
02 Location	778 781
03 Surf Down Taken Above Rim	779
04 Surf Down Taken Below Rim	N/A
05 Drainage Inlet Location/ Path from MH	778

MANHOLE INSPECTION FORM

MH Use (1.7) SS (Sanitary) AMR ACOM AIS

MH Type (30) AS GD GR Z

Surface Type (28) CO CC

Inspection Level (38) 1 2

Purposes B (In) N Y

Pre-clean (23) N Y

MH Sealed? before: Y N after: Y N

Sheet No. (6) 1

Date (8) 2011/1/25

MH Number (7) 7

Time (9) 24hr 11:30

Penetration/Scratch (ST) Results
 6 o'clock 12 o'clock
 1 2 3 4 NA 1 2 3 4 NA
 Rating Inches

Inspection Status (36) SI NF NO DI NA NI Traffic

Additional inspection information (27)
 owner of 3103 Hillside reports installing FFC

Surveyor's Name (1) BK/IRM

Certificate (2)

Rim to Invert (14) 0 ft 0 in

Wall Diameter (length/width) (77) 1 ft 1 in

Location Code (26) A G F D C

City (11) Burlingame Hills SMD

Street Address (Number and Name) (10) 107 Altwas Hillside

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 12 1/2 in
 Material (43) CAS Plas
 Shape (40) C Squ
 Type (44) Solid Vented #45 (46)

FRAME
 Material (57) CAS
 Condition(s) (61) Sound Missing Corroded Coated
 Seal Condition (62) Inflow (64) None check one: IW ID IR IG Subst.

CHIMNEY
 Material(s) (66) BR RCP
 Coat/Liner (70) NC C
 Depth (69) ft

CONE
 Material(s) (73) BR RCP
 Coat/Liner (75) NC C
 Type (72) Flat/Slab Concentric Eccentric
 Depth (74) ft

WALL
 Material(s) (78) BR RCP
 Coat/Liner (80) NC C
 Depth (79) ft

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89)
 Step Material (90) Metal Plastic Brick Other

Required Photos
 01 White Board 788
 02 Location 786
 03 Surf Down Taken Above Rim 782
 04 Surf Down Taken Below Rim 785
 05 Drainage Inlet Location/ Path from MH 786

COVER DEFECTS
 Insert Type (51) Condition (52) None Sound Poor Fit Plastic Cracked Metal Corroded Bolts Missing

FRAME DEFECTS
 Adjustment Ring Type(s) Material(s) (54) Condition(s) (55) None CAS Sound Solid Cracked Adjustable

CHIMNEY DEFECTS
 Defects in Chimney (For no defects, check "None")
 Corrosion None SAM SRV SRP SRC SAV SAP SBRV SBRP SBRP SBRP SBRP SBRP
 Brickwork DB MB MM Liner/ Lining/ Masonry/ Stone

CONE DEFECTS
 Defects in Cone (For no defects, check "None")
 Corrosion None SAM SRV SRP SRC SAV SAP SBRV SBRP SBRP SBRP SBRP
 Brickwork DB MB MM Liner/ Lining/ Masonry/ Stone

WALL DEFECTS
 Defects in Wall (For no defects, check "None")
 Corrosion None SAM SRV SRP SRC SAV SAP SBRV SBRP SBRP SBRP SBRP
 Brickwork DB MB MM Liner/ Lining/ Masonry/ Stone

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) MH Type (30) AS CO CC GD GR ZZ
 Inspection Level (38) 1 2 Purpose B (Investigate) Pre-clean (23) N Y
 MH Sealed? before: Y/ after: Y/ Date (8) 2011-01-17
 Sheet No. (6) 1 MH Number (7) 8 Time (9) 1125
 Certificate (2) AD NANU R. I. Penetration/Scratch (ST) Results: 1 2 3 4 NA 1 2 3 4 NA
 6 o'clock 0 inches Rating 1 2 3 4 NA
 12 o'clock 0 inches
 Surveyor's Name (3) AD NANU R. I. Cross Street or Location Details (12) La Loma Ln
 Rim to Invert (14) 3.0 ft Rim to Grade (16) 4 ft Wall Diameter (length x width) (77) 4 ft
 Location Code (26) A G F D C City (11) Burlingame Hills SMD
 Street Address (Number and Name) (10) 3127 Hillside Dr.

Inspection Status (36) SI NF SD BM DI NO NA NI Traff
 Additional Inspection Information (27) gas 20.7

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

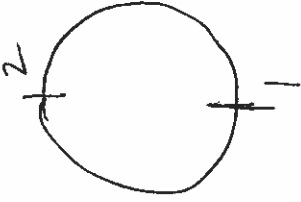
COVER
 Size (41/42) in 21.75 / in Material (43) CAS Shape (40) C Type (44) Solid Vented # 1 (46) Fit (49) G O U Sound Cracked Broken Cover Condition(s) (50) Corroded Missing Bolts Missing Insert Type (51) Condition (52) Sound Poor Fit Cracked Photo #(s)
FRAME
 Material (57) CAS Condition(s) (61) Sound Missing Corroded Coated Seal Condition (62) Inflow (64) None circle one: IW ID IR IG Stain Adjustment Ring Type(s) (54) Material(s) (54) Condition(s) CAS Sound Cracked Photo #(s)
CHIMNEY
 Material(s) (66) BR RCP Coat/Liner (70) NC C Depth (69) ft N/A Other Defect: Lining None LFOE LFO WF LFB Brickwork DB MB MM Loresy/ MicroStone
CONE
 Material(s) (73) BR RCP Coat/Liner (75) NC C Depth (74) ft 2.5 Other Defect: Lining None LFOE LFO WF LFB Brickwork DB MB MM Loresy/ MicroStone
WALL
 Material(s) (78) BR RCP Coat/Liner (80) NC C Depth (79) ft N/A Other Defect: Lining None LFOE LFO WF LFB Brickwork DB MB MM Loresy/ MicroStone
BENCH, CHANNEL, STEPS
 Bench Present (82) Y N Channel Installed (85) Y N Number of Steps (89) 0 Step Material (90) Metal Plastic Brick Other

Required Photos	01 White Board	02 Location	03 Surf Down Taken Above Rim	04 Surf Down Taken Below Rim	05 Drainage Inlet Location/ Path from MH
1797		1803	1804	1805	1806

SK...H

MH Number

8



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.8	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.9	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) MH Type (30) AMH AOM AIB

Surface Type (28) AS CO CC GD GR Z

Inspection Level (38) 1 2

Purpose (39) B/M Pre-clean (23) N Y

MH Sealed? before: Y N after: Y N

Sheet No. (6) 1

Date (8) 11/1/11

MH Number (7) 9

Time (9) 12:02

24hr

Inspection Status (36) SI NF SD BM DI NO NA NI Traff

Penetration/Scratch (ST) Results 2 3 4 NA 2 3 4 NA

Inches Rating

Additional Inspection information (27) *pebbles accumulated*

Cross Street or Location Details (12) *Las Marites Dr.*

Street Address (Number and Name) (10) *118 Alturas Dr.*

City (11) *Burlingame* Hills SMD

Location Code (26) A G F D C

Rim to invert (14) *ft 3.4* *ft 3.1*

Wall Diameter (length/width) (77) *ft 3.1*

Rim to invert (14) *ft 3.1*

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER

Size (41/42) in *25 1/2*

Material (43) CAS

Shape (40) C

Type (44) Solid Vented

Fit (49) G U O R

Cover Condition(s) (50) Sound Corroded Cracked Broken

Insert Type (51) Condition (52) None Plastic Metal

Photo #(s)

FRAME

Material (57) CAS

Condition(s) (61) Sound Missing Cracked Corroded Broken Coated

Offset Distance (63) *in 0*

Photo #(s)

CHIMNEY

Material(s) (66) BR RCP NC C

Coat/Liner (70) NC C

Depth (69) *ft*

Photo #(s)

CONE

Material(s) (73) BR RCP NC C

Coat/Liner (75) NC C

Depth (74) *ft 3.1*

Photo #(s) *791*

WALL

Material(s) (78) BR RCP NC C

Coat/Liner (80) NC C

Depth (79) *ft*

Photo #(s)

Required Photos

01 White Board *792*

02 Location *793*

03 Surf Down Taken Above Rim *789*

04 Surf Down Taken Below Rim *790*

05 Drainage Inlet Location/ Path from MH *793*

DEFECTS IN CHIMNEY (For no defects, check "None")

1/1 (67) None SRI SSS SAV SAP

Corrosion SAM SRV SRP SRC SANV

Brickwork DB MB MM Lumpy/ Missing

Other Defect: Lining None LFDE LFD WF LFB

Photo #(s)

DEFECTS IN CONE (For no defects, check "None")

1/1 None SRI SSS SAV SAP

Corrosion SAM SRV SRP SRC SANV

Brickwork DB MB MM Lumpy/ Missing

Other Defect: Lining None LFDE LFD WF LFB

Photo #(s)

DEFECTS IN WALL (For no defects, check "None")

1/1 None SRI SSS SAV SAP

Corrosion SAM SRV SRP SRC SANV

Brickwork DB MB MM Lumpy/ Missing

Other Defect: Lining None LFDE LFD WF LFB

Photo #(s)

BENCH, CHANNEL, STEPS

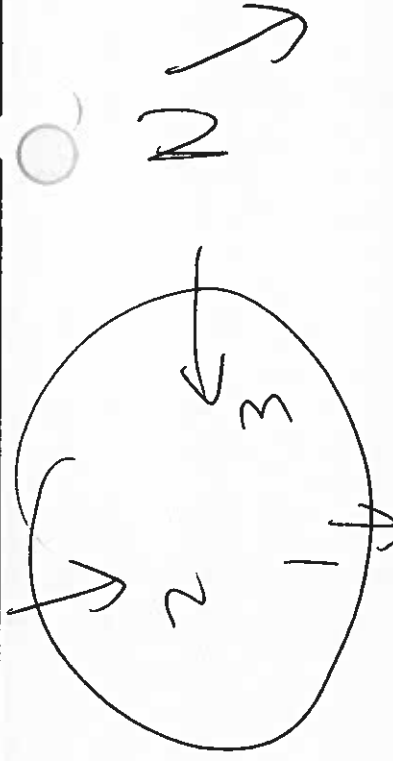
Bench Present (82) Y N

Channel Installed (85) Y N

Number of Steps (89) *0*

Step Material (90) Metal Plastic Brick Other

MH Number
9



PIPE CONNECTIONS

REQUIRED

OPTIONAL

Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97)	Width (98)	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.5	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	11	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	3	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.35	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AMH ACOM AUB

MH Type (30) AS CO CC GD GR ZZ

Surface Type (28) AS CO CC GD GR ZZ

Rim to Invert (14) Rim to Grade (16) Wall Diameter (length/width) (77)

ft 2.5 ft 0 ft 4 ft

Location Code (26) A G F D C

City (11) Burlingame Hills SMD

Street Address (Number and Name) (10) 3123 Hillside Dr

Penetration/Scratch (ST) Results

6 o'clock 12 o'clock

0 0

inches Rating

2 3 4 NA 2 3 4 NA

Inspection Status (36)

SI NF SD BM DI NO NA NI Traff

Additional Inspection Information (27)

Pre-clean (23) N Y

Purpose B (I) Investigate

Surveyor's Name (1) Certificate (2)

ADRIAN R.

MH Sealed? before: Y/N after: Y/N

Sheet No. (6) 1

Date (8) 2011-01-17

MH Number () 10

Time (9) 24hr 1105

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER Size (41/42) in 18 in 19 in 20 in

Material (43) CAS

Shape (40) C

Type (44) Solid Vented # 7 (46)

Fit (49) G U O R

Cover Condition(s) (50) Sound Corroded Cracked Missing Broken Bolts Missing

Insert Type (53) Condition (52) None Plastic Metal Sound Poor Fit Cracked

Photo #(s)

FRAME Material (57) CAS

Condition(s) (61) Sound Missing Cracked Corroded Broken Coated

Offset Distance (63) in 0

Seal Condition (62) Inflow (64) None check one: IW ID IR IS Stain

Adjustment Ring Type(s) Material(s) Condition(s) CAS Sound Cracked Adjustable

Photo #(s)

CHIMNEY Material(s) (66) BR RCP

Coat/Liner (70) NC C

Depth (69) ft N/A

I/I (67) None SRI SSS SAV SAP SAM SRV SRP SRC SMW

Corrosion SAM SRV SRP SRC SMW

Brickwork DB MB MM Liness/ Mismatch

Lining None LFDE LFD WF LFB

Photo #(s)

CONE Material(s) (73) BR RCP

Coat/Liner (75) NC C

Depth (74) ft 2.0

I/I None SRI SSS SAV SAP SAM SRV SRP SRC SMW

Corrosion SAM SRV SRP SRC SMW

Brickwork DB MB MM Liness/ Mismatch

Lining None LFDE LFD WF LFB

Photo #(s)

WALL Material(s) (78) BR RCP

Coat/Liner (80) NC C

Depth (79) ft N/A

I/I None IW ID IR IG Stain

Corrosion SAM SRV SRP SRC SMW

Brickwork DB MB MM Liness/ Mismatch

Lining None LFDE LFD WF LFB

Photo #(s)

BENCH, CHANNEL, STEPS Bench Present (82) Y N

Channel Installed (85) Y N

Number of Steps (89) 0

Step Material (90) Metal Plastic Brick Other

Required Photos

01 White Board 1802

02 Location 798

03 Surf Down Taken Above Rim 1799

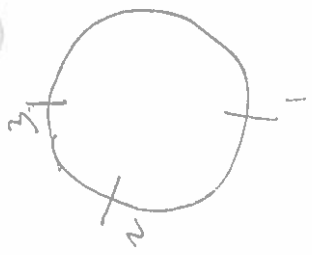
04 Surf Down Taken Below Rim 1800

05 Drainage Inlet Location/ Path from MH 1801

SK-H

MH Number

10



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.5	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.9	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.2	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) **MH Type (30)** AMH ACOM AIB
Surface Type (28) AS CO CC GD GR Z
Inspection Level (38) 1 2 **Purpose** B (Investigate)
Pre-clean (23) N Y **Certificate (2)** _____
MH Sealed? before: Y N after: Y N **Date (8)** 2011-01-17 **Time (9)** 12:15
Sheet No. (6) 1 **MH Number (5)** 11
Surveyor's Name (1) ADAM R. **Inspection Status (36)** SI NF SD BM DI NO NA NI Traff
Penetration/Scratch (ST) Results 6 o'clock 0 inches Rating 2 3 4 NA 12 o'clock 0 inches Rating 2 3 4 NA
Rim to Invert (14) ft 0 **Wall Diameter (length/width) (27)** ft 4
Location Code (26) A G F D C **City (11)** Burlingame Hills SMD
Street Address (Number and Name) (10) 118 Alturas Dr **Cross Street or Location Details (12)** Los Montes Dr.
Additional Inspection Information (27) gas 20.9

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
Size (41/42) in 25.51 **Material (43)** CAS **Shape (40)** C **Type (44)** Solid **Fit (49)** G U O R **Cover Condition(s) (50)** Sound Corroded Cracked Missing Broken Bolts Missing **Insert Type (51) Condition (52)** Sound Poor Fit Cracked
FRAME
Material (57) CAS **Condition(s) (61)** Sound Missing Cracked Corroded Broken Coated **Offset Distance (63)** in 0
Seal Condition (62) Inflow (64) None IW ID IR IG Stain **Adjustment Ring Type(s) Material(s) Condition(s)** CAS Sound Cracked Adjustable
CHIMNEY
Material(s) (66) Coat/Liner (70) BR NC **Depth (69)** ft N/A
Material(s) (73) Coat/Liner (75) BR C **Depth (74)** ft 3.9
Material(s) (78) Coat/Liner (80) BR NC **Depth (79)** ft N/A
WALL
Material(s) (78) Coat/Liner (80) BR C **Depth (79)** ft N/A
DEFFECTS IN CHIMNEY (For no defects, check "None")
DEFFECTS IN CONE (For no defects, check "None")
DEFFECTS IN WALL (For no defects, check "None")

Required Photos
01 White Board 1818
02 Location 1819
03 Surf Down Taken Above Rim 1820
04 Surf Down Taken Below Rim 1821
05 Drainage Inlet Location/Path from MH 1822

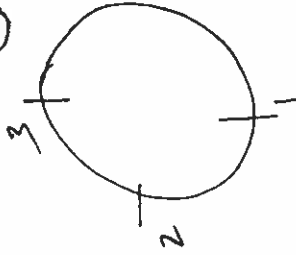
BENCH, CHANNEL, STEPS
Bench Present (82) Y N **Channel Installed (85)** Y N **Number of Steps (89)** 1 **Step Material (90)** Metal Plastic Brick Other

Note: Pic B23 = Roots in Cone

SK-1H

MH Number:

11



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.3	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AMH ACOM AIB
 Surface Type (28) AS CO CC GD GR ZZ
 Rim to Invert (14) ft 3.5 Rim to Grade (16) ft 1.2 Wall Diameter (length/width) (77) ft 4
 Location Code (26) A G F O C City (11) Burlington Hills SMD

Inspection Level (38) 1 2 B (If Investigated)
 Purpos Pre-clean (23) N Y Certificate (2)
 Surveyor's Name (31) Adrian R.

MH Sealed? before: Y/EP after: Y/MS Date (8) 2011-01-17 Inspection Status (36) SI NF NO SD BM DI NA NI Traff
 Sheet No. (6) 1 MH Number 12
 24hr 1255 Time (9)

Penetration/Scratch (ST) Results 1 2 3 4 NA inches Rating 2 3 4 NA
 Cross Street or Location Details (12) Los Montes
 Street Address (Number and Name) (10) 123 Alturas Additional Inspection Information (27) gas 20.9

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER	FRAME	CHIMNEY	CONE	WALL
Size (41/42) in <u>21 1/2</u> Material (43) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Shape (40) <input checked="" type="checkbox"/> C <input type="checkbox"/> Type (44) <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Vented <input type="checkbox"/> # <u>46</u> Fit (49) <input checked="" type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Corroded <input type="checkbox"/> Cracked <input type="checkbox"/> Broken <input type="checkbox"/> Missing <input type="checkbox"/> Bolts Missing Insert Type (51) Condition (52) <input checked="" type="checkbox"/> None <input type="checkbox"/> Plastic <input type="checkbox"/> Metal	Material (57) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Condition(s) (61) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken <input type="checkbox"/> Missing <input type="checkbox"/> Corroded <input type="checkbox"/> Coated Offset Distance (63) <u>in 0</u> Seal/Condition (62) Inflow (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> IR <input type="checkbox"/> IG <input type="checkbox"/> Stain Adjustment Ring Type(s) (54) Material(s) (54) Condition(s) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Sound <input type="checkbox"/> Cracked	Material(s) (66) <input type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> Coat/Liner (70) <input type="checkbox"/> NC <input type="checkbox"/> C Depth (69) <u>ft N/A</u> DEFECTS In Chimney (For no defects, check "None") I/I (67) <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SNW Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SNW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Ledges <input type="checkbox"/> Micro-Smooth Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB	Material(s) (73) <input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> Coat/Liner (75) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C Depth (74) <u>ft 3.0</u> DEFECTS In Cone (For no defects, check "None") I/I <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SNW Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SNW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Ledges <input type="checkbox"/> Micro-Smooth Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB	Material(s) (78) <input type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> Coat/Liner (80) <input type="checkbox"/> NC <input type="checkbox"/> C Depth (79) <u>ft N/A</u> DEFECTS In Wall (For no defects, check "None") I/I <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SNW Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SNW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Ledges <input type="checkbox"/> Micro-Smooth Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB
Required Photos 01 White Board <u>1824</u>	02 Location <u>1825</u>	03 Surf Down Taken Above Rim <u>1826</u>	04 Surf Down Taken Below Rim <u>1827</u>	05 Drainage Inlet Location/Path from MH <u>1828</u>

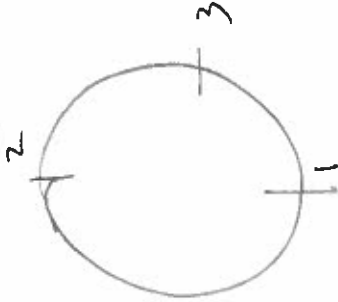
BENCH, CHANNEL, STEPS

Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 0
 Step Material (90) Metal Plastic Brick Other

SKL-H

MH Number

12



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.3	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.5	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	3	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.3	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17)
 SS (Sanitary)
 ANH
 ACOM
 AIB

MH Type (30)
 AS
 CO
 CC
 GD
 GR
 ZZ

Rim to Invert (14) Rim to Grade (16) Wall Diameter (length/width) (77)
 ft 4.6 ft 0 ft 41

Location Code (26) City (11) Burlingame Hills SMD
 A
 F
 C

Street Address (Number and Name) (10)
 3146 Canyon Rd. Skyline Blvd.

Inspection Level (38)
 1
 2

Purpose
 B/W Investigal
 Certificate (2)

Surveyor's Name (1)
 BK/RM

Pre-clean (23)
 N
 Y

MH Sealed? before: after:
 Y/N Y/N

Sheet No. (6) 1
MH Number (1) 13
Time (9) 24hr 10:30

Inspection Status (36)
 SI
 DI
 NF
 NO
 SD
 BM
 NA
 NI
 Traff

Additional Inspection Information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 27 1/2 in
 Shape (40) C
 Type (44) Solid
 # (46) 7

FRAME
 Material (57) CAS
 Condition(s) (61) Sound
 Offset Distance (63) in 0

CHIMNEY
 Material(s) (66) BR RCP X
 Coat/Liner (70) D/C X
 Depth (69) ft 1.2

CONE
 Material(s) (73) BR RCP X
 Coat/Liner (75) D/C
 Depth (74) ft 4.10

WALL
 Material(s) (78) BR RCP X
 Coat/Liner (80) NC C
 Depth (79) ft

BENCH, CHANNEL, STEPS
 Bench Present (82) Y
 Channel Installed (85) Y
 Number of Steps (89) 0
 Step Material (90) N/A
 Metal
 Plastic
 Brick
 Other

COVER
 Fit (49) G U O R
 G
 U
 O
 R

COVER CONDITION(S) (50)
 Sound
 Corroded
 Cracked
 Broken
 Missing
 Bolts Missing

INSERT TYPE (51) CONDITION (52)
 None
 Plastic
 Metal
 Sound
 Poor Fit
 Cracked

ADJUSTMENT RING TYPE(S) MATERIAL(S) (54) CONDITION(S)
 CAS
 Solid
 Adjustable
 Sound
 Cracked

SEAL CONDITION (62) INFLOW (64)
 Sound
 Cracked
 None
 circle one: IW ID IR IG Stain

DEFECTS IN CHIMNEY (For no defects, check "None")
 I/I (67) None
 circle one: IW ID IR IG Stain
 Corrosion SAM SRV SRP SRC SRW
 Brickwork DB MB MM
 Lining None LFDE LFD WF LFB

DEFECTS IN CONE (For no defects, check "None")
 I/I None
 circle one: IW ID IR IG Stain
 Corrosion SAM SRV SRP SRC SRW
 Brickwork DB MB MM
 Lining None LFDE LFD WF LFB

DEFECTS IN WALL (For no defects, check "None")
 I/I None
 circle one: IW ID IR IG Stain
 Corrosion SAM SRV SRP SRC SRW
 Brickwork DB MB MM
 Lining None LFDE LFD WF LFB

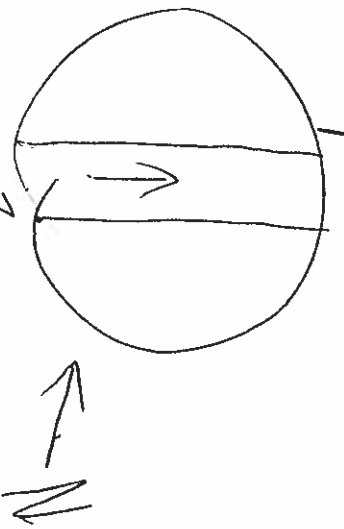
Required Photos
 01 White Board 422
 02 Location 423
 03 Surf Down Taken Above Rim 424
 04 Surf Down Taken Below Rim 425
 05 Drainage Inlet Location/ Path from MH 426

20.9
000

N/A

SKL-CH

MH Number
13



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.55ft.	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6 in.	N/A	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.65ft.	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6 in.	N/A	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AS GD GR ZZ
 Surface Type (28) AS CO CC
 MH Type (30) AWH ACOM AIB
 Inspection Level (38) 1 2
 Purpose B (N/A Investig.) C
 Pre-clean (23) N Y
 Certificate (2) _____
 Surveyor's Name (1) BK/RM
 Penetration/Scratch (ST) Results 2 3 4 NA
 Rating 2 2 3 4 NA
 Rim to Invert (14) 3.8 ft 41 ft
 Wall Diameter (length/width) (77) _____
 Location Code (26) A G F D C
 City (11) 3140 Canyon Rd.
 Burlingame Hills SMD

MH Sealed? before: Y N after: Y N
 Date (8) 2011/1/14
 Time (9) 11:00
 Sheet No. (6) 1
 MH Number (1) 14
 Inspection Status (36) SI NF SD BM DI NO NA NI Traffic
 Additional Inspection Information (27) _____
 Cross Street or Location Details (12) Skyline Blvd.

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER	FRAME	CHIMNEY	CONE	WALL
Size (41/42) in <u>27 3/4</u> Shape (40) <u>C</u> Type (44) <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Vented # <u>7</u> Material (43) <input checked="" type="checkbox"/> CAS Condition(s) (61) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Missing <input type="checkbox"/> Cracked <input type="checkbox"/> Broken <input type="checkbox"/> Coated Offset Distance (63) _____ Seal Condition (62) inflow (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> circle one: IW ID IR IG Stain Adjustment Ring Type(s) Material(s) Condition(s) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Adjustable Insert Type (51) Condition (52) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Poor Fit <input type="checkbox"/> Cracked Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Corroded <input type="checkbox"/> Missing <input type="checkbox"/> Broken <input type="checkbox"/> Bolts Missing Fit (49) <input checked="" type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R Photo #(s) _____	Material (57) <input checked="" type="checkbox"/> CAS Condition(s) (61) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Missing <input type="checkbox"/> Cracked <input type="checkbox"/> Broken <input type="checkbox"/> Coated Offset Distance (63) _____ Seal Condition (62) inflow (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> circle one: IW ID IR IG Stain Adjustment Ring Type(s) Material(s) Condition(s) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Adjustable Insert Type (51) Condition (52) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Poor Fit <input type="checkbox"/> Cracked Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Corroded <input type="checkbox"/> Missing <input type="checkbox"/> Broken <input type="checkbox"/> Bolts Missing Fit (49) <input checked="" type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R Photo #(s) _____	Material(s) (66) Coat/Liner (70) <u>N/A</u> Depth (69) _____ Condition(s) (61) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Missing <input type="checkbox"/> Cracked <input type="checkbox"/> Broken <input type="checkbox"/> Coated Offset Distance (63) _____ Seal Condition (62) inflow (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> circle one: IW ID IR IG Stain Adjustment Ring Type(s) Material(s) Condition(s) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Adjustable Insert Type (51) Condition (52) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Poor Fit <input type="checkbox"/> Cracked Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Corroded <input type="checkbox"/> Missing <input type="checkbox"/> Broken <input type="checkbox"/> Bolts Missing Fit (49) <input checked="" type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R Photo #(s) _____	Material(s) (73) Coat/Liner (75) <u>N/A</u> Depth (74) <u>3.45</u> ft Condition(s) (61) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Missing <input type="checkbox"/> Cracked <input type="checkbox"/> Broken <input type="checkbox"/> Coated Offset Distance (63) _____ Seal Condition (62) inflow (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> circle one: IW ID IR IG Stain Adjustment Ring Type(s) Material(s) Condition(s) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Adjustable Insert Type (51) Condition (52) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Poor Fit <input type="checkbox"/> Cracked Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Corroded <input type="checkbox"/> Missing <input type="checkbox"/> Broken <input type="checkbox"/> Bolts Missing Fit (49) <input checked="" type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R Photo #(s) _____	Material(s) (78) Coat/Liner (80) <u>N/A</u> Depth (79) _____ Condition(s) (61) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Missing <input type="checkbox"/> Cracked <input type="checkbox"/> Broken <input type="checkbox"/> Coated Offset Distance (63) _____ Seal Condition (62) inflow (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> circle one: IW ID IR IG Stain Adjustment Ring Type(s) Material(s) Condition(s) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Adjustable Insert Type (51) Condition (52) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Poor Fit <input type="checkbox"/> Cracked Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Corroded <input type="checkbox"/> Missing <input type="checkbox"/> Broken <input type="checkbox"/> Bolts Missing Fit (49) <input checked="" type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R Photo #(s) _____
DEFECTS IN CHIMNEY (For no defects, check "None") Corrosion: <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Brickwork: <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM Lining: <input type="checkbox"/> None <input type="checkbox"/> LFOE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB Other Defect: _____ Photo #(s) _____				
DEFECTS IN CONE (For no defects, check "None") Corrosion: <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Brickwork: <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM Lining: <input type="checkbox"/> None <input type="checkbox"/> LFOE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB Other Defect: _____ Photo #(s) _____				
DEFECTS IN WALL (For no defects, check "None") Corrosion: <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Brickwork: <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM Lining: <input type="checkbox"/> None <input type="checkbox"/> LFOE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB Other Defect: _____ Photo #(s) _____				
BENCH, CHANNEL, STEPS Bench Present (82) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Channel Installed (85) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Number of Steps (89) <u>0</u> Step Material (90) <u>N/A</u> <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Brick <input type="checkbox"/> Other				

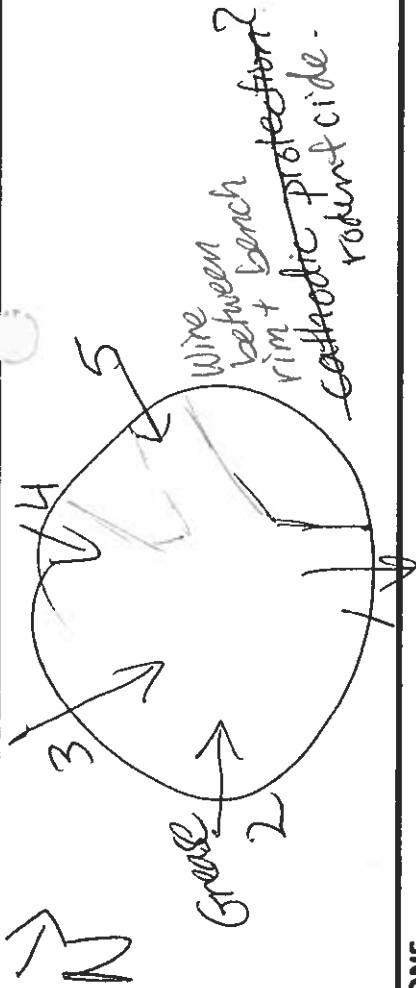
Required Photos
01 White Board <u>428</u>
02 Location <u>429</u>
03 Surf Down Taken Above Rim <u>430</u>
04 Surf Down Taken Below Rim <u>431</u>
05 Drainage Inlet Location/Path from MH <u>432</u>

20.9
 0
 0
 0

SKL. CH

MH Number

14



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.85	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.8	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	10	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.84	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
4	1	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.8	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
5	2	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.78	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary)
 MH Type (18) AS CO CC
 Surface Type (28) GD GR Z
 Rim to Invert (14) Rim to Grade (16) Wall Diameter (length/width) (77)
 ft 4.85 ft 0 ft 410
 Location Code (26) City (11) Burlingame Hills SMD
 Street Address (Number and Name) (10) 70 Canyon
 Penetration/Scratch (ST) Results 2 3 4 NA
 inches Rating 2 3 4 NA
 Inspection Level (38) 1 2
 Purpose B (N Investig.)
 Pre-clean (23) N Y
 Inspection Status (36) SI NF SD BM
 DI NO NA NI Traff
 Additional Inspection Information (27)
 MH Number (1) 15
 Sheet No. (6) 1
 Date (8) 7/11/01
 Time (9) 12:25
 MH Sealed? before: Y N after: Y N
 Date (8) 7/11/01

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

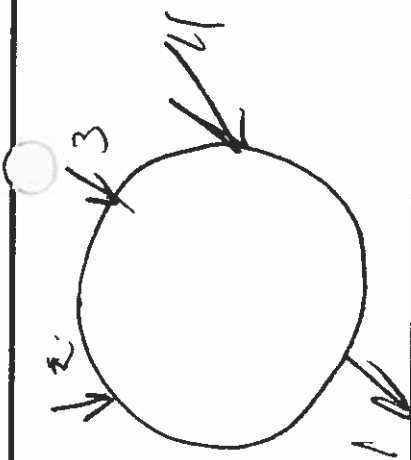
COVER
 Size (41/42) in 28 in 28 in 28 in
 Shape (40) C
 Material (43) CAS
 Type (44) Solid Vented # 3 (46)
 Cover Condition(s) (50) Sound Cracked Broken Corroded Missing Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked
 Photo #(s)
FRAME
 Material (57) CAS
 Condition(s) (61) Sound Missing Cracked Broken Coated
 Offset Distance (63) in 0
 Seal Condition (62) Inflow (64) None circle one: IW ID IR IG Stain
 Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55)
 Photo #(s)
CHIMNEY N/A
 Material(s) (66) Coat/Liner (70) NC C
 Depth (69) ft 1.33
 DEFFECTS In Chimney (For no defects, check "None")
 I/I (67) None SRI SSS SAV SAP SAM SRV SRP SRC SMW
 Corrosion None SRI SSS SAV SAP SAM SRV SRP SRC SMW
 Brickwork DB MB MM Lined/Lined/
 Misfit/Glazed
 Photo #(s)
CONE
 Material(s) (73) Coat/Liner (75) NC C
 Depth (74) ft 4.25
 DEFFECTS In Cone (For no defects, check "None")
 I/I None IW ID IR IG Stain SAM SRV SRP SRC SMW
 Corrosion None SRI SSS SAV SAP SAM SRV SRP SRC SMW
 Brickwork DB MB MM Lined/Lined/
 Misfit/Glazed
 Photo #(s)
WALL N/A
 Material(s) (76) Coat/Liner (80) NC C
 Depth (79) ft
 DEFFECTS In Wall (For no defects, check "None")
 I/I None IW ID IR IG Stain SAM SRV SRP SRC SMW
 Corrosion None SRI SSS SAV SAP SAM SRV SRP SRC SMW
 Brickwork DB MB MM Lined/Lined/
 Misfit/Glazed
 Photo #(s)
BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 3
 Step Material (90) Metal Plastic Brick Other

02 20,9
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Required Photos
01 White Board 1647
02 Location 1648
03 Surf Down Taken Above Rim 1649
04 Surf Down Taken Below Rim 1650
05 Drainage Inlet Location/ Path from MH 1651

MH Number

15



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.15	<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	11	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.9	<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.75	<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
4	2	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.75	<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17)
 SS (Sanitary)
 ANH
 ACOM
 AIB

MH Type (30)
 AS
 CO
 CC
 GD
 GR
 ZZ

Inspection Level (38)
 1
 2

Purpose
 B (W) Investig.
 Other

Pre-clean (23)
 N
 Y

MH Sealed?
 before: Y / N
 after: Y / N

Sheet No. (6) 1
MH Number (C) 18

Date (8) 2011-01-17
Time (9) 11:45

Surveyor's Name (1) Arman R.
Inspection Status (36)
 SI
 DI
 NF
 NO

Rim to Invert (14) 8 ft 0 in
Rim to Grade (16) 4 ft 1 in
Wall Diameter (length/width) (77) 4 ft 1 in

Penetration/Scratch (ST) Results
 6 o'clock: 2 3 4 NA
 12 o'clock: 2 3 4 NA

Additional Inspection Information (27)
 Pic 1812, Roots in Pipe
 20.9

Location Code (26)
 A
 G
 F
 D
 C

City (11) Hills SMD
Burlingame
 Hills SMD

Street Address (Number and Name) (10) 110 Los Montes Dr
Cross Street or Location Details (12) Hillside Dr.

COVER
 Size (41/42) in: 21.5 / 11
 Shape (40): C
 Type (44): Solid
 Material (43): CAS
 Condition (50): Sound, Corroded, Missing, Cracked, Broken, Bolts Missing

FRAME
 Material (57): CAS
 Condition (61): Sound, Cracked, Broken
 Offset Distance (63): 0 in
 Seal/Condition (62): Sound, Cracked, None

CHIMNEY
 Material(s) (66): NC
 Coat/Liner (70): NC, C
 Depth (69): 3.6 ft
 DEFECTS IN CHIMNEY (For no defects, check "None")
 Lining: None, LFDE, LFD, WF, LFB
 Brickwork: DB, MB, MM, Lumpy/Spinn, Mixed/Spinn

CONE
 Material(s) (73): NC
 Coat/Liner (75): NC, C
 Depth (74): 5.1 ft
 DEFECTS IN CONE (For no defects, check "None")
 Lining: None, LFDE, LFD, WF, LFB
 Brickwork: DB, MB, MM, Lumpy/Spinn, Mixed/Spinn

WALL
 Material(s) (78): NC
 Coat/Liner (80): NC, C
 Depth (79): 7.15 ft
 DEFECTS IN WALL (For no defects, check "None")
 Lining: None, LFDE, LFD, WF, LFB
 Brickwork: DB, MB, MM, Lumpy/Spinn, Mixed/Spinn

BENCH, CHANNEL, STEPS
 Bench Present (82): Y, N
 Channel Installed (85): Y, N
 Number of Steps (89):
 Step Material (90): Metal, Plastic, Brick, Other

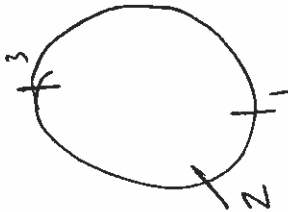
Required Photos
 01 White Board: 1807
 02 Location: 1808
 03 Surf Down Taken Above Rim: 1809
 04 Surf Down Taken Below Rim: 1810
 05 Drainage Inlet Location/Path from MH: 1811

NOTE:
 Roots, Pic 1812 Pipe defect

SKETCH

MH Number

18



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)	8	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
2	8	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)	4	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input type="checkbox"/> Sound <input checked="" type="checkbox"/> Defective	<input type="checkbox"/> Sound <input checked="" type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)	8	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

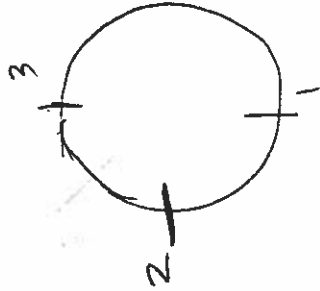
MANHOLE INSPECTION FORM

Inspection Level (38) 1 2
Purpose B (Investigate) C (Other)
Pre-clean (23) N Y
Certificate (2)
Inspection Level (38) 1 2
Purpose B (Investigate) C (Other)
Pre-clean (23) N Y
Certificate (2)
MH Use (17) SS (Sanitary) ANH ACOM AIB
Surface Type (28) AS CO CC GD GR ZZ
MH Type (30) ANH ACOM AIB
Rim to Invert (16) ft 6.3 ft 4 ft
Wall Diameter (length/width) (27) ft 4 ft
Penetration/Scratch (ST) Results 2 3 4 NA
Inches Rating 2 3 4 NA
6 o'clock **12 o'clock**
City (11) La Jolla
Burlingame Hills SMD
Street Address (Number and Name) (10) 114 Los Montes Dr
Cross Street or Location Details (12) La Jolla
Inspection Status (36) SI NF SD BM
 DI NO NA NI Traff
Additional Inspection Information (27) gas. 20.7
Inspection Date (8) 2011-01-17
Time (9) 1200
24hr 1200
Sheet No. (6) 1
MH Sealed? before: Y N after: Y N
MH Number (5) 19

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
Size (41/42) in 27.5 in 1 (46)
Material (43) CAS
Shape (40) C
Type (44) Solid Vented
Fit (49) G U O R
Cover Condition(s) (50) Sound Corroded Cracked Missing Broken
Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked
FRAME
Material (57) CAS
Condition(s) (61) Sound Missing Cracked Corroded Broken Coated
Offset Distance (63) in 0
Seal/Condition (62) Inflow (64) None one: IW ID IR IG Stain
Adjustment Ring Type(s) Material(s) Condition(s) CAS Sound Cracked Adjustable
CHIMNEY
Material(s) (66) Coat/Liner (70) BR RCP NC C
Depth (69) ft 7.5
Corrosion None SRI SSS SAV SAP
Brickwork DB MB MM Lined/Slip Mixed/Smooth
Other Defect: Lining None LFDE LFD WF LFB
DEFFECTS in Chimney (For no defects, check "None")
CONE
Material(s) (73) Coat/Liner (75) BR RCP NC C
Depth (74) ft 6.8
Corrosion None SRI SSS SAV SAP
Brickwork DB MB MM Lined/Slip Mixed/Smooth
Other Defect: Lining None LFDE LFD WF LFB
DEFFECTS in Cone (For no defects, check "None")
WALL
Material(s) (78) Coat/Liner (80) BR RCP NC C
Depth (79) ft N/A
Corrosion None SRI SSS SAV SAP
Brickwork DB MB MM Lined/Slip Mixed/Smooth
Other Defect: Lining None LFDE LFD WF LFB
DEFFECTS in Wall (For no defects, check "None")
BENCH, CHANNEL, STEPS
Bench Present (82) Y N
Channel Installed (85) Y N
Number of Steps (89) 0
Step Material (90) Metal Plastic Brick Other

Required Photos	Photo #s
01 White Board	1813
02 Location	1814
03 Surf Down Taken Above Rim	1815
04 Surf Down Taken Below Rim	1816
05 Drainage Inlet Location/ Path from MH	1817



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.6	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.0	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.0	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17)
 SS (Sanitary)
 ANH
 ACOM
 AIB

MH Type (30)
 AS
 CO
 CC
 GD
 GR
 ZZ

Surface Type (28)
 AS
 CO
 CC
 GD
 GR
 ZZ

Inspection Level (38)
 1
 2

Purpose
 B (Investigate)
 Other

Pre-clean (23)
 N
 Y

MH Sealed?
 before: Y
 after: Y

Sheet No. (6) 1

MH Number (1) 21

Date (8) 10/11/01

Time (9) 10:15

Inspection Status (36)
 SI
 DI
 NF
 NO
 SD
 BM
 NA
 NI
 Traffic

Penetration/Scratch (ST) Results
 6 o'clock: 0
 12 o'clock: 0

Additional Inspection Information (27)
 100802

Cross Street or Location Details (12)
 Canyon Rd

Street Address (Number and Name) (10)
 Canyon Rd

City (11)
 Burlingame
 Hills SMD

Rim to Invert (14)
 ft 6.25

Rim to Grade (16)
 ft 0

Wall Diameter (length/width) (77)
 ft 4/1

Location Code (26)
 A
 G
 F
 D
 C

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in: 13 1/2
 Material (43): CAS
 Shape (40): C
 Type (44): Solid
 Vented (46): # 3

FRAME
 Material (57): CAS
 Condition(s) (61):
 Sound
 Missing
 Cracked
 Corroded
 Broken
 Coated
 Offset Distance (63): in 0

CHIMNEY
 Material(s) (66):
 BR
 RCP
 NC
 C
 Coat/Liner (70):
 NC
 C
 Depth (69): ft 2.30

CONCRETE
 Material(s) (73):
 BR
 RCP
 NC
 C
 Coat/Liner (75):
 NC
 C
 Depth (74): ft 5.32

WALL
 Material(s) (78):
 BR
 RCP
 NC
 C
 Coat/Liner (80):
 NC
 C
 Depth (79): ft

BENCH, CHANNEL, STEPS
 Bench Present (82):
 Y
 N
 Channel Installed (85):
 Y
 N
 Number of Steps (89): 3
 Step Material (90):
 Metal
 Plastic
 Brick
 Other

DEFECTS IN CHIMNEY (For no defects, check "None")
 1/1 (67):
 None
 IW
 ID
 IR
 IG
 Stain
 Corrosion:
 SAM
 SRV
 SSS
 SRP
 SAV
 IR
 IG
 Stain
 SAP
 SMW
 Brickwork:
 DB
 MB
 MM
 Lining/Silica
 Metal/Silica
 Adjustment Ring Type(s) Material(s) (54) Condition(s):
 CAS
 C
 None
 Solid
 Adjustable
 Cover Condition(s) (50):
 Sound
 Cracked
 Broken
 Corroded
 Missing
 Bolts Missing
 Insert Type (51) Condition (52):
 None
 Plastic
 Metal
 Sound
 Poor Fit
 Cracked
 Seal Condition (62) Inflow (64):
 None
 IW
 ID
 IR
 IG
 Stain
 Other Defect:
 Lining
 None
 LFDE
 LFD
 WF
 LFB

DEFECTS IN CONE (For no defects, check "None")
 1/1:
 None
 IW
 ID
 IR
 IG
 Stain
 Corrosion:
 SAM
 SRV
 SSS
 SRP
 SAV
 IR
 IG
 Stain
 SAP
 SMW
 Brickwork:
 DB
 MB
 MM
 Lining/Silica
 Metal/Silica

DEFECTS IN WALL (For no defects, check "None")
 1/1:
 None
 IW
 ID
 IR
 IG
 Stain
 Corrosion:
 SAM
 SRV
 SSS
 SRP
 SAV
 IR
 IG
 Stain
 SAP
 SMW
 Brickwork:
 DB
 MB
 MM
 Lining/Silica
 Metal/Silica

Required Photos
 01 White Board: 1657
 02 Location: 1658
 03 Surf Down Taken Above Rim: 1659
 04 Surf Down Taken Below Rim: 1660
 05 Drainage Inlet Location/Path from MH: 1661

02-20-9

SKETCH

MH Number
21



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.25	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.32	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	10	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.90	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

Inspection Level (38) 1 2
Pre-clean (23) N Y
MH Sealed? before: Y N after: Y N
Inspection Status (36) SI NF NO
Date (8) 1/14/2010
Time (9) 11:10
Sheet No. (6) 1
MH Number (1) 22
Inspection Status (36) SI NF NO
Date (8) 1/14/2010
Time (9) 11:10
Pre-clean (23) N Y
Certificate (2) 100802
Purpose B/W I
Surveyor's Name (1) Skenket segoz
Penetration/Scratch (ST) Results 2 3 4 NA
Rating 2 3 4 NA
6 o'clock **12 o'clock**
Rim to Invert (16) Rim to Grade [16] ft 3.96 ft **Wall Diameter (length/width) (77)** ft 3
Location Code (26) A G F D C
City (11) Burlingame
Burlingame Hills SMD

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
Size (41/42) in 22/34 in **Material (43)** CAS **Shape (40)** C **Type (44)** Solid **Fit (49)** G U O R **Cover Condition(s) (50)** Sound Corroded Cracked Missing Broken Bolts Missing
Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked
FRAME
Material (57) CAS **Condition(s) (61)** Sound Missing Cracked Corroded Coated **Offset Distance (63)** in 0
Seal Condition (62) Inflow (64) None Inflow Stain
Adjustment Ring Type(s) Material(s) Condition(s) CAS Sound Cracked Adjustable

CHIMNEY
Material(s) (66) Coat/Liner (70) NC C **Depth (69)** ft N/A
DEFECTS In Chimney (For no defects, check "None")
1/I (67) None SRI SSS IR IG Stain **Corrosion** SAM SRV SRP SRC SAW SAP SMW
Other Defect: Lining None LFDE LFD WF LFB
Brickwork DB MB MM Lively MicroSlush
Photo # (s)

CONE
Material(s) (73) Coat/Liner (75) NC C **Depth (74)** ft 3.72 ft
DEFECTS In Cone (For no defects, check "None")
1/I None SRI SSS IR IG Stain **Corrosion** SAM SRV SRP SRC SAW SAP SMW
Other Defect: Lining None LFDE LFD WF LFB
Brickwork DB MB MM Lively MicroSlush
Photo # (s)

WALL
Material(s) (78) Coat/Liner (80) NC C **Depth (79)** ft
DEFECTS in Wall (For no defects, check "None")
1/I None SRI SSS IR IG Stain **Corrosion** SAM SRV SRP SRC SAW SAP SMW
Other Defect: Lining None LFDE LFD WF LFB
Brickwork DB MB MM Lively MicroSlush
Photo # (s)

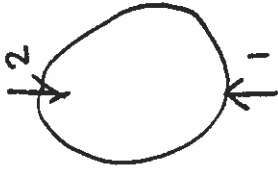
BENCH, CHANNEL, STEPS
Bench Present (82) Y N **Channel Installed (85)** Y N **Number of Steps (89)** 0 **Step Material (90)** Metal Plastic Brick Other

02-209
000

SKLCH

MH Number

22



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.90	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.02	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) MH Type (28) AS CO CC GD GR ZZ

Surface Type (28) AS CO CC GD GR ZZ

Rim to Invert (14) Rim to Grade (16) Wall Diameter (length/width) (77) 6' 6.66 ft 0 ft 4' 1"

Penetration/Scratch (ST) Results 2 3 4 NA 2 3 4 NA

Inches Rating 2 3 4 NA

Pre-clean (23) N Y Y

Certificate (2) 100802

Surveyor's Name (1) Sanket Sagar

MH Sealed? before: Y/N Y N after: Y/N Y N

Sheet No. (6) 1

Date (8) 10/20/11-01

Time (9) 9:50

Inspection Status (36) SI NF NO SD BM NA NI Traffic

Additional Inspection Information (27) corner of canyon rd

Location Code (26) A G F D C

City (11) Burlingame Hills SMD

Street Address (Number and Name) (10) canyon rd

Cross Street or Location Details (12) crystal Ter

MH Number (1) 23

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER	FRAME	CHIMNEY	CONE	WALL
Size (41/42) in 27 1/4	Material (57) CAS	Material(s) (66) BR RCP	Material(s) (73) BR RCP	Material(s) (78) BR RCP
Shape (40) C	Condition(s) (61) Sound	Coat/Liner (70) NC C	Coat/Liner (75) NC C	Coat/Liner (80) NC C
Type (44) Solid Vented # 3	Offset Distance (63) in 0	Depth (69) ft 1.25	Depth (74) ft 5.6	Depth (79) ft
Fit (49) G U O R	Seal Condition (62) Inflow (64) Sound Cracked	DEFECTS in Chimney (For no defects, check "None")	DEFECTS in Cone (For no defects, check "None")	DEFECTS in Wall (For no defects, check "None")
Cover Condition(s) (50) Sound Cracked Broken	Adjustment Ring Type(s) (54) Material(s) Condition(s) CAS C	Corrosion SAM SRV SRP SRC SSW SRI SRI SSS SAV SAP	Corrosion SAM SRV SRP SRC SSW SRI SRI SSS SAV SAP	Corrosion SAM SRV SRP SRC SSW SRI SRI SSS SAV SAP
Insert Type (51) Condition (52) Sound Poor Fit Cracked	Photo #(s)	Brickwork DB MB MM Layer/ Mixed/Stone	Brickwork DB MB MM Layer/ Mixed/Stone	Brickwork DB MB MM Layer/ Mixed/Stone
Photo #(s)	Photo #(s)	Photo #(s)	Photo #(s)	Photo #(s)
Required Photos 01 White Board 1652	02 Location 1653	03 Surf Down Taken Above Rim 1654	04 Surf Down Taken Below Rim 1655	05 Drainage Inlet Location/ Path from MH 1656

BENCH, CHANNEL, STEPS

Bench Present (82) Y N

Channel Installed (85) Y N

Number of Steps (89) 5

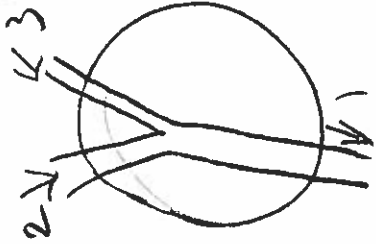
Step Material (90) Metal Plastic Brick Other

05-20-11

SK JH

MH Number:

23



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.66	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	11	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.66	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	1	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.66	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input checked="" type="checkbox"/> Defective	<input type="checkbox"/> Sound <input checked="" type="checkbox"/> Defective
		<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input checked="" type="checkbox"/> Defective	<input type="checkbox"/> Sound <input checked="" type="checkbox"/> Defective
		<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input checked="" type="checkbox"/> Defective	<input type="checkbox"/> Sound <input checked="" type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17)
 SS (Sanitary)
 ANH
 ACOM
 AIB

MH Type (30)
 AS
 CO
 CC
 GD
 GR
 ZZ

Rim to Invert (14) ft 5.30
Rim to Grade (16) ft 0
Wall Diameter (length/width) (77) ft 4/1

Location Code (26)
 A
 F
 C

City (11) Canyon Rd
Burlingame Hills SMD

Inspection Level (38)
 1
 2

Purpose
 B/W Investigate
 Certificate (2)

Surveyor's Name (1) Samket sagalkar
Pre-clean (23)
 N
 Y

MH Sealed?
 before: Y
 after: Y

Sheet No. (6) 1
Date (8) 11/11/2011-01-14
Time (9) 10:40

MH Number (1) 24

Inspection Status (36)
 SI
 DI
 NF
 NO
 SD
 BM
 NA
 NI
 Traff

Additional Inspection Information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER	FRAME	CHIMNEY	CONE	WALL	BENCH, CHANNEL, STEPS
Size (41/42) in in 27 / 31 1/2	Material (43) <input checked="" type="checkbox"/> CAS	Material(s) (66) N/A <input type="checkbox"/> BR <input type="checkbox"/> RCP	Material(s) (73) <input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP	Material(s) (78) <input type="checkbox"/> BR <input type="checkbox"/> RCP	Material(s) (82) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Shape (40) <input checked="" type="checkbox"/> C <input type="checkbox"/> Vented # 7	Condition(s) (61) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken	Coat/Liner (70) <input type="checkbox"/> NC <input type="checkbox"/> C	Coat/Liner (75) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C	Coat/Liner (80) <input type="checkbox"/> NC <input type="checkbox"/> C	Bench Present (82) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Fit (49) <input checked="" type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R	Seal Condition (63) <input type="checkbox"/> Sound <input type="checkbox"/> Cracked	Depth (69) ft	Depth (74) ft 4.72	Depth (79) ft	Channel Installed (85) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Corroded <input type="checkbox"/> Cracked <input type="checkbox"/> Broken	Seal Condition (63) Inflow (64) <input type="checkbox"/> None <input type="checkbox"/> Inflow <input type="checkbox"/> Stain	DEFECTS IN CHIMNEY (For no defects, check "None") 1/1 (67) <input checked="" type="checkbox"/> None <input type="checkbox"/> IR <input type="checkbox"/> ID <input type="checkbox"/> IG <input type="checkbox"/> Stain	DEFECTS IN CONE (For no defects, check "None") 1/1 <input checked="" type="checkbox"/> None <input type="checkbox"/> IR <input type="checkbox"/> ID <input type="checkbox"/> IG <input type="checkbox"/> Stain	DEFECTS IN WALL (For no defects, check "None") 1/1 <input checked="" type="checkbox"/> None <input type="checkbox"/> IR <input type="checkbox"/> ID <input type="checkbox"/> IG <input type="checkbox"/> Stain	Number of Steps (89) 0
Insert Type (51) Condition (52) <input checked="" type="checkbox"/> None <input type="checkbox"/> Plastic <input type="checkbox"/> Metal	Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) <input type="checkbox"/> None <input type="checkbox"/> Solid <input type="checkbox"/> Adjustable	Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SAV <input type="checkbox"/> SSS <input type="checkbox"/> SVP <input type="checkbox"/> SWS	Corrosion <input checked="" type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SAV <input type="checkbox"/> SSS <input type="checkbox"/> SVP <input type="checkbox"/> SWS	Corrosion <input checked="" type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SAV <input type="checkbox"/> SSS <input type="checkbox"/> SVP <input type="checkbox"/> SWS	Step Material (90) <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Brick <input type="checkbox"/> Other
Photo #(s)	Photo #(s)	Photo #(s)	Photo #(s)	Photo #(s)	
01 White Board 1662	02 Location 1663	03 Surf Down Taken Above Rim 1664	04 Surf Down Taken Below Rim 1665	05 Drainage Inlet Location/ Path from MH 1666	

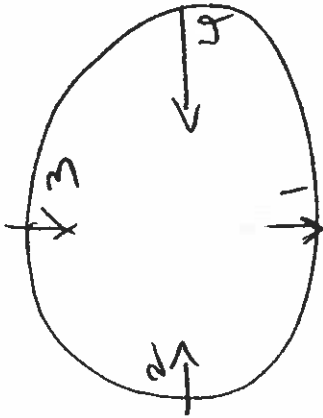
02-20-9
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Sam sagl

SK CH

MH Number

24



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.22	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.16	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.94	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
4	4	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.30	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MANHOLE INSPECTION FORM
 MH Use (1.7) SS (Sanitary) AMH ACOM AIB Surface Type (28) AS CO CC GD GR ZZ
 Inspection Level (38) 1 2 Purpose B (Investigate) Pre-clean (23) N Y Certificate (2) _____
 MH Number (1) 27 Sheet No. (6) 1
 Time (9) 11:35 Date (8) 2011/1/14
 MH Sealed? before: Y N after: Y N
 Inspection Status (36) SI NF SD BM DI NO NA NI Traff
 Penetration/Scratch (ST) Results 2 3 4 NA 2 3 4 NA
 Penetration (inches) 0 Rating 0
 Rim to Invert (1.4) ft 0.0 Rim to Grade (16) ft 4.1 Wall Diameter (length/width) (17) ft 4.1
 Location Code (26) A G F D C Street Address (Number and Name) (10) 3111 Canyon Rd
 City (11) _____ Burlingame Hills SMD
 Cross Street or Location Details (12) Valdeflores Rd
 Additional Inspection Information (27) _____

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 27 1/2 Material (43) CAS Shape (40) C Type (44) Solid Vented # 7 (46) Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Cracked Missing Broken Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked
 Photo # (s) _____
FRAME
 Material (57) CAS Condition(s) (61) Sound Missing Cracked Corroded Coated
 Seal Condition (62) Inflow (64) None Solid Adjustable
 Adjustment Ring Type (53) Material (54) Condition (55) CAS Sound Cracked
 Photo # (s) _____
CHIMNEY
 Material(s) (66) BR RCP Coat/Liner (70) NC C Depth (69) ft 1.3
 DEFFECTS IN CHIMNEY (For no defects, check "None")
 I/I (67) None SRI SSS SAV SAP SAM SRV SRP SRC SRW
 Corrosion None SRI SSS SAV SAP SAM SRV SRP SRC SRW
 Brickwork DB MB MM Level/ Mesh/Stone
 Lining None LFDE LFD WF LFB
 Other Defect: CAM # 240
 Photo # (s) 1687
CONE
 Material(s) (73) BR RCP Coat/Liner (75) NC C Depth (74) ft 4.9
 DEFFECTS IN CONE (For no defects, check "None")
 I/I None SRI SSS SAV SAP SAM SRV SRP SRC SRW
 Corrosion None SRI SSS SAV SAP SAM SRV SRP SRC SRW
 Brickwork DB MB MM Level/ Mesh/Stone
 Lining None LFDE LFD WF LFB
 Other Defect: _____
 Photo # (s) _____
WALL
 Material(s) (78) BR RCP Coat/Liner (80) NC C Depth (79) ft
 DEFFECTS IN WALL (For no defects, check "None")
 I/I None SRI SSS SAV SAP SAM SRV SRP SRC SRW
 Corrosion None SRI SSS SAV SAP SAM SRV SRP SRC SRW
 Brickwork DB MB MM Level/ Mesh/Stone
 Lining None LFDE LFD WF LFB
 Other Defect: _____
 Photo # (s) _____

BENCH, CHANNEL, STEPS

Bench Present (82) Y N Channel Installed (85) Y N
 Number of Steps (89) 7 Step Material (90) Metal Plastic Brick Other

Cont # 840

N/A

SKETCH

MH Number
27



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.05ft	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12:30	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.12ft	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) ANH ACOM AIB

MH Type (30) AS CO CC GD GR ZZ

Surface Type (28) AS CO CC GD GR ZZ

Rm to Invert (14) Rim to Grade (16) Wall Diameter (length/width) (77) ft 10.24 ft 0.6 ft 5.10

Location Code (26) A G F D C

City (111) Burlingame Hills SMD

Street Address (Number and Name) (10) 3119 Canyon Rd

Inspection Level (38) 1 2

Purpose B (Investig.)

Surveyor's Name (1) Sanket Sagar

Certificate (2) 100802

Pre-clean (23) N Y

MH Sealed? before: Y/N after: Y/N

Date (8) 1/11/2011

Inspection Status (36) SI DI NF NO

Additional Inspection Information (27)

Sheet No. (6) 1

MH Number (1) 28

Time (9) 11:35

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER	FRAME	CHIMNEY	CONE	WALL	BENCH, CHANNEL, STEPS
Size (41/42) in int 13/4 Material (43) CAS Shape (40) C Type (44) Solid Vented # 2 (46)	Condition(s) (61) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken Offset Distance (63) in 0 Seal Condition (62) Inflow (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> Circle one: IW ID IR IG Stain	Material(s) (66) BR <input checked="" type="checkbox"/> RCP <input type="checkbox"/> Coat/Liner (70) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C Depth (69) ft 2.04 Type (72) Flat/Slab Concentric Eccentric	Material(s) (73) BR <input checked="" type="checkbox"/> RCP <input type="checkbox"/> Coat/Liner (75) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C Depth (74) ft 5.70 Type (72) Flat/Slab Concentric Eccentric	Material(s) (78) BR <input checked="" type="checkbox"/> RCP <input type="checkbox"/> Coat/Liner (80) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C Depth (79) ft 10.04	Bench Present (82) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Channel Installed (85) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Number of Steps (89) 0 Step Material (90) <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Brick <input type="checkbox"/> Other
Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken Fit (49) <input checked="" type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R	Adjustment Ring Type(s) Material(s) (54) Condition(s) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> CAS <input type="checkbox"/> Adjustable	DEFFECTS IN CHIMNEY (For no defects, check "None") Corrosion <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Lined/Liner/Stone	DEFFECTS IN CONE (For no defects, check "None") Corrosion <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Lined/Liner/Stone	DEFFECTS IN WALL (For no defects, check "None") Corrosion <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Lined/Liner/Stone	Step Material (90) <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Brick <input type="checkbox"/> Other
Insert Type (51) Condition (52) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Poor FR <input type="checkbox"/> Cracked	Photo # (s)	Photo # (s)	Photo # (s) 1683	Photo # (s) 1685	Required Photos 01 White Board 1676 02 Location 1679 03 Surf Down Taken Above Rim 1680 04 Surf Down Taken Below Rim 1682 05 Drainage Inlet Location/ Path from MH 1685

02-20.8
-0
-0
-0

Severe Roots

SKL_H

MH Number

PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)	10.46	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)	2.8	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)	2.1	<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) ANR ACOM AIB

Surface Type (28) AS GD CO GR CC ZZ

Rim to Invert (14) 4 ft R G O

Wall Diameter (length/width) (77) 4 ft

Location Code (26) A G F D C

City (11) Burlingame Hills SMD

Street Address (Number and Name) (10) 3119 Canyon Rd

Penetration/Scratch (ST) Results 0 inches Rating 0 2 3 4 NA 1 2 3 4 NA

Pre-clean (23) N Y

Purpose B (Investigate)

Inspection Level (38) 1 2

Surveyor's Name (1) Samuel Savage

Certificate (2) 100802

MH Sealed? before: Y/N after: Y/O

Sheet No. (6) 1

MH Number (1) 29

Date (8) 2011-01-19

Time (9) 11:20

Inspection Status (36) SI NF SD BM DI NO NA NI Traff

Additional Inspection Information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

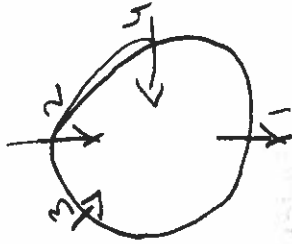
COVER	FRAME	CHIMNEY	CONE	WALL	BENCH, CHANNEL STEPS
Size (41/42) in <u>24 1/2</u> Shape (40) <u>C</u> Type (44) <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Vented # (46) <u>3</u>	Material (43) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Condition(s) (51) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Missing <input type="checkbox"/> Cracked <input type="checkbox"/> Broken Offset Distance (63) <u>in</u>	Material(s) (66) <input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> Coat/Liner (70) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C Depth (69) <u>ft 1.50</u>	Material(s) (73) <input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> Coat/Liner (75) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C Depth (74) <u>ft 4.18</u>	Material(s) (78) <input type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> Coat/Liner (80) <input type="checkbox"/> NC <input type="checkbox"/> C Depth (79) <u>ft</u>	Bench Present (82) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Channel Installed (85) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Number of Steps (89) <u>0</u> Step Material (90) <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Brick <input type="checkbox"/> Other
Fit (49) <input checked="" type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R	Seal Condition (62) Inflow (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> Cracked <input type="checkbox"/> Stain	DEFECTS in Chimney (For no defects, check "None") Corrosion <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFO <input type="checkbox"/> WF <input type="checkbox"/> LFB	DEFECTS in Cone (For no defects, check "None") Corrosion <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFO <input type="checkbox"/> WF <input type="checkbox"/> LFB	DEFECTS in Wall (For no defects, check "None") Corrosion <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFO <input type="checkbox"/> WF <input type="checkbox"/> LFB	
Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken	Adjustment Ring Type(s) (54) Material(s) Condition(s) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Adjustable	Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFO <input type="checkbox"/> WF <input type="checkbox"/> LFB	Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFO <input type="checkbox"/> WF <input type="checkbox"/> LFB	Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFO <input type="checkbox"/> WF <input type="checkbox"/> LFB	
Insert Type (51) Condition (52) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Poor Fit <input type="checkbox"/> Cracked	Photo #(s)	Photo #(s)	Photo #(s)	Photo #(s)	Photo #(s)

2011-01-19
 16773
 16782
 16745
 16746
 16791
 20-209
 000

SKL_H

MH Number

29



PIPE CONNECTIONS

Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	REQUIRED				OPTIONAL			
					Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)		
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.50	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective		
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.38	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective		
3	10	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.20	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective		
4	3	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.34	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective		
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective		
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective		
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective		

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) ANH ACOM AIB Surface Type (28) AS CO CC GD GR ZZ

Inspection Level (38) 1 2 Purpose B (V) Pre-clean (23) N Y Certificate (2)

MH Sealed? before: Y N after: Y N Date (8) 2011/1/25

MH Number (6) 30 Time (9) 24hr 13:00

Sheet No. (6) 1 Inspection Status (36) SI NF SD BM DI NO NA NI Traff

Penetration/Scratch (ST) Results 2 3 4 NA 2 3 4 NA Inches Rating

Surveyor's Name (1) Bk/PM

Rim to Invert (14) 6.4 ft -2.2 ft Wall Diameter (length/width) (77) 41" -

Location Code (26) A G F D C City (11) 175 Tipoe Ln

Street Address (Number and Name) (10) 175 Tipoe Ln

Cross Street or Location Details (12) Canyon Rd.

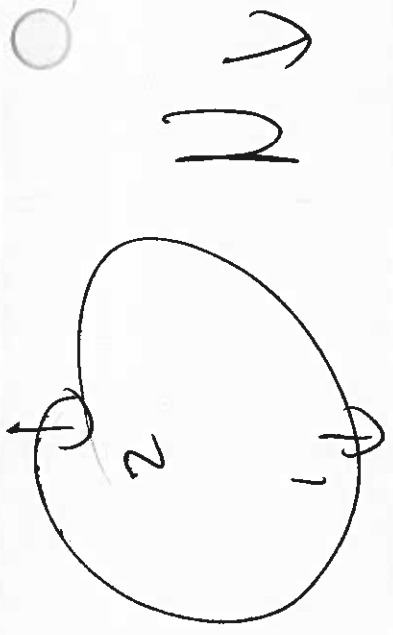
Additional Inspection Information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER	FRAME	CHIMNEY	CONE	WALL
Size (41/42) in 25 1/2 in Material (43) <input checked="" type="checkbox"/> CAS Shape (40) <input checked="" type="checkbox"/> C Type (44) <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Vented # 2 (46) Fit (49) <input checked="" type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Corroded <input type="checkbox"/> Cracked <input type="checkbox"/> Broken <input type="checkbox"/> Missing <input type="checkbox"/> Bolts Missing Insert Type (51) Condition (52) <input checked="" type="checkbox"/> None <input type="checkbox"/> Plastic <input type="checkbox"/> Metal Photo #(s)	Material (57) CAS Condition(s) (61) <input type="checkbox"/> Sound <input type="checkbox"/> Missing <input type="checkbox"/> Cracked <input type="checkbox"/> Broken <input type="checkbox"/> Coated Seal Condition (62) Inflow (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> check one: IW ID IR IG Stain Adjustment Ring Type(S3) Material(S4) Condition(S5) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Adjustable Photo #(s)	Material(s) (66) Coat/Liner (70) <input type="checkbox"/> NC <input checked="" type="checkbox"/> C BR <input type="checkbox"/> RCP <input type="checkbox"/> Depth (69) 2.1 ft DEFECTS in Chimney (For no defects, check "None") I/I (67) <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRC <input type="checkbox"/> SRW Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SRW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Lumpy/ Multi-Sized Lining <input checked="" type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB Photo #(s)	Material(s) (73) Coat/Liner (75) <input type="checkbox"/> NC <input checked="" type="checkbox"/> C BR <input type="checkbox"/> RCP <input type="checkbox"/> Depth (74) 5.1 ft DEFECTS in Cone (For no defects, check "None") I/I <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRC <input type="checkbox"/> SRW Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SRW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Lumpy/ Multi-Sized Lining <input checked="" type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB Photo #(s)	Material(s) (78) Coat/Liner (80) <input type="checkbox"/> NC <input type="checkbox"/> C BR <input type="checkbox"/> RCP <input type="checkbox"/> Depth (79) ft DEFECTS in Wall (For no defects, check "None") I/I <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRC <input type="checkbox"/> SRW Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SRW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Lumpy/ Multi-Sized Lining <input checked="" type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB Photo #(s)
Required Photos 01 White Board 797 02 Location 796 03 Surf Down Taken Above Rim 794 04 Surf Down Taken Below Rim 795 05 Drainage Inlet Location/ Path from MH 796				
BENCH, CHANNEL, STEPS Bench Present (82) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Channel Installed (85) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Number of Steps (89) 3 Step Material (90) <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Brick <input type="checkbox"/> Plastic <input type="checkbox"/> Other				

MH Number

30



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OK (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.45	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OK (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.25	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OK (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OK (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OK (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17)
 SS (Sanitary)
 ANH
 RCOM
 AIB

MH Type (30)
 CAS
 CO
 CC
 GD
 GR
 ZZ

Rim to Invert (14) Rim to Grade (16)
 ft 5.12 ft ϕ

Wall Diameter (length/width) (77)
 ft 4 / 1

Location Code (26)
 A
 G
 F
 D
 C

City (11)
 Burlingame
 Hills SMD

Street Address (Number and Name) (10)
 60 Crystal Tr Canyon

Penetration/Scratch (ST) Results
 6 o'clock ϕ
 12 o'clock ϕ

Inspection Level (38)
 1
 2

Purpose
 B (Investig.)
 N
 Y

Pre-clean (23)
 N
 Y

Surveyor's Name (1)
 B. R. M.

Certificate (2)
 N
 Y

MH Sealed?
 before: Y/N
 after: Y/N

Sheet No. (6)
 1

Date (8)
 2011/01/13

Time (9)
 11:50

MH Number (1)
 31

Inspection Status (36)
 SI
 DI
 NF
 NO
 SD
 BM
 NA
 NI Traffic

Additional Inspection Information (27)
 Canyon

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER	FRAME	CHIMNEY	CONE	WALL
Size (41/42) in in 24 1/2	Material (43) <input checked="" type="checkbox"/> CAS	Material(s) (66) BR <input type="checkbox"/> RCP	Material(s) (73) <input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP	Material(s) (78) <input type="checkbox"/> BR <input type="checkbox"/> RCP
Shape (40) <input type="checkbox"/> C <input checked="" type="checkbox"/> Vented # 3	Condition(s) (61) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken	Coat/Liner (70) <input type="checkbox"/> NC <input type="checkbox"/> C	Coat/Liner (75) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C	Coat/Liner (80) <input type="checkbox"/> NC <input type="checkbox"/> C
Type (44) <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Vented	Fit (49) <input checked="" type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R	Depth (69) ft	Depth (74) ft 4.5	Depth (79) ft
Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken	Seal Condition (62) Inflow (64) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked	DEFFECTS in Chimney (For no defects, check "None") I/I <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP	DEFFECTS in Cone (For no defects, check "None") I/I <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP	DEFFECTS in Wall (For no defects, check "None") I/I <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP
Insert Type (51) Condition (52) <input checked="" type="checkbox"/> None <input type="checkbox"/> Plastic <input type="checkbox"/> Metal	Adjustment Ring Type(s) Material(s) Condition(s) <input type="checkbox"/> None <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Adjustable	Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SRW	Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SRW	Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SRW
Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB	Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB	Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB	Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB	Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB
Photo # (s) 417	Photo # (s) 418	Photo # (s) 420	Photo # (s) 421	Photo # (s) 419
Required Photos 01 White Board	02 Location	03 Surf Down Taken Above Rim	04 Surf Down Taken Below Rim	05 Drainage Inlet Location/ Path from MH

D2-209
 HES. D
 50
 VDL

Scan # 885

BENCH, CHANNEL, STEPS
 Bench Present (82)
 Y
 N

Channel Installed (85)
 Y
 N

Number of Steps (89)
 3

Step Material (90)
 Metal
 Plastic
 Brick
 Other

SKL. JH

MH Number

31



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.21	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	9		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.06	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	1	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.96	<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input checked="" type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	9		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
4	2	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.95	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AS CO CC GD GR Z
 MH Type (30) AIB ACOM AIB
 Surface Type (28) AS CO CC GD GR Z
 Inspection Level (38) 1 2 Pre-clean (23) N Y
 Purpose B (for inspection)
 Inspection Level (38) 1 2 Pre-clean (23) N Y
 Surveyor's Name (1) AKL Certificate (2) _____
 Rim to Invert (14) ft 3.8 Rim to Grade (16) ft 0 Wall Diameter (length/width) (77) ft 41
 Location Code (26) A G F D C City (11) Hills SMD Burlingame Hills SMD
 Street Address (Number and Name) (10) 143 Loma Vista skyline Blvd.
 Penetration/Scratch (ST) Results 2 2 3 4 NA 2 2 3 4 NA
 6 o'clock 2 12 o'clock 2 Inches Rating _____
 Inspection Status (36) SI NF SD BM DI NO NA Ni Traffic
 Date (8) 2011-01-20 Time (9) 900 24hr
 MH Sealed? before: Y/N after: Y/N Sheet No. (6) 1 MH Number (7) 35
 Additional inspection information (27) gas 2017

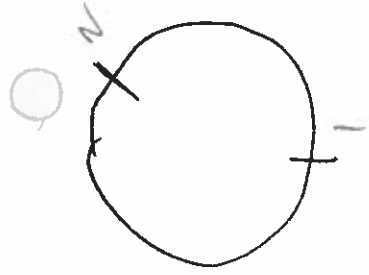
MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 25.5 Material (43) CAS Shape (40) EC Type (44) Solid Vented # 2 (45) Fit (49) G U O R Cover Condition(s) (50) Sound Corroded Cracked Missing Broken Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked
 Photo #(s) _____
FRAME
 Material (57) CAS Condition(s) (61) Sound Cracked Broken Missing Corroded Coated
 Seal Condition (62) Inflow (64) None Solid Adjustable Adjustment Ring Type(s) Material(s) Condition(s) (55) Sound Cracked
 Photo #(s) _____
CHIMNEY
 Material(s) (66) BR RCP Coat/Liner (70) NC C Depth (69) _____ ft
 Defects in Chimney (For no defects, check "None")
 I/I (67) None SRI SSS SAV SAP SAM SRV SRP SRC SMW Corrosion
 Brickwork DB MB MM Lumpy/ Misaligned
 Lining None LFDE LFD WF LFB
 Photo #(s) _____
CONE
 Material(s) (73) BR RCP Coat/Liner (75) NC C Type (72) Flat/Slab Concentric Eccentric
 Depth (74) _____ ft
 Defects in Cone (For no defects, check "None")
 I/I None SRI SSS SAV SAP SAM SRV SRP SRC SMW Corrosion
 Brickwork DB MB MM Lumpy/ Misaligned
 Lining None LFDE LFD WF LFB
 Photo #(s) _____
WALL
 Material(s) (78) BR RCP Coat/Liner (80) NC C Depth (79) _____ ft
 Defects in Wall (For no defects, check "None")
 I/I None SRI SSS SAV SAP SAM SRV SRP SRC SMW Corrosion
 Brickwork DB MB MM Lumpy/ Misaligned
 Lining None LFDE LFD WF LFB
 Photo #(s) _____
BENCH, CHANNEL, STEPS
 Bench Present (82) Y N Channel Installed (85) Y N Number of Steps (89) 2 Step Material (90) Metal Plastic Brick Other

Required Photos
01 White Board <u>2012</u>
02 Location <u>2013</u>
03 Surf Down Taken Above Rim <u>2014</u>
04 Surf Down Taken Below Rim <u>2015</u>
05 Drainage Inlet Location/ Path from MH <u>2016</u>

MH Number

35



REQUIRED

OPTIONAL

PIPE CONNECTIONS

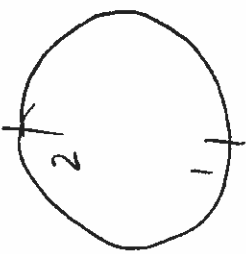
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.9	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	1	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.5	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

Inspection Level (38) 1 2
Purpose B (all lines) N Y
Pre-clean (23) N Y
MH Sealed? before: Y (all) after: Y (all)
Sheet No. (6) 1 **Time (9)** 10:00
MH Use (17) SS (Sanitary) ANH ACOM AIB
MH Type (30) AS CO CC GD GR ZZ
Surface Type (28) AS CO CC
Inspection Level (38) 1 2
Surveyor's Name (1) [Signature]
Penetration/Scratch (ST) Results
 6 o'clock: 0 inches Rating: 2
 12 o'clock: 0 inches Rating: 2
Inspection Status (36) SI NF NO DI NA NI/Traffic
Rim to Invert (14) ft 0 **Wall Diameter (length/width) (77)** ft 4/1
Location Code (26) A G F D C
City (11) Burlingame Hills SMD
Street Address (Number and Name) (20) 5 La Strada Ct
Cross Street or Location Details (12) Skyline Blvd
Additional Inspection Information (27) gas. 20.9
MH Number (L) 36
Required Photos
 01 White Board 2029
 02 Location 2023
 03 Surf Down Taken Above Rim 2024
 04 Surf Down Taken Below Rim 2025
 05 Drainage Inlet Location/Path from MH 2026

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 25.7
 Material (43) CAS
 Shape (40) C
 Type (44) Solid Vented
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Missing Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal
 Photo #(s) []
FRAME
 Material (57) CAS Sound Cracked Broken
 Condition(s) (61) Missing Corroded Coated
 Offset Distance (63) in 0
 Seal Condition (62) Inflow (64) None IW ID IR IG Stain
 Adjustment Ring Type(s) Material (54) Condition (55) CAS None Solid Adjustable
 Photo #(s) []
CHIMNEY
 Material(s) (56) Coat/Liner (70) BR RCP NC C
 Depth (69) ft N/A
 I/I (67) None IW ID IR IG Stain
 Corrosion SAM SRV SRP SRC SAW
 Brickwork DB MB MM Limes/ Lime/ Mortar
 Other Defect: Lining None LFDE LFD WF LFB
 Photo #(s) []
CONE
 Material(s) (73) Coat/Liner (75) BR RCP NC C
 Depth (74) ft 3.5
 I/I None IW ID IR IG Stain
 Corrosion SAM SRV SRP SRC SAW
 Brickwork DB MB MM Limes/ Lime/ Mortar
 Other Defect: Lining None LFDE LFD WF LFB
 Photo #(s) []
WALL
 Material(s) (78) Coat/Liner (80) BR RCP NC C
 Depth (79) ft 7.4
 I/I None IW ID IR IG Stain
 Corrosion SAM SRV SRP SRC SAW
 Brickwork DB MB MM Limes/ Lime/ Mortar
 Other Defect: Lining None LFDE LFD WF LFB
 Photo #(s) []
BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 0
 Step Material (90) Metal Plastic Brick Other



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	8.7	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	8.3	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) ANH ACOM AIB GD GR Z AS CO CC

Inspection Level (38) 1 2 Purpose B (In Inspection) Certificate (2)

Pre-clean (23) N Y Y

MH Sealed? before: Y N after: Y N

Sheet No. (6) 1 MH Number (4) 41

Date (8) 2011-01-20 Time (9) 9:35 AM

Inspector Status (36) SI NF SD BM DI NO NA NI Traff

Penetration/Scratch (ST) Results 2 3 4 NA 2 3 4 NA

Rim to Invert (14) ft 8.9 ft 0 Wall Diameter (length/width) (77) ft 41 ft

Location Code (26) A G F D C City (11) Burlingame Hills SMD

Street Address (Number and Name) (10) 1336 Skyview Dr. Cross Street or Location Details (12) Skyline Blvd.

Additional Inspection Information (27) gas 208

Required Photos	01 White Board	02 Location	03 Surf Down Taken Above Rim	04 Surf Down Taken Below Rim	05 Drainage Inlet Location/ Path from MH
	2017	2018	2019	2020	2021

COVER	FRAME	CHIMNEY	CONE	WALL
Size (41/42) in 15.7 in Material (43) CAS Shape (40) C Type (44) Solid Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken Fit (49) G U O R Insert Type (S1) Condition (S2) <input checked="" type="checkbox"/> None <input type="checkbox"/> Plastic <input type="checkbox"/> Metal	Material (57) CAS Condition(s) (61) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken Offset Distance (63) in 0.25 Seal Condition (61) Inflow (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> Solid <input type="checkbox"/> Adjustable Adjustment Ring Type(s) Material(s) Condition(s) (55) CAS	Material(s) (66) Coat/Liner (70) NC C Depth (69) ft N/A I/I (67) None <input checked="" type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMW	Material(s) (73) Coat/Liner (75) NC C Depth (74) ft 3.5 I/I (67) None <input checked="" type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMW	Material(s) (78) Coat/Liner (80) NC C Depth (79) ft 8.4 I/I (67) None <input checked="" type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMW

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

DEFECTS IN CHIMNEY (For no defects, check "None")
 Other Defect: Lining None LFDE LFD WF LFB

DEFECTS IN CONE (For no defects, check "None")
 Other Defect: Lining None LFDE LFD WF LFB

DEFECTS IN WALL (For no defects, check "None")
 Other Defect: Lining None LFDE LFD WF LFB

Step Material (90) Metal Plastic Brick Other

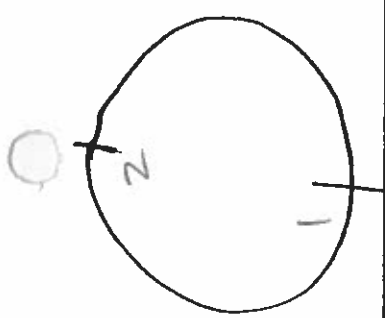
Number of Steps (89) 0

Channel Installed (85) Y N

Bench Present (82) Y N

MH Number

41



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	9.1	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	8.7	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) <input checked="" type="checkbox"/> SS (Sanitary) <input type="checkbox"/>	MH Type (30) <input checked="" type="checkbox"/> AHH <input type="checkbox"/> ACCOM <input type="checkbox"/> AIB	Surface Type (28) <input checked="" type="checkbox"/> AS <input type="checkbox"/> CO <input type="checkbox"/> CC	GD <input type="checkbox"/> GR <input type="checkbox"/> ZZ
Rim to Invert (14) ft 15.5	Rim to Grade (16) ft 1.5	Wall Diameter (length/width) (27) ft 4 /	Penetration/Scratch (ST) Results inches Rating 2 3 4 NA 2 3 4 NA
Location Code (26) <input type="checkbox"/> A <input type="checkbox"/> F <input type="checkbox"/> C	City (11) Burlingame Hills SMD	Street Address (Number and Name) (10) 1320 Skyview Dr KIP LN	Cross Street or Location Details (12) KIP LN
Inspection Level (38) <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2	Purpose <input checked="" type="checkbox"/> B (In Investig.) <input type="checkbox"/>	Pre-clean (23) <input checked="" type="checkbox"/> N <input type="checkbox"/> Y	Inspection Status (36) <input checked="" type="checkbox"/> SI <input type="checkbox"/> DI <input type="checkbox"/> NF <input type="checkbox"/> NO
Inspection Level (38) <input type="checkbox"/> 1 <input type="checkbox"/> 2	Surveyor's Name (1) Adrian R.	Certificate (2) [Blank]	Additional Inspection Information (27) gas! 2019
MH Sealed? before: Y (6) after: Y (6)	Sheet No. (6) 1	Date (8) 1/11/2011	MH Number (1) 42
Time (9) 1500	24hr [Blank]	SD <input type="checkbox"/> NI Traffic	BM <input type="checkbox"/>

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER	FRAME	CHIMNEY	CONE	WALL
Size (41/42) in in 26.75	Material (43) <input checked="" type="checkbox"/> CAS	Material(s) (66) <input type="checkbox"/> BR <input type="checkbox"/> RCP	Material(s) (73) <input type="checkbox"/> BR <input checked="" type="checkbox"/> RCP	Material(s) (78) <input type="checkbox"/> BR <input checked="" type="checkbox"/> RCP
Shape (40) <input checked="" type="checkbox"/> C	Condition(s) (61) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken	Coat/Liner (70) <input type="checkbox"/> NC <input type="checkbox"/> C	Coat/Liner (75) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C	Coat/Liner (80) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C
Type (44) <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Vented # 2	Fit (49) <input checked="" type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R	Depth (69) ft N/A	Depth (74) ft 1.8	Depth (79) ft 14.4
Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken	Seal Condition (62) (inflow) (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> IW <input type="checkbox"/> IR <input type="checkbox"/> IG <input type="checkbox"/> Stain	DEFECTS in Chimney (For no defects, check "None") I/I <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP	DEFECTS in Cone (For no defects, check "None") I/I <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP	DEFECTS in Wall (For no defects, check "None") I/I <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP
Insert Type (51) Condition (52) <input checked="" type="checkbox"/> None <input type="checkbox"/> Plastic <input type="checkbox"/> Metal	Adjustment Ring Type(s) (54) Condition(s) <input type="checkbox"/> None <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Adjustable	Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMW	Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMW	Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMW
Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB	Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB	Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB	Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB	Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB
Photo # (s) [Blank]	Photo # (s) [Blank]	Photo # (s) [Blank]	Photo # (s) [Blank]	Photo # (s) [Blank]

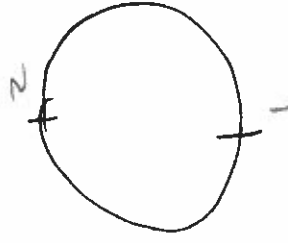
BENCH, CHANNEL, STEPS Bench Present (82) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Channel Installed (85) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Number of Steps (89) 13	Step Material (90) <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Brick <input type="checkbox"/> Other
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Required Photos 01 White Board 1935	02 Location 1936	03 Surf Down Taken Above Rim 1937	04 Surf Down Taken Below Rim 1938	05 Drainage Inlet Location/ Path from MH 1939
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SKETCH

MH Number

42



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	15.2	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	15.4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (sanitary) **MH Type (30)** AS CO CC GD GR Z

Inspection Level (38) 1 2 **Purpose** B (H) Investigate **Pre-clean (23)** N Y

MH Number (1) 43 **Sheet No. (6)** 1 **MH Sealed?** before: Y N after: Y N

Time (9) 1950 **Date (8)** 2011-01-18 **Inspection Status (36)** SI NF SD BM DI NO NA NI Traffic

Surveyor's Name (1) Adams **Certificate (2)** **Penetration/Scratch (ST) Results** 2 3 4 NA 2 3 4 NA

6 o'clock 0 **12 o'clock** 0 **Inches** 0 **Rating** 2 3 4 NA

Street Address (Number and Name) (10) Kip Ln **Cross Street or Location Details (12)** Sky Line **Additional Inspection Information (27)** gas 20.9

Location Code (26) A G F D C **City (11)** Burlingame Hills SMID

Rim to Invert (14) ft 0 **Rim to Grade (16)** ft 4.1 **Wall Diameter (length/width) (77)** ft 4.1

COVER **Size (41/42) in** 25.75 in **Material (43)** CAS **Shape (40)** BC **Type (44)** Solid Vented # 2 (46)

FRAME **Material (57)** CAS **Condition(s) (61)** Sound Cracked Broken **Offset Distance (63)** in 0

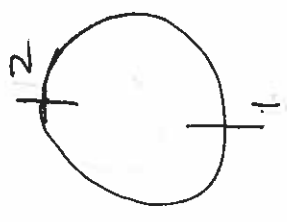
CHIMNEY **Material(s) (66)** BR RCP **Coat/Liner (70)** NC C **Depth (69)** ft N/A

CONE **Material(s) (73)** BR RCP **Coat/Liner (75)** NC C **Depth (74)** ft 3.4 **Type (72)** Flat/Slab Concentric Eccentric

WALL **Material(s) (78)** BR RCP **Coat/Liner (80)** NC C **Depth (79)** ft 13.8

BENCH, CHANNEL, STEPS **Bench Present (82)** Y N **Channel Installed (85)** Y N **Number of Steps (89)** 0 **Step Material (90)** Metal Plastic Brick Other

Required Photos	01 White Board	02 Location	03 Surf Down Taken Above Rim	04 Surf Down Taken Below Rim	05 Drainage Inlet Location/ Path from MH
	1930	1931	1932	1933	1934



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OK (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	14.4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OK (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	14.4	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OK (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OK (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OK (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OK (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

Inspection Level (38) 1 2
Pre-clean (23) N Y
MH Sealed? before: Y N after: Y N
Sheet No. (6) 1
MH Number (7) 45
Time (9) 24hr 1100
Purpose B (1) Inves. Certificate (2)
Surveyor's Name (1) All
Inspection Status (36) SI NF SD BM DI NO NA NI Traff
Penetration/Scratch (ST) results Rating 2 3 4 NA 2 3 4 NA
6 o'clock **12 o'clock**
Additional Inspection Information (27) gas 209
Location Code (26) A G F D C
City (11) Burlingame Hills SMD
Street Address (Number and Name) (10) 2866 Adelino
Blackhawk
Rim to Invert (14) ft 4.1
Wall Diameter (length/width) (77) ft 4.1
Rim to Grade (16) ft 4.1
City (11) Burlingame Hills SMD

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
Size (41/42) In in 15.5 / 15.5
Material (43) CAS
Shape (40) C
Type (44) Solid
Fit (49) G U
Cover Condition(s) (50) Sound Corroded Cracked Missing Broken Bolts Missing
Insert Type (51) Condition (52) None Plastic Metal
Photo # (s)
FRAME
Material (57) CAS
Condition(s) (61) Sound Missing Cracked Corroded Broken Coated
Offset Distance (63) in 0
Seal Condition (62) Inlay (64) None Solid Adjustable
Adjustment Ring Type(s) Material(s) Condition(s) (55) CAS
Photo # (s)
CHIMNEY
Material(s) (66) BR RCP
Coat/Liner (70) NC C
Depth (69) ft N/A
DEFECTS IN CHIMNEY (For no defects, check "None")
1/1 (67) None SRI SSS SAV SAP
Corrosion SAM SRV SRP SRC SRW
Brickwork DB MB MM
Other Defect: Lining None LFDE LFD WF LFB
Photo # (s)
CONE
Material(s) (73) BR RCP
Coat/Liner (75) NC C
Depth (74) ft 4.2
DEFECTS IN CONE (For no defects, check "None")
1/1 None SRI SSS SAV SAP
Corrosion SAM SRV SRP SRC SRW
Brickwork DB MB MM
Other Defect: Lining None LFDE LFD WF LFB
Photo # (s)
WALL
Material(s) (78) BR RCP
Coat/Liner (80) NC C
Depth (79) ft N/A
DEFECTS IN WALL (For no defects, check "None")
1/1 None SRI SSS SAV SAP
Corrosion SAM SRV SRP SRC SRW
Brickwork DB MB MM
Other Defect: Lining None LFDE LFD WF LFB
Photo # (s)

BENCH, CHANNEL, STEPS
Bench Present (82) Y N
Channel Installed (85) Y N
Number of Steps (89) 2
Step Material (90) Metal Plastic Brick Other

Required Photos
01 White Board 1985
02 Location 1958
03 Surf Down Taken Above Rim 1959
04 Surf Down Taken Below Rim 1960
05 Drainage inlet Location/ Path from MH 1961

MH Number

45



PIPE CONNECTIONS

REQUIRED

OPTIONAL

Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.6	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.8	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) MH Type (30) AWH ACOM AIB Surface Type (28) AS CO CC GD GR Z

Inspection Level (38) 1 2 Purpose B (10 inches) Certificate (2) N Y

Pre-clean (23) N Y MH Sealed? before: Y N after: Y N Sheet No. (6) 1 MH Number L 46

Inspector's Name (1) AR Date (8) 2011-01-19 Time (9) 11:20

Penetration/Scratch (ST) Results 2 3 4 NA SI NF SD BM DI NO NA NI Traff

Rim to Invert (14) r 3'8" r 15" Wall Diameter (length/width) (77) r 4'1" inches Rating 2 3 4 NA

Location Code (26) A F D C City (11) 2880 Adelaine Street Address (Number and Name) (10) 2880 Adelaine Cross Street or Location Details (12) Blackhawk

Additional Inspection Information (27) gas 20.9

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 18.5 / 18.5 Material (43) CAS Shape (40) C Type (44) Solid Vented # 1 (46) Fit (49) G U O R Cover Condition(s) (50) Sound Cracked Broken Corroded Missing Bolts Missing Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked Photo # (s)

FRAME
 Material (57) CAS Condition(s) (61) Sound Cracked Broken Missing Corroded Coated Offset Distance (63) in 0 Seal Condition (52) Inflow (54) None IW IR IG Stain Adjustment Ring Type(s) (53) Material(s) Condition(s) (55) CAS Sound Cracked Adjustable Photo # (s)

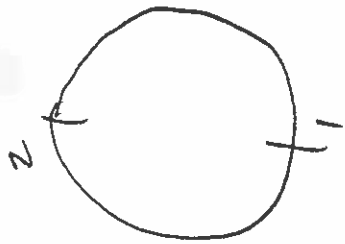
CHIMNEY
 Material(s) (66) BR RCP Coat/Liner (70) NC C Depth (69) ft N/A I/I (67) None SRI SSS SAV SAP SAM SRV SRP SRC SMW Corrosion Brickwork DB MB MM Lined/Unlined Metal/Stone Other Defect: Lining None LFDE LFD WF LFB Photo # (s)

CONE
 Material(s) (73) BR RCP Coat/Liner (75) NC C Depth (74) ft 3.4 I/I None IW IR IG Stain SAM SRV SRP SRC SMW Corrosion Brickwork DB MB MM Lined/Unlined Metal/Stone Other Defect: Lining None LFDE LFD WF LFB Photo # (s)

WALL
 Material(s) (78) BR RCP Coat/Liner (80) NC C Depth (79) ft N/A I/I None SRI SSS SAV SAP SAM SRV SRP SRC SMW Corrosion Brickwork DB MB MM Lined/Unlined Metal/Stone Other Defect: Lining None LFDE LFD WF LFB Photo # (s)

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N Channel Installed (85) Y N Number of Steps (89) 1 Step Material (90) Metal Plastic Brick Other

Required Photos
01 White Board 1962
02 Location 1963
03 Surf Down Taken Above Rim 1964
04 Surf Down Taken Below Rim 1965
05 Drainage Inlet Location/ Path from MH 1966



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.9	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.8	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AIB ACOM GD GR Z AS CO CC

Surface Type (28) AS CO CC GD GR Z

MH Type (30) AIB ACOM GD GR Z

Inspection Level (38) 1 2 3 4 5

Purpose B (In Inspect) C D E F G H I J K L M N O P Q R S T U V W X Y Z

Pre-clean (23) N Y

MH Sealed? before: Y N after: Y N

Sheet No. (6) 1

MH Number (1) 47

Date (8) 2/11-01-19

Time (9) 11:35

Certificate (2) [Signature]

Surveyor's Name (1) [Signature]

Inspection Status (36) SI NF NO DI NI BM NI Traff

Rim to Invert (14) 4.8 ft Rim to Grade (16) 4.1 ft Wall Diameter (length/width) (77) 4.1 ft

Penetration/Scratch (ST) Results 2 3 4 NA 2 3 4 NA

Location Code (26) A G F 06 C

City (11) Burlingame Hills SMD

Street Address (Number and Name) (10) 2884 Addline

Cross Street or Location Details (12) Blackhawk

Additional Inspection Information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 18 1/2 in
 Material (43) CAS
 Shape (40) C
 Type (44) Solid Vented # 2 (46)
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Cracked Broken Corroded Missing Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked
 Photo #(s)

FRAME
 Material (57) CAS
 Condition(s) (61) Sound Cracked Broken Missing Corroded Coated
 Offset Distance (63) in 0
 Seal/Condition (62) Inflow (64) None IR IG Stagn
 Adjustment Ring Type(s) Material(s) Condition(s) CAS Sound Cracked Adjustable
 Photo #(s)

CHIMNEY
 Material(s) (66) BR RCP NC C
 Coat/Liner (70) NC C
 Depth (69) ft N/A
 I/I (67) None SRI SSS SAV SAP
 Corrosion SAM SRV SRP SRC SMW
 Brickwork DB MB MM Lumpy/ Missing
 Other Defect: Lining None LFDE LFD WF LFB
 Photo #(s)

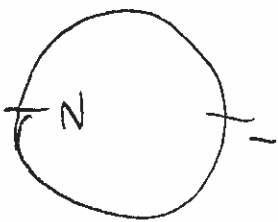
CONE
 Material(s) (73) BR RCP NC C
 Coat/Liner (75) NC C
 Depth (74) ft 4.2
 Type (72) Flat/Slab Concentric Eccentric
 I/I None SRI SSS SAV SAP
 Corrosion SAM SRV SRP SRC SMW
 Brickwork DB MB MM Lumpy/ Missing
 Other Defect: Lining None LFDE LFD WF LFB
 Photo #(s)

WALL
 Material(s) (78) BR RCP NC C
 Coat/Liner (80) NC C
 Depth (79) ft N/A
 I/I None SRI SSS SAV SAP
 Corrosion SAM SRV SRP SRC SMW
 Brickwork DB MB MM Lumpy/ Missing
 Other Defect: Lining None LFDE LFD WF LFB
 Photo #(s)

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 0
 Step Material (90) Metal Plastic Brick Other

Required Photos
 01 White Board 1967
 02 Location 1968
 03 Surf Down Taken Above Rim 1969
 04 Surf Down Taken Below Rim 1970
 05 Drainage Inlet Location/ Path from MH 1971

MH Number
47



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.5	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.4	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AMH ACOM AIR Surface Type (28) AS CO CC GD GR ZZ

Inspection Level (38) 1 2 Purpose B (M) Pre-clean (23) N Y Certificate (2)

MH Number (1) 48 Sheet No. (6) 1 MH Sealed? before: Y/N after: Y/N Time (9) 1145

Surveyor's Name (1) [Signature] Date (8) 2011-01-19

Penetration/Scratch (ST) Results 2 3 4 NA SI NF SD BM DI NO NA NI Traffic

Rim to Invert (14) ft 6.0 ft 1.5 ft Wall Diameter (length/width) (77) ft 4.1 ft

Location Code (26) A B F D C City (11) 2884 Adeline Burtlingame Hills SMD

Street Address (Number and Name) (10) 2884 Adeline Cross Street or Location Details (12) Block bank

Additional Inspection Information (27) gas 20.9

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 26.1 in Shape (40) C Type (44) Solid Vented # 2 (46) Fit (49) G U O R Gover Condition(s) (50) Sound Corroded Cracked Missing Broken Bolts Missing Insert Type (51) Condition (52) Sound Poor Fit Cracked Photo #(s)

FRAME
 Material (57) CAS Condition(s) (61) Sound Cracked Broken Missing Corroded Coated Offset Distance (63) in 0 Seal/Condition (62) Inflow (64) None check one: IW ID IR IG Stain Adjustment Ring Type(s) Material(s) (54) Condition(s) CAS Sound Cracked Photo #(s)

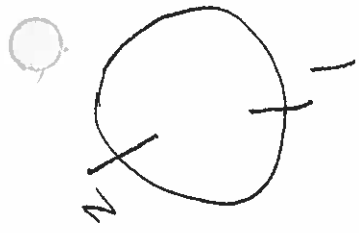
CHIMNEY
 Material(s) (66) BR RCP Coat/Liner (70) NC C Depth (69) ft N/A I/I (67) None check one: IW ID IR IG Stain Corrosion SAM SRV SRP SRC SAV SAP Other Defect: Lining LFE LFD WF LFB Photo #(s)

CONE
 Material(s) (73) BR RCP Coat/Liner (75) NC C Depth (74) ft 4.9 I/I (71) None check one: IW ID IR IG Stain Corrosion SAM SRV SRP SRC SAV SAP Other Defect: Lining LFE LFD WF LFB Photo #(s)

WALL
 Material(s) (78) BR RCP Coat/Liner (80) NC C Depth (79) ft N/A I/I (76) None check one: IW ID IR IG Stain Corrosion SAM SRV SRP SRC SAV SAP Other Defect: Lining LFE LFD WF LFB Photo #(s)

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N Channel Installed (85) Y N Number of Steps (89) 0 Step Material (90) Metal Plastic Brick Other

Required Photos
01 White Board 1972
02 Location 1973
03 Surf Down Taken Above Rim 1974
04 Surf Down Taken Below Rim 1975
05 Drainage Inlet Location/ Path from MH 1976



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.0	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	11	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.1	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

Inspection Level (38) 1 2
Purpose B (W) Inspection N Y
Pre-clean (23) N Y
MH Sealed? before: Y N after: Y N
Sheet No. (6) 1
MH Number 1. 49
Time (9) 24hr 1200
Inspection Status (36) SI NF SD BM DI NO NA NI Traff
Date (8) 2011-01-19
Additional Inspection Information (27) gas cap
Penetration/Scratch (ST) Results 2 2 3 4 NA 2 2 3 4 NA
Surveys 6 o'clock 12 o'clock
Surveyor's Name (1) RA
Cross Street or Location Details (12) Blackhawk
Street Address (Number and Name) (10) 2824 Adelbia
City (11) Burlingame Hills SMD
Surface Type (28) AS CO GR Z
MH Type (30) AWH ACCOM AIB
Rim to Invert (14) 5.14 ft 0 ft
Wall Diameter (length/width) (77) 4 ft
Location Code (26) A F D C
City (11) Burlingame Hills SMD

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
Size (41/42) in 16 1/2 in
Material (43) CAS
Type (44) Solid Vented
Shape (40) C
Fit (49) G U O R
Cover Condition(s) (50) Sound Corroded Cracked Missing Broken Bolts Missing
Insert Type (51) Condition (52) None Plastic Metal
Photo # (s)
FRAME
Material (57) CAS
Condition(s) (61) Sound Missing Cracked Corroded Broken Coated
Offset Distance (63) 0 in
Seal Condition (62) Inflow (64) None check one: IW IR IG Stain
Adjustment Ring Type (S1 Material) (S4 Condition) (S5) CAS Sound Cracked Adjustable
Photo # (s)
CHIMNEY
Material(s) (66) BR RCP NC C
Coat/Liner (70) NC C
Depth (69) N/A ft
DEFECTS IN CHIMNEY (For no defects, check "None")
1/1 (67) None SRI SSS SAV SAP
Corrosion SAM SRV SRP SRC SANV
Brickwork DB MB MM Lumpy/ Missing
Other Defect: Lining None LFDE LFD WF LFB
Photo # (s)
CONE
Material(s) (73) BR RCP NC C
Coat/Liner (75) NC C
Depth (74) 5.2 ft
DEFECTS IN CONE (For no defects, check "None")
1/1 None SRI SSS SAV SAP
Corrosion SAM SRV SRP SRC SANV
Brickwork DB MB MM Lumpy/ Missing
Other Defect: Lining None LFDE LFD WF LFB
Photo # (s)
WALL
Material(s) (78) BR RCP NC C
Coat/Liner (80) NC C
Depth (79) N/A ft
DEFECTS IN WALL (For no defects, check "None")
1/1 None SRI SSS SAV SAP
Corrosion SAM SRV SRP SRC SANV
Brickwork DB MB MM Lumpy/ Missing
Other Defect: Lining None LFDE LFD WF LFB
Photo # (s)
BENCH, CHANNEL, STEPS
Bench Present (82) Y N
Channel Installed (85) Y N
Number of Steps (89) 0
Step Material (90) Metal Plastic Brick Other

Required Photos	01 White Board	1977
	02 Location	1978
	03 Surf Down Taken Above Rim	1980
	04 Surf Down Taken Below Rim	1981
	05 Drainage Inlet Location/ Path from MH	1977

MH Number

49



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.6	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	1	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.3	<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input checked="" type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input checked="" type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	3	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.4	<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
4	4	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.3	<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary)
MH Type (30) AMH ACOM AIB
Surface Type (28) AS GD CO GR CC ZR
Inspection Level (38) 1 2
Purpose B IV
Pre-clean (23) N Y
MH Sealed? Y N
Sheet No. (6) 1
MH Number* 550
Time (9) 24hr 9:45
Surveyor's Name (1) BK/RY
Certificate (2)
Penetration/Scratch (ST) Results
 6 o'clock 2 3 4 NA
 12 o'clock 2 3 4 NA
Inspection Status (36) SI NF SD BM
 DI NO NA NI Traff
Additional Inspection Information (27)
Cross Street or Location Details (12) Vista Ln.
Street Address (Number and Name) (10) 2876 Aveline Dr.
Location Code (26) A G F D C
City (11) Burlingame Hills SMD
Rim to Invert (14) ft 2.3
Wall Diameter (Length/Width) (77) ft 16/31
Rim to Grade (16) ft 0

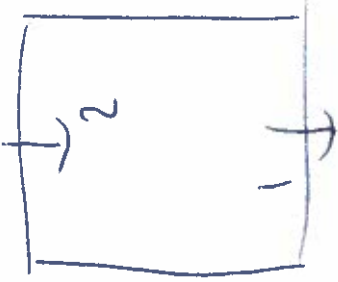
MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
Size (41/42) in 16/31
Material (43) CAS
Shape (40) Solid Vented # 1 (46)
Type (44) Solid Vented # 1 (46)
Fit (49) G U O R
Cover Condition(s) (50) Sound Corroded Missing Bolts Missing
Insert Type (51) Condition (52) None Plastic Metal
Photo #(s)
FRAME
Material (57) CAS
Condition(s) (61) Sound Missing Corroded Coated
Offset Distance (63) in 0
Seal Condition (62) Inflow (64) None IW IR IG Stain
Adjustment Ring Type(s) Material(s) Condition(s) (55) None CAS Sound Cracked
 Solid Adjustable
Photo #(s)
CHIMNEY
Material(s) (66) Coat/Liner (70) BR RCP NC C
Depth (69) ft
DEFFECTS IN CHIMNEY (For no defects, check "None")
1/I (67) None SRI SSS SAV SAP
 IW ID IR IG
Corrosion SAM SRV SRP SRC SARV
Brickwork DB MB MM Lumpy/ Missing
Other Defect: Lining None LPDE LFD WF LFB
Photo #(s)
CONE
Material(s) (73) Coat/Liner (75) BR RCP NC C
Depth (74) ft
DEFFECTS IN CONE (For no defects, check "None")
1/I None SRI SSS SAV SAP
 IW ID IR IG
Corrosion SAM SRV SRP SRC SARV
Brickwork DB MB MM Lumpy/ Missing
Other Defect: Lining None LPDE LFD WF LFB
Photo #(s)
WALL
Material(s) (78) Coat/Liner (80) BR RCP NC C
Depth (79) ft 2.0
DEFFECTS IN WALL (For no defects, check "None")
1/I None SRI SSS SAV SAP
 IW ID IR IG
Corrosion SAM SRV SRP SRC SARV
Brickwork DB MB MM Lumpy/ Missing
Other Defect: Lining None LPDE LFD WF LFB
Photo #(s) 636
BENCH, CHANNEL, STEPS
Bench Present (82) Y N
Channel Installed (85) Y N
Number of Steps (89) 0
Step Material (90) Metal Plastic Brick Other

Required Photos
01 White Board 638
02 Location 633
03 Surf Down Taken Above Rim 634
04 Surf Down Taken Below Rim 635
05 Drainage Inlet Location/ Path from MH 637

MH Number

050



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AMH ACOM AFB GD CO CC ZZ
 Surface Type (28)

Inspection Level (38) 1 2
 Purpose: B In Pre-clean (23) N Y
 Certificate (2)

MH Number (6) 051
 Sheet No. (6) 1
 Date (8) 2011/1/21
 Time (9) 24hr 9:40

MH Type (30) ANH ACOM AFB
 Surveyor's Name (1) BK/RM
 Penetration/Scratch (ST) Results: 2 3 4 NA
 Rating: 2 3 4 NA
 Inspection Status (36) SI NF SD BM
 DI NO NA NI Traff

Rim to Invert (14) ft 1.4
 Rim to Grade (16) ft 0
 Wall Diameter (length/width) (77) ft 16/31
 Additional inspection information (27) Dirt on bench

Location Code (26) A G F D C
 City (11) Hills SMD
 Street Address (Number and Name) (10) 2876 Adeline Dr
 Cross Street or Location Details (12) Hillside Dr

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 16/31
 Material (43) CAS
 Shape (40) C Rect
 Type (44) Solid Vented
 # (46) 1
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Cracked Broken
 Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked
 Photo #(s)

FRAME
 Material (57) CAS
 Condition(s) (61) Sound Missing Cracked Corroded Broken Coated
 Offset Distance (63) in 0
 Seal Condition (62) Inflow (64) None Solid Adjustable
 Adjustment Ring Type(s) Material(s) (54) Condition(s) CAS Sound Cracked
 Photo #(s)

CHIMNEY
 Material(s) (66) BR RCP NC C
 Coat/Liner (70) NC C
 Depth (69) ft
 Other Defect: Lining None LFDE LFD WF LFB
 Brickwork DB MB MM Lumpy/None
 Photo #(s)

CONE
 Material(s) (73) BR RCP NC C
 Coat/Liner (75) NC C
 Depth (74) ft
 Other Defect: Lining None LFDE LFD WF LFB
 Brickwork DB MB MM Lumpy/None
 Photo #(s)

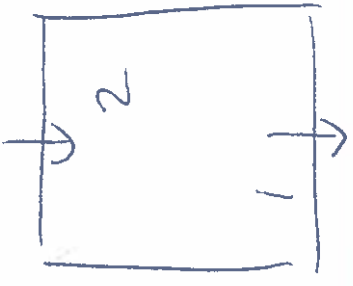
WALL
 Material(s) (78) BR RCP NC C
 Coat/Liner (80) NC C
 Depth (79) ft 1.2
 Other Defect: Lining None LFDE LFD WF LFB
 Brickwork DB MB MM Lumpy/None
 Photo #(s) 630

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 0
 Step Material (90) Metal Plastic Brick Other

Required Photos	
01 White Board	631
02 Location	625
03 Surf Down Taken Above Rim	626
04 Surf Down Taken Below Rim	627
05 Drainage Inlet Location/ Path from MH	625

MH Number

051



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	1.4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	1.4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AMH AOM AIB

Inspection Level (38) 1 2

Purpose (23) B₁₀

Pre-clean (23) N Y

MH Number (6) 052

Sheet No. (6) 1

MH Sealed? before: Y/N after: Y/N

Date (8) 2011/1/21

Time (9) 20:00

Surveyor's Name (3) BK/EM

Certificate (2)

Inspection Status (36) SI DI NF NO

Penetration/Scratch (S1) Results 2 2 3 4 NA

Inches Rating 0

Rim to Invert (14) ft 7.2

Wall Diameter (length/width) (77) ft 16/31

Location Code (26) A G F D C

City (11) Burlingame Hills SMD

Street Address (Number and Name) (10) 2933 Adeline

Cross Street or Location Details (12) Hillside Dr.

Additional Inspection Information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 16/31
 Material (43) CAS

Shape (40) C Rect.
 Type (44) Solid Vented # 1 (46)

Cover Condition(s) (50) Sound Corroded Cracked Broken Bolts Missing

Insert Type (51) Condition (52) None Plastic Metal

Photo #(s)

FRAME
 Material (57) CAS

Condition(s) (61) Sound Missing Cracked Corroded Broken Coated

Seal Condition (62) Inflow (64) None IW ID IR IG Stain

Adjustment Ring Type(s) (33) Material(s) Condition(s) CAS Sound Cracked Adjustable

Photo #(s)

CHIMNEY
 Material(s) (66) BR RCP NC C

Coat/Liner (70) NC C

Depth (69) ft

CONE
 Material(s) (73) BR RCP NC C

Coat/Liner (75) NC C

Depth (74) ft

Type (72) Flat/Sub Concentric Eccentric

WALL
 Material(s) (78) BR RCP NC C

Coat/Liner (80) NC C

Depth (79) ft 2

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N

Channel Installed (85) Y N

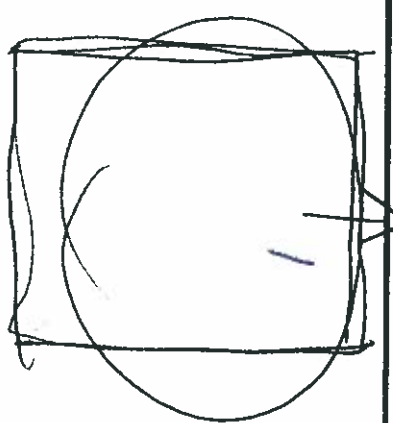
Number of Steps (89) 0

Step Material (90) Metal Plastic Brick Other

Required Photos
01 White Board 607b
02 Location 603
03 Surf Down Taken Above Rim 604
04 Surf Down Taken Below Rim 605
05 Drainage Inlet Location/ Path from MH 603

N/A

MH Number
052



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> in <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.2	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input checked="" type="checkbox"/> in <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> in <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> in <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> in <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> in <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) MH Type (30) AS GD GR Z

Inspection Level (38) 1 2 Purpose: B IV Pre-clean (23) N Y

MH Number: 083 Sheet No. (6) 1 MH Sealed? before: Y N after: Y N

Time (9) 9:15 Date (8) 2011/1/21 Inspection Status (36) SI NF SD BM DI NO NA NI Traff

Surveyor's Name (1) BK/RM Certificate (2) mm/mm/da Penetration/Scratch (ST) Results 0 2 3 4 NA 0 2 3 4 NA 0

Rim to invert (14) ft 0 Wall Diameter (length/width) (77) ft 16/31 6 o'clock 0 12 o'clock 0 Inches Rating 0 2 3 4 NA 0

Location Code (26) A G F D C City (11) 2917 Adelvine Dr Street Address (Number and Name) (10) Hillside Dr.

Additional Inspection Information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER

Size (41/42) in 16/31 Material (43) CAS Shape (40) Rect C Vented # 1 (46) Type (44) Solid Vented

Fit (49) G U O R

Cover Condition(s) (50) Sound Cracked Broken Corroded Missing Bolts Missing

Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked

Photo #(s) 613

FRAME

Material (57) CAS Condition(s) (61) Sound Cracked Broken Missing Corroded Coated

Offset Distance (63) in 0

Seal Condition (62) Inflow (64) None IW ID IR IG Stain

Adjustment Ring Type(s) Material(s) Condition(s) Sound Cracked CAS Solid Adjustable

Photo #(s) 608

CHIMNEY

Material(s) (66) BR RCP Coat/Liner (70) NC C Depth (69) ft

Other Defect: 1/1 (67) None SRI SSS SAV SAP SAM SRV SRP SRC SAW

Corrosion None SRI SSS SAV SAP

Brickwork DB MB MM Lumpy/ Mottled

Other Defect: 1/1 (67) None SRI SSS SAV SAP

Corrosion None SRI SSS SAV SAP

Brickwork DB MB MM Lumpy/ Mottled

Other Defect: 1/1 (67) None SRI SSS SAV SAP

Corrosion None SRI SSS SAV SAP

Brickwork DB MB MM Lumpy/ Mottled

Other Defect: 1/1 (67) None SRI SSS SAV SAP

Corrosion None SRI SSS SAV SAP

Brickwork DB MB MM Lumpy/ Mottled

Other Defect: 1/1 (67) None SRI SSS SAV SAP

Corrosion None SRI SSS SAV SAP

Brickwork DB MB MM Lumpy/ Mottled

Other Defect: 1/1 (67) None SRI SSS SAV SAP

Corrosion None SRI SSS SAV SAP

Brickwork DB MB MM Lumpy/ Mottled

Other Defect: 1/1 (67) None SRI SSS SAV SAP

Corrosion None SRI SSS SAV SAP

Brickwork DB MB MM Lumpy/ Mottled

Other Defect: 1/1 (67) None SRI SSS SAV SAP

Corrosion None SRI SSS SAV SAP

Brickwork DB MB MM Lumpy/ Mottled

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Brickwork DB MB MM Lumpy/ Mottled

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Brickwork DB MB MM Lumpy/ Mottled

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Other Defect: 1/1 (67) None SRI SSS SAV SAP

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Other Defect: 1/1 (67) None SRI SSS SAV SAP

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Brickwork DB MB MM Lumpy/ Mottled

Other Defect: 1/1 (67) None SRI SSS SAV SAP

Corrosion None SRI SSS SAV SAP

Brickwork DB MB MM Lumpy/ Mottled

Other Defect: 1/1 (67) None SRI SSS SAV SAP

Corrosion None SRI SSS SAV SAP

Brickwork DB MB MM Lumpy/ Mottled

Other Defect: 1/1 (67) None SRI SSS SAV SAP

Corrosion None SRI SSS SAV SAP

Brickwork DB MB MM Lumpy/ Mottled

Other Defect: 1/1 (67) None SRI SSS SAV SAP

Corrosion None SRI SSS SAV SAP

Brickwork DB MB MM Lumpy/ Mottled

Other Defect: 1/1 (67) None SRI SSS SAV SAP

Corrosion None SRI SSS SAV SAP

Brickwork DB MB MM Lumpy/ Mottled

Other Defect: 1/1 (67) None SRI SSS SAV SAP

Corrosion None SRI SSS SAV SAP

Brickwork DB MB MM Lumpy/ Mottled

Other Defect: 1/1 (67) None SRI SSS SAV SAP

Corrosion None SRI SSS SAV SAP

Brickwork DB MB MM Lumpy/ Mottled

Other Defect: 1/1 (67) None SRI SSS SAV SAP

Corrosion None SRI SSS SAV SAP

Brickwork DB MB MM Lumpy/ Mottled

Other Defect: 1/1 (67) None SRI SSS SAV SAP

Corrosion None SRI SSS SAV SAP

Brickwork DB MB MM Lumpy/ Mottled

Other Defect: 1/1 (67) None SRI SSS SAV SAP

Corrosion None SRI SSS SAV SAP

Brickwork DB MB MM Lumpy/ Mottled

Other Defect: 1/1 (67) None SRI SSS SAV SAP

Corrosion None SRI SSS SAV SAP

Brickwork DB MB MM Lumpy/ Mottled

Other Defect: 1/1 (67) None SRI SSS SAV SAP

Corrosion None SRI SSS SAV SAP

Brickwork DB MB MM Lumpy/ Mottled

Other Defect: 1/1 (67) None SRI SSS SAV SAP

Corrosion None SRI SSS SAV SAP

Brickwork DB MB MM Lumpy/ Mottled

Other Defect: 1/1 (67) None SRI SSS SAV SAP

Corrosion None SRI SSS SAV SAP

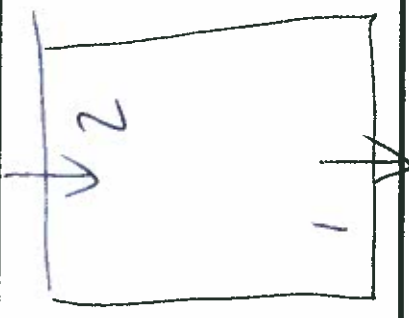
Brickwork DB MB MM Lumpy/ Mottled

Other Defect: 1/1 (67) None SRI SSS SAV SAP

Corrosion None SRI SSS SAV SAP

Brickwork DB MB MM Lumpy/ Mottled

MH Number
053



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	1.8	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	1.8	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MH Number

054



N →

PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Face Main) <input type="checkbox"/> LB (Lateral)	2.0	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Face Main) <input type="checkbox"/> LB (Lateral)	1.9	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Face Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Face Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Face Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Face Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AMH ACOM AIB

Inspection Level (38) 1 2

Purposes B/N

Pre-clean (23) N Y

MH Sealed? before: Y N after: Y N

Sheet No. (6) 1

Date (8) 11/21/2011

Time (9) 9:30

MH Number (1) 055

Certificate (2) BK/RYM

Inspector's Name (3) BK/RYM

Inspection Status (36) SI NF SD BM DI NO NA NI Traff

Penetration/Scratch (ST) Results 2 3 4 NA 2 3 4 NA

Inches Rating 0

Rim to Invert (14) ft 0

Wall Diameter (length/width) (77) ft 16/31

6 o'clock 12 o'clock

Location Code (26) A G F D C

City (11) Burlingame Hills SMD

Street Address (Number and Name) (10) 2895 Adelaine Dr

Cross Street or Location Details (12) Hillside Dr

Additional Inspection Information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 16/31
 Material (43) CAS
 Shape (40) C Rect
 Type (44) Solid Vented # 1 (45)
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Cracked Missing Broken
 Insert Type (51) Condition (52) None Plastic Metal Sound Poor FR Cracked
 Photo #(s)

FRAME
 Material (57) CAS
 Condition(s) (61) Sound Missing Cracked Corroded Broken Coated
 Offset Distance (63) in 0
 Seal Condition (62) Inflow (64) None circle one: IW ID IR IG Stain
 Adjustment Ring Type(s) Material(s) Condition(s) None CAS Sound Cracked Adjustable

CHIMNEY
 Material(s) (66) Coat/Liner (70) NC C
 Depth (69) ft
 Defects in Chimney (For no defects, check "None")
 I/I (67) None SRI SSS IW ID IR IG Stain
 Corrosion None SAW SRV SRP SRC SAW
 Brickwork DB MB MM Lumpy/Spall
 Other Defect: Lining None LFDE LFD WF LFB
 Photo #(s)

CONE
 Material(s) (73) Coat/Liner (75) NC C
 Depth (74) ft
 Defects in Cone (For no defects, check "None")
 I/I None SRI SSS IW ID IR IG Stain
 Corrosion None SAM SRV SRP SRC SAW
 Brickwork DB MB MM Lumpy/Spall
 Other Defect: Lining None LFDE LFD WF LFB
 Photo #(s)

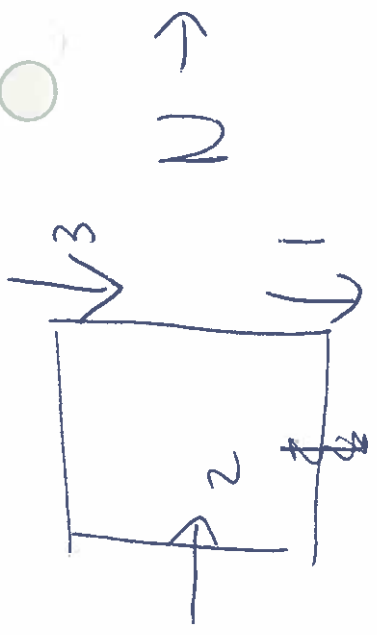
WALL
 Material(s) (78) Coat/Liner (80) NC C
 Depth (79) ft 1.1
 Defects in Wall (For no defects, check "None")
 I/I None SRI SSS IW ID IR IG Stain
 Corrosion None SAM SRV SRP SRC SAW
 Brickwork DB MB MM Lumpy/Spall
 Other Defect: Lining None LFDE LFD WF LFB
 Photo #(s)

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 0
 Step Material (90) Metal Plastic Brick Other

Required Photos
01 White Board 1022
02 Location 624
03 Surf Down Taken Above Rim 622
04 Surf Down Taken Below Rim 623
05 Drainage Inlet Location/ Path from MH 624

MH Number

055



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	1.4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	1.3	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	1.4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

Inspection Level (38) 1 2
 Purpose B (1) Inves. N Y
 Pre-clean (23) N Y
 MH Sealed? before: Y N after: Y N
 Sheet No. (6) 1
 MH Number (1) 056
 MH Use (17) SS (Sanitary) A B C
 Surface Type (28) AS GD GR Z
 City (11) Burlingame Hills SMD
 Location Code (26) A G F D C
 Street Address (Number and Name) (10) 2932 Hillside Dr
 Surveyor's Name (1) Bk/RM
 Certificate (2)
 Date (8) 2011/1/19
 Time (9) 8:45
 Rim to Invert (14) ft 0
 Rim to Grade (16) ft 2.0
 Wall Diameter (Length/Width) (77) 6 o'clock 2 inches Rating 2 3 4 NA
 Penetration/Scratch (ST) Results 2 3 4 NA
 Inspection Status (36) SI NF SD BM
 DI NO NA NI Traff
 Additional Inspection Information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 16/31
 Material (43) CAS
 Shape (40) C Rect.
 Type (44) Solid Vented
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Missing Bolts Missing
 Insert Type (51) Condition (52) None Sound Poor Fit Cracked
 Plastic Metal
 Photo #(s)

FRAME
 Material (57) CAS
 Condition(s) (61) Sound Missing Corroded Coated
 Offset Distance (63) in
 Seal Condition (61) Inflow (64) None circle one: IW ID IR IG Stain
 Adjustment Ring Type(s) Material(s) Condition(s) None CAS Sound Cracked
 Solid Adjustable

CHIMNEY
 Material(s) (66) BR RCP NC C
 Coat/Liner (70) NC C
 Depth (68) ft
 Other Defect: Lining None LFDE LFD WF LFB
 Photo #(s)

CONE
 Material(s) (73) BR RCP NC C
 Coat/Liner (75) NC C
 Type (72) Flat/Slab Concentric Eccentric
 Depth (74) ft
 Other Defect: Lining None LFDE LFD WF LFB
 Photo #(s)

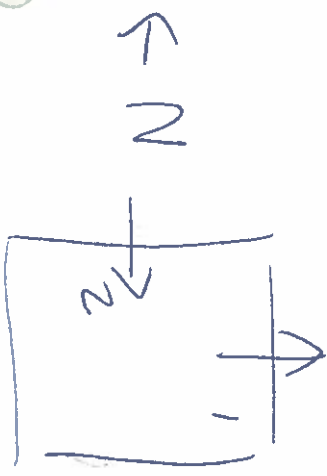
WALL
 Material(s) (78) BR RCP NC C
 Coat/Liner (80) NC C
 Depth (79) ft 1.7
 Other Defect: Lining None LFDE LFD WF LFB
 Photo #(s) 508

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 0
 Step Material (90) Metal Plastic Brick Other

Required Photos
01 White Board 509
02 Location 504 505
03 Surf Down Taken Above Rim 506
04 Surf Down Taken Below Rim 507
05 Drainage Inlet Location/ Path from MH 504

MH Number

056



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.0	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	3	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	1.5	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

Inspection Level (38) 1 2
Purpose B (W) N Y
Pre-clean (23) N Y
Inspection Level (6) 1 2
Pre-clean (23) N Y
MH Use (17) SS (Sanitary) AS CO CC
MH Type (30) AWH ACOM AIB
Surface Type (28) AS CO GR ZZ
Rim to Invert (14) Rim to Grade (16) Walk Diameter (length/width) (77)
 ft 2.5 ft x 1 ft 31" -
Location Code (26) A G F D C
City (11) Burlingame Hills SMD
Street Address (Number and Name) (10) 289S Adeline Dr
Cross Street or Location Details (12) Hillside Dr.
Inspection Status (36) SI DI NF NO SD BM NA NI Traff
Additional inspection information (27) Heavy fecal matter
 2" PVC pod drain over MH
Sheet No. (6) 1
Date (8) 2011/1/26
Time (9) 24hr 12:15
MH Number (1) SP

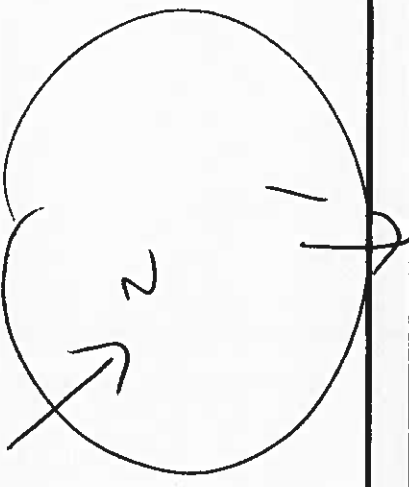
MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 25 1/2 in
 Material (43) CAS
 Shape (40) C
 Type (44) Solid Vented # 2 (46)
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Missing Bots Missing
 Insert Type (51) Condition (52) None Plastic Metal
FRAME
 Material (57) CAS
 Condition(s) (61) Sound Missing Cracked Corroded Coated
 Offset Distance (63) in 0
 Seal Condition (62) Inflow (64) None IW ID IR IG Stain
 Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55) CAS Cracked
CHIMNEY
 Material(s) (66) Coat/Liner (70) NC C
 Depth (69) ft
CONE
 Material(s) (73) Coat/Liner (75) NC C
 Depth (74) ft 2.4
WALL
 Material(s) (78) Coat/Liner (80) NC C
 Depth (79) ft
BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel installed (85) Y N
 Number of Steps (89) 2
 Step Material (90) Metal Plastic Brick Other

Required Photos	01 White Board	02 Location	03 Surf Down Taken Above Rim	04 Surf Down Taken Below Rim	05 Drainage Inlet Location/ Path from MH
828	826	829	829	823	826

MH Number

75



N ↓

PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.6	<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input checked="" type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	10	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.4	<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AS CO CC ZZ
 Surface Type (28) GD GR ZZ
 MH Type (30) AMH ACOM AIB

Inspection Level (38) 1 2
 Purpose B.N.

Pre-clean (23) N Y
 Certificate (2)

MH Number / Sheet No. (6) / 058 / 1
 before: Y/N / after: Y/N
 Date (8) 11/1/20
 Time (9) 10:10

Rim to Invert (14) ft 4.9
 Rim to Grade (16) ft 0
 Wall Diameter (length/width) (77) ft 41-

Location Code (26) A G F D C
 City (11) Burlington Hills SMD
 Street Address (Number and Name) (10) 106 Los Lobos
 Penetration/Scratch (ST) Results
 Rating ϕ 2 3 4 NA
 inches ϕ 2 3 4 NA

Inspection Status (36) SI NF NO SD BM NA NI Traff
 Additional inspection information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 25 1/2
 Material (43) CAS
 Shape (40) C
 Type (44) Solid Vented # 2 (46)
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Cracked Missing Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal

FRAME
 Material (57) CAS
 Condition(s) (61) Sound Missing Cracked Corroded Broken Coated
 Seal Condition (62) Inflow (64) None IR IG Stain
 Adjustment Ring Type(s) Material(s) Condition(s) CAS Sound Cracked Adjustable

CHIMNEY
 Material(s) (66) BR RCP
 Coat/Liner (70) NC C
 Depth (69) ft 1.25
 Defects in Chimney (For no defects, check "None") M.S.
 1/1 (67) None SRI SSS SAV SAP
 Corrosion SAM SRV SRP SRC SANV
 Brickwork DB MB MM
 Lining None LFDE LFD WFF LFB

CONE
 Material(s) (73) BR RCP
 Coat/Liner (75) NC C
 Depth (74) ft 4.5
 Defects in Cone (For no defects, check "None") M.S.
 1/1 None SRI SSS SAV SAP
 Corrosion SAM SRV SRP SRC SANV
 Brickwork DB MB MM
 Lining None LFDE LFD WFF LFB

WALL
 Material(s) (78) BR RCP
 Coat/Liner (80) NC C
 Depth (79) ft
 Defects in Wall (For no defects, check "None")
 1/1 None SRI SSS SAV SAP
 Corrosion SAM SRV SRP SRC SANV
 Brickwork DB MB MM
 Lining None LFDE LFD WFF LFB

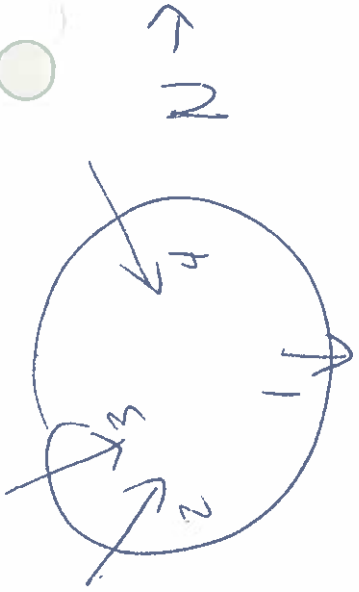
BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 1
 Step Material (90) Metal Plastic Brick Other

Required Photos
 01 White Board SSS
 02 Location SSS
 03 Surf Down Taken Above Rim SSS
 04 Surf Down Taken Below Rim SSS
 05 Drainage Inlet Location/ Path from MH S60

N/A

MH Number

058



N →

PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.9	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	10	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.65	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	11	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.8	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
4	2	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.6	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

Main
Clean

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) ANH ACOM AIB GD CO CC GR Z

Inspection Level (38) 1 2

Purpose B/W Inves Certificate (2)

Pre-clean (23) N Y

MH Sealed? before: Y N after: Y N

Sheet No. (6) 1

MH Number (c) 061

Time (9) 24hr 14:40

Surveyor's Name (1) BK/RM

Inspection Status (36) SI NF SD BM DI NO NA NI Traff

Penetration/Scratch (ST) Results 2 3 4 NA 2 3 4 NA

Rim to Invert (14) Rim to Grade (16) Wall Diameter (length/width) (77) 1.8 ft 0 ft 21-

Location Code (26) City (11) A G F D C

Street Address (Number and Name) (10) 2900 Hillside Dr.

Cross Street or Location Details (12) Newton Dr.

Additional Inspection Information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER Size (41/42) in 16 1/31 Material (43) CAS Shape (40) C Rect # (46) Solid Vented

FRAME Material (57) CAS Condition(s) (61) Sound Missing Cracked Corroded Broken Coated Offset Distance (63) in 0

CHIMNEY Material(s) (66) BR RCP NC C Coat/Liner (70) NC C Depth (69) ft

CONE Material(s) (73) BR RCP NC C Coat/Liner (75) NC C Depth (74) ft

WALL Material(s) (78) BR RCP NC C Coat/Liner (80) NC C Depth (79) ft 1.4

BENCH, CHANNEL, STEPS Bench Present (82) Y N Channel Installed (85) Y N Number of Steps (89) 0 Step Material (90) Metal Plastic Brick Other

Required Photos

01 White Board	503
02 Location	499
03 Surf Down Taken Above Rim	500
04 Surf Down Taken Below Rim	501
05 Drainage Inlet Location/Path from MH	499

DEFECTS IN CHIMNEY (For no defects, check "None")

1/1 (67) <input type="checkbox"/> None <input type="checkbox"/> IW ID <input type="checkbox"/> IR <input type="checkbox"/> IG <input type="checkbox"/> Stain	Corrosion <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP	Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Lumpy/Meas/Stain	Photo #(s)
Seal Condition (62) Inflow (64) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked	Adjustment Ring Type(s) Material(s) (54) Condition(s) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked	Insert Type (51) Condition (52) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Poor FR <input type="checkbox"/> Cracked	502

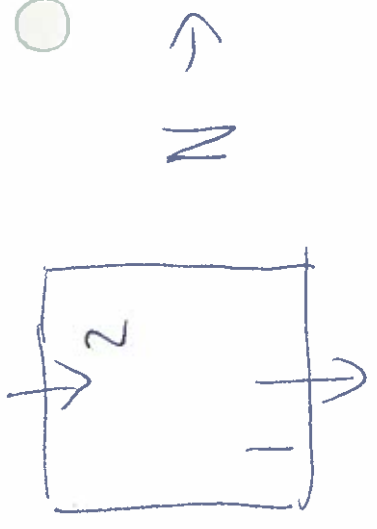
DEFECTS IN CONE (For no defects, check "None")

1/1 <input type="checkbox"/> None <input type="checkbox"/> IW ID <input type="checkbox"/> IR <input type="checkbox"/> IG <input type="checkbox"/> Stain	Corrosion <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP	Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Lumpy/Meas/Stain	Photo #(s)
Seal Condition (62) Inflow (64) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked	Adjustment Ring Type(s) Material(s) (54) Condition(s) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked	Insert Type (51) Condition (52) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Poor FR <input type="checkbox"/> Cracked	

DEFECTS IN WALL (For no defects, check "None")

1/1 <input checked="" type="checkbox"/> None <input type="checkbox"/> IW ID <input type="checkbox"/> IR <input type="checkbox"/> IG <input type="checkbox"/> Stain	Corrosion <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP	Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Lumpy/Meas/Stain	Photo #(s)
Seal Condition (62) Inflow (64) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked	Adjustment Ring Type(s) Material(s) (54) Condition(s) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked	Insert Type (51) Condition (52) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Poor FR <input type="checkbox"/> Cracked	

MH Number
061



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97)	Width (98)	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	1.75	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	1.75	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AWH ACOM AIB MH Type (30) AS CO CC GD GR ZZ Surface Type (28)

Inspection Level (38) 1 2 Purpose B In Pre-Clean (23) N Y Certificate (2)

MH Sealed? before: Y/ N after: Y/ N N Y N Y N

Sheet No. (6) 1 MH Number 062 Time (9) 24hr 10:20

Rim to Invert (14) 4.8 ft Rim to Grade (16) 4 ft Wall Diameter (length/width) (77) 4 ft Penetration/Scratch (ST) Results 2 3 4 NA 2 3 4 NA

Location Code (26) A G F D C City (11) Burlingame Hills SMD Street Address (Number and Name) (10) 109 Los Robles Hillside

Surveyor's Name (1) BK/RM Inspection Status (36) SI DI NF NO SD BM NA NI Traffic

Additional Inspection Information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 28 1/2 in Material (43) CAS Shape (40) C Type (44) Solid Vented # 2 (46) Fit (49) G U O R Cover Condition(s) (50) Sound Corroded Cracked Missing Broken Bolts Missing Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked Photo # (s)

FRAME
 Material (57) CAS Condition(s) (61) Sound Missing Cracked Corroded Broken Coated Offset Distance (63) in 0 Seal Condition (62) Inflow (64) None Solid Adjustable Adjustment Ring Type(s) Material(s) Condition(s) CAS Photo # (s)

CHIMNEY
 Material(s) (66) BR RCP Coat/Liner (70) NC C Depth (69) ft 1.3

DEFECTS IN CHIMNEY (For no defects, check "None")
 1/1 (67) None SRI SSS SAV SAP None SAM SRV SRP SRC SMW Corrosion DB MB MM Lining None LFDE LFD WF LFB Photo # (s) 564

CONE
 Material(s) (73) BR RCP Coat/Liner (75) NC C Depth (74) ft 4.5

DEFECTS IN CONE (For no defects, check "None")
 1/1 None SRI SSS SAV SAP None SAM SRV SRP SRC SMW Corrosion DB MB MM Lining None LFDE LFD WF LFB Photo # (s)

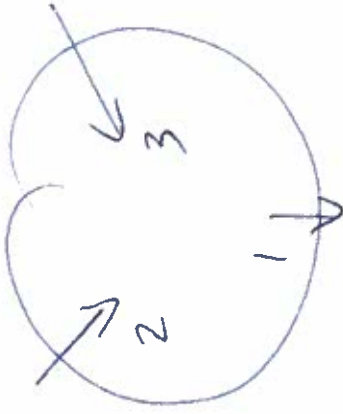
WALL
 Material(s) (78) BR RCP Coat/Liner (80) NC C Depth (79) ft

DEFECTS IN WALL (For no defects, check "None")
 1/1 None SRI SSS SAV SAP None SAM SRV SRP SRC SMW Corrosion DB MB MM Lining None LFDE LFD WF LFB Photo # (s)

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N Channel Installed (85) Y N Number of Steps (89) 0 Step Material (90) Metal Plastic Brick Other

Required Photos	
01 White Board	566
02 Location	561
03 Surf Down Taken Above Rim	562
04 Surf Down Taken Below Rim	563
05 Drainage Inlet Location/ Path from MH	565

MH Number
062



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (103)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97)	Width (98)	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.7	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	10	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.7	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	2	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.65	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary)
MH Type (30) ANH ACOM AUB
Surface Type (28) AS CO CC GD GR Z
Inspection Level (38) 1 2
Purpose BIP Invc.
Pre-clean (23) N Y
MH Sealed? before: Y N after: Y N
Sheet No. (6) 1
MH Number (1) 63
Time (9) 10:15
Date (8) 2011-01-25
Inspection Status (36) SI NF SD BM DI NO NA NI Traff
Penetration/Scratch (ST) Results
 6 o'clock: 0 inches Rating: 0 2 3 4 NA
 12 o'clock: 0 inches Rating: 0 2 3 4 NA
Additional Inspection Information (27) 245 20-9
Cross Street or Location Details (12) Hillside
Street Address (Number and Name) (10) 109 Los Robles
City (11) Burlingame Hills SMD
Location Code (26) A G F D C
Rim to Invert (14) Rim to Grade (16) 4.7 ft 0.5 ft 4.1 ft
Wall Diameter (length/width) (77) 4.1 ft
Surveyor's Name (1) AR
Certificate (2) AR

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

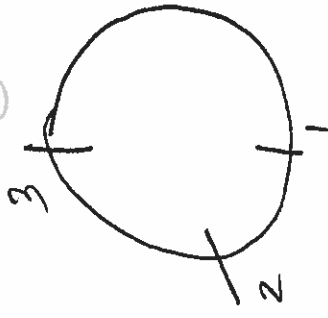
COVER Size (41/42) in <u>25.1</u> Material (43) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Shape (40) <input checked="" type="checkbox"/> C <input type="checkbox"/> Type (44) <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Vented # <u>2</u> (46) Fit (49) <input checked="" type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Corroded <input type="checkbox"/> Cracked <input type="checkbox"/> Broken Insert Type (51) Condition (52) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Poor fit <input type="checkbox"/> Cracked Photo # (s)		FRAME Material (57) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Condition(s) (61) <input type="checkbox"/> Sound <input type="checkbox"/> Missing <input type="checkbox"/> Cracked <input type="checkbox"/> Corroded <input type="checkbox"/> Broken <input type="checkbox"/> Coated Offset Distance (63) <u>in 0</u>		CHIMNEY Material(s) (66) <input type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> Coat/Liner (70) <input type="checkbox"/> NC <input type="checkbox"/> C Depth (69) <u>N/A</u> ft		CONE Material(s) (73) <input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> Coat/Liner (75) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C Depth (74) <u>4.1</u> ft Type (72) <input type="checkbox"/> Flat/Slab <input checked="" type="checkbox"/> Concentric <input type="checkbox"/> Eccentric		WALL Material(s) (78) <input type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> Coat/Liner (80) <input type="checkbox"/> NC <input type="checkbox"/> C Depth (79) <u>N/A</u> ft	
SEAL CONDITION (62) Inflow (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> Inflow ID IR <input type="checkbox"/> IG Stain		SEAL CONDITION (62) Inflow (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> Inflow ID IR <input type="checkbox"/> IG Stain		DEFECTS IN CHIMNEY (For no defects, check "None") I/I (67) <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SARW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Liner/Stone <input type="checkbox"/> Mixed/Stone		DEFECTS IN CONE (For no defects, check "None") I/I <input checked="" type="checkbox"/> None <input type="checkbox"/> Inflow ID IR <input type="checkbox"/> IG Stain Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SARW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Liner/Stone <input type="checkbox"/> Mixed/Stone		DEFECTS IN WALL (For no defects, check "None") I/I <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SARW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Liner/Stone <input type="checkbox"/> Mixed/Stone	
ADJUSTMENT RING TYPE(S) MATERIAL(S) CONDITION(S) <input type="checkbox"/> None <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Adjustable <input type="checkbox"/> None <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Sound <input type="checkbox"/> Cracked		ADJUSTMENT RING TYPE(S) MATERIAL(S) CONDITION(S) <input type="checkbox"/> None <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Adjustable <input type="checkbox"/> None <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Sound <input type="checkbox"/> Cracked		OTHER DEFECT: Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB		OTHER DEFECT: Lining <input checked="" type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB		OTHER DEFECT: Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB	

BENCH, CHANNEL, STEPS Bench Present (82) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Channel Installed (85) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Number of Steps (89) <u>0</u> Step Material (90) <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Brick <input type="checkbox"/> Other	
---	--

Required Photos	01 White Board <u>2096</u>
	02 Location <u>2097</u>
	03 Surf Down Taken Above Rim <u>2098</u>
	04 Surf Down Taken Below Rim <u>2099</u>
	05 Drainage Inlet Location/ Path from MH <u>2100</u>

MH Number

63



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.8	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	8	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.5	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

M. HOLE INSPECTION FORM

MH Use (17) SS (Sanitary) ANH ACOM AIB

MH Type (30) AS CO CC GD GR ZZ

Surface Type (28) AS CO CC GD GR ZZ

Inspection Level (38) 1 2

Purpose B (10) Invc.

Pre-clean (23) N Y

MH Sealed? before: Y N after: Y N

Sheet No. (6) 1

MH Number 1. 64

Date (8) 2/1-01-25

Time (9) 1030

Inspection Status (36) SI DI NF NO

Penetration/Scratch (ST) Results 2 3 4 NA 2 3 4 NA

Rim to Invert (14) 4.3 ft 1.5 ft

Wall Diameter (length/width) (77) 4 ft

Surveyor's Name (1) AK

Certificate (2)

Location Code (26) A G F D C

City (11) Burlingame Hills SMD

Street Address (Number and Name) (10) 115 Los Robles

Cross Street or Location Details (12) Hillside

Additional Inspection Information (27) gas 209

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

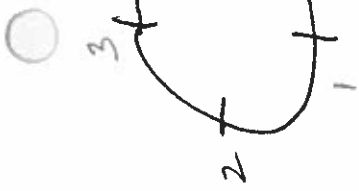
COVER	FRAME	CHIMNEY	CONE	WALL
Size (41/42) in <u>in 25.5 /</u>	Material (43) <input checked="" type="checkbox"/> CAS <input type="checkbox"/>	Material(s) (66) <input type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/>	Material(s) (73) <input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/>	Material(s) (78) <input type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/>
Condition (57) <input checked="" type="checkbox"/> CAS <input type="checkbox"/>	Condition (s) (61) <input type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken	Coat/Liner (70) <input type="checkbox"/> NC <input type="checkbox"/> C	Coat/Liner (75) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C	Coat/Liner (80) <input type="checkbox"/> NC <input type="checkbox"/> C
Cover Condition (s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken	Seal Condition (62) Inflow (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> Inflow <input type="checkbox"/> Inflow <input type="checkbox"/> Inflow	Depth (69) <u>N/A</u> ft	Depth (74) <u>4.1</u> ft	Depth (79) <u>N/A</u> ft
Insert Type (51) Condition (52) <input checked="" type="checkbox"/> None <input type="checkbox"/> Plastic <input type="checkbox"/> Metal	Adjustment Ring Type (53) Material (54) Condition (55) <input checked="" type="checkbox"/> CAS <input type="checkbox"/>	DEFECTS IN CHIMNEY (For no defects, check "None")	DEFECTS IN CONE (For no defects, check "None")	DEFECTS IN WALL (For no defects, check "None")
Photo # (s)	Photo # (s)	Photo # (s)	Photo # (s)	Photo # (s)

Required Photos
01 White Board 2102
02 Location 2103
03 Surf Down Taken Above Rim 2104
04 Surf Down Taken Below Rim 2105
05 Drainage Inlet Location/ Path from MH 2106

Channel installed (85) Y N

Number of Steps (89) 0

Step Material (90) Metal Plastic Brick Other



PIPE CONNECTIONS

REQUIRED

OPTIONAL

Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)	4.5	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)	4.2	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input type="checkbox"/> Sound <input checked="" type="checkbox"/> Defective	<input type="checkbox"/> Sound <input checked="" type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)	4.3	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AMH ACOM AIB
 Surface Type (28) AS CO CC GD GR Z
 Inspection Level (38) 1 2
 Purpose B (10) Inspect
 Pre-clean (23) N Y
 MH Sealed? before: Y N after: Y N
 Sheet No. (6) 1
 MH Number (6) 605
 Date (8) 2011-01-19
 Time (9) 24hr 1045
 Inspector Status (36) S NF SD BM DI NO NA NI Traff
 Penetration/Scratch (ST) Results 2 3 4 NA 2 3 4 NA
 Inches Rating 0 1 2 3 4
 6 o'clock 0
 12 o'clock 0
 Surveyor's Name (1) AR
 Cross Street or Location Details (12) Adelberg
 Street Address (Number and Name) (20) 2860 Backhawk
 Location Code (26) A G F D C
 City (11) Burlingame Hills SMD
 Rim to Invert (14) 0.19 ft 1.5 ft
 Wall Diameter (length/width) (77) 4 ft 1 ft
 Additional Inspection Information (27) 945 20.9

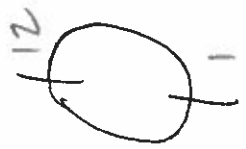
MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER	FRAME	CHIMNEY	COME	WALL	BENCH, CHANNEL, STEPS
Size (41/42) in <input type="checkbox"/> in <input type="checkbox"/> in Material (43) <input checked="" type="checkbox"/> CAS Shape (40) <input checked="" type="checkbox"/> C Type (44) <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Vented # (46) 7 Fit (49) <input checked="" type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken Corroded <input type="checkbox"/> Missing <input type="checkbox"/> Bolts Missing Inset Type (51) Condition (52) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Poor Fit <input type="checkbox"/> Cracked None <input type="checkbox"/> Plastic <input type="checkbox"/> Metal Adjustment Ring Type(s) (53); Material(s) (54) Condition(s) (55) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Sound <input type="checkbox"/> Cracked None <input type="checkbox"/> Solid <input type="checkbox"/> Adjustable Seal/Condition (52) Inflow (54) <input checked="" type="checkbox"/> None <input type="checkbox"/> Inflow <input type="checkbox"/> IR <input type="checkbox"/> Stain None <input type="checkbox"/> Inflow <input type="checkbox"/> IR <input type="checkbox"/> Stain Defects in Chimney (For no defects, check "None") Corrosion <input type="checkbox"/> None <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SAW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB Photo # (s)	Material (57) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken Condition(s) (61) <input type="checkbox"/> Sound <input type="checkbox"/> Missing <input type="checkbox"/> Corroded <input type="checkbox"/> Coated Offset Distance (63) in 0 Coat/Liner (70) <input type="checkbox"/> NC <input type="checkbox"/> C Depth (69) ft Material(s) (66) <input type="checkbox"/> BR <input type="checkbox"/> RCP Coat/Liner (75) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C Depth (74) ft 6.2 Material(s) (78) <input type="checkbox"/> BR <input type="checkbox"/> RCP Coat/Liner (80) <input type="checkbox"/> NC <input type="checkbox"/> C Depth (79) ft Channel Installed (85) <input type="checkbox"/> Y <input type="checkbox"/> N Number of Steps (89) 3 Step Material (90) <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Brick <input type="checkbox"/> Other	Material(s) (66) <input type="checkbox"/> BR <input type="checkbox"/> RCP Coat/Liner (70) <input type="checkbox"/> NC <input type="checkbox"/> C Depth (69) ft Material(s) (73) <input type="checkbox"/> BR <input type="checkbox"/> RCP Coat/Liner (75) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C Depth (74) ft Material(s) (78) <input type="checkbox"/> BR <input type="checkbox"/> RCP Coat/Liner (80) <input type="checkbox"/> NC <input type="checkbox"/> C Depth (79) ft Channel Installed (85) <input type="checkbox"/> Y <input type="checkbox"/> N Number of Steps (89) 3 Step Material (90) <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Brick <input type="checkbox"/> Other	Material(s) (66) <input type="checkbox"/> BR <input type="checkbox"/> RCP Coat/Liner (70) <input type="checkbox"/> NC <input type="checkbox"/> C Depth (69) ft Material(s) (73) <input type="checkbox"/> BR <input type="checkbox"/> RCP Coat/Liner (75) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C Depth (74) ft Material(s) (78) <input type="checkbox"/> BR <input type="checkbox"/> RCP Coat/Liner (80) <input type="checkbox"/> NC <input type="checkbox"/> C Depth (79) ft Channel Installed (85) <input type="checkbox"/> Y <input type="checkbox"/> N Number of Steps (89) 3 Step Material (90) <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Brick <input type="checkbox"/> Other	Material(s) (66) <input type="checkbox"/> BR <input type="checkbox"/> RCP Coat/Liner (70) <input type="checkbox"/> NC <input type="checkbox"/> C Depth (69) ft Material(s) (73) <input type="checkbox"/> BR <input type="checkbox"/> RCP Coat/Liner (75) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C Depth (74) ft Material(s) (78) <input type="checkbox"/> BR <input type="checkbox"/> RCP Coat/Liner (80) <input type="checkbox"/> NC <input type="checkbox"/> C Depth (79) ft Channel Installed (85) <input type="checkbox"/> Y <input type="checkbox"/> N Number of Steps (89) 3 Step Material (90) <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Brick <input type="checkbox"/> Other	Material(s) (66) <input type="checkbox"/> BR <input type="checkbox"/> RCP Coat/Liner (70) <input type="checkbox"/> NC <input type="checkbox"/> C Depth (69) ft Material(s) (73) <input type="checkbox"/> BR <input type="checkbox"/> RCP Coat/Liner (75) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C Depth (74) ft Material(s) (78) <input type="checkbox"/> BR <input type="checkbox"/> RCP Coat/Liner (80) <input type="checkbox"/> NC <input type="checkbox"/> C Depth (79) ft Channel Installed (85) <input type="checkbox"/> Y <input type="checkbox"/> N Number of Steps (89) 3 Step Material (90) <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Brick <input type="checkbox"/> Other

Required Photos
01 White Board 1982
02 Location 1953
03 Surf Down Taken Above Rim 1954
04 Surf Down Taken Below Rim 1955
05 Drainage Inlet Location/ Path from MH 1956

MH Number

65



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Face Main) <input type="checkbox"/> LB (Lateral)	6.8	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Face Main) <input type="checkbox"/> LB (Lateral)	6.4	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Face Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Face Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Face Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Face Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) MH Type (30) AS CO CC GD GR ZZ

Inspection Level (38) 1 2 Purpose B10 Inves. Pre-clean (23) N Y Certificate (2)

MH Number L. 66 Sheet No. (6) 1 MH Sealed? before: Y N after: Y N Date (8) 2011-01-19 Time (9) 24hr 1030

Surveyor's Name (1) Adnan A. Inspection Status (36) SI NF NO DI NA NI Traff

Penetration/Scratch (ST) Results 2 3 4 NA 2 3 4 NA Penetration Rating 4 2 3 4 NA

Rim to Invert (14) R 4.9 r 1.5 Wall Diameter (length/width) (77) 6 o'clock 4 12 o'clock 9

Location Code (26) A G F D C City (11) 2860 Burlingame Hills SMD Street Address (Number and Name) (10) 2860 Blackhawk

Cross Street or Location Details (12) Ade Line Additional Inspection Information (27) gas 20.9

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in in 18 1/2 Material (43) CAS Shape (40) C Type (44) Solid Vented # 2 (46) Fit (49) G U O R Cover Condition(s) (50) Sound Cracked Broken Corroded Missing Bolts Missing Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked Photo #(s)

FRAME
 Material (57) CAS Condition(s) (61) Sound Cracked Broken Missing Corroded Coated Offset Distance (63) in 0.5 Seal Condition (62) Inflow (64) None IW IR IG Stain Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55) None Solid Adjustable CAS Sound Cracked Photo #(s)

CHIMNEY
 Material(s) (66) BR RCP Coat/Liner (70) NC C Depth (69) ft N/A Defects in Chimney (For no defects, check "None")
 I/I (67) None IW IR IG Stain Corrosion None SRI SSS SAV SAP SAM SRV SRP SRC SSW Brickwork DB MB MM Lining None LPDE LFD WF LFB Other Defect:

CONE
 Material(s) (73) BR RCP Coat/Liner (75) NC C Depth (74) ft 4.6 Defects in Cone (For no defects, check "None")
 I/I None IW IR IG Stain Corrosion None SRI SSS SAV SAP SAM SRV SRP SRC SSW Brickwork DB MB MM Lining None LPDE LFD WF LFB Other Defect:

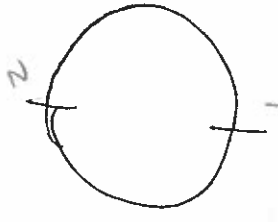
WALL
 Material(s) (78) BR RCP Coat/Liner (80) NC C Depth (79) ft N/A Defects in Wall (For no defects, check "None")
 I/I None IW IR IG Stain Corrosion None SRI SSS SAV SAP SAM SRV SRP SRC SSW Brickwork DB MB MM Lining None LPDE LFD WF LFB Other Defect:

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N Channel Installed (85) Y N Number of Steps (89) 2 Step Material (90) Metal Plastic Brick Other

Required Photos
01 White Board 1983
02 Location 1948
03 Surf Down Taken Above Rim 1949
04 Surf Down Taken Below Rim 1950
05 Drainage Inlet Location/ Path from MH 1951

MH Number

66



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)	5.0	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)	4.8	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
 MH Type (30) A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
 Surface Type (28) AS BS CS DS ES FS GS HS IS JS KS LS MS NS OS PS QS RS TS US VS WS XS YS ZS
 Inspection Level (38) 1 2
 Purpose B (1) C (2) D (3) E (4) F (5) G (6) H (7) I (8) J (9) K (10) L (11) M (12) N (13) O (14) P (15) Q (16) R (17) S (18) T (19) U (20) V (21) W (22) X (23) Y (24) Z (25)
 Pre-clean (23) N Y
 MH Sealed? before: Y N after: Y N
 Sheet No. (6) 1
 MH Number L. 67
 Time (9) 10:05
 Date (8) 2011-01-19
 Inspection Status (36) SI DI NF NO SD NA NI TF
 Additional Inspection Information (27) *gas 2017*
 Penetration/Scratch (ST) Results *2 3 4 NA*
 Rating *2 3 4 NA*
 Surveyor's Name (1) *Adelman*
 Rim to Invert (14) *ft 1.25*
 Wall Diameter (length/width) (77) *ft 4*
 Street Address (Number and Name) (10) *2856 Blackhawk*
 City (11) *Adelaine*
 Burlingame Hills SMD

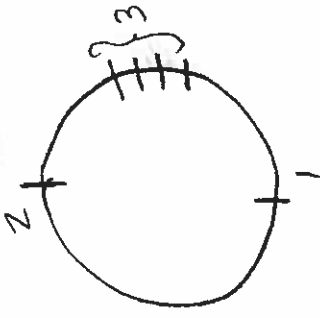
MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in *in 25.5*
 Material (43) CAS
 Shape (40) C
 Type (44) Solid Vented
 # (46) *2*
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Missing Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal
 Photo #(s)
FRAME
 Material (57) CAS
 Condition(s) (61) Sound Cracked Broken Missing Corroded Coated
 Offset Distance (63) *in 0.5*
 Seal/Condition (62) (inflow (64)) None Solid Adjustable
 Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55) CAS Sound Cracked
CHIMNEY
 Material(s) (66) Coat/Liner (70) NC C
 Depth (69) *ft N/A*
 DEFECTS IN CHIMNEY (For no defects, check "None")
 I/I (67) None SRI SSS SAV SAP SAM SRV SRP SRC SRW
 Corrosion None SAM SRV SRP SRC SRW
 Brickwork DB MB MM L M L M
 Lining None LFDE LFD WF LFB
 Photo #(s)
CONE
 Material(s) (73) Coat/Liner (75) NC C
 Depth (74) *ft 3.3*
 DEFECTS IN CONE (For no defects, check "None")
 I/I None SRI SSS SAV SAP SAM SRV SRP SRC SRW
 Corrosion None SAM SRV SRP SRC SRW
 Brickwork DB MB MM L M L M
 Lining None LFDE LFD WF LFB
 Photo #(s)
WALL
 Material(s) (78) Coat/Liner (80) NC C
 Depth (79) *ft 4.5*
 DEFECTS IN WALL (For no defects, check "None")
 I/I None SRI SSS SAV SAP SAM SRV SRP SRC SRW
 Corrosion None SAM SRV SRP SRC SRW
 Brickwork DB MB MM L M L M
 Lining None LFDE LFD WF LFB
 Photo #(s)
BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) *0*
 Step Material (90) Metal Plastic Brick Other

Required Photos
01 White Board <i>1984</i>
02 Location <i>1943</i>
03 Surf Down Taken Above Rim <i>1944</i>
04 Surf Down Taken Below Rim <i>1945</i>
05 Drainage Inlet Location/ Path from MH <i>1946</i>

MH Number

67



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (103)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.0	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.9	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	2	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.5	<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input checked="" type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	1		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

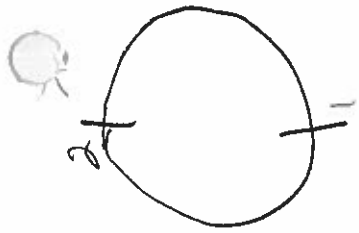
* dx
 100' x 11' x 5'
 4' PVC

PIPE CONNECTIONS

REQUIRED

OPTIONAL

Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.9	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.0	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective



MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) ANH ACOM AIB AS CO CC GD GR ZZ

Inspection Level (38) 1 2 Purpose B (10' max) Certificate (2)

Pre-clean (23) N Y

MH Sealed? before: Y N after: Y N

Sheet No. (6) 1 MH Number 1. 69

Date (8) 2011-07-19 Time (9) 1315

Inspector Status (36) SI NF SD BM DI NO NA NI Traff

Penetration/Scratch (ST) Results 2 3 4 NA 2 3 4 NA

Rim to Invert (14) r 4.0 Wall Diameter (length/width) (77) 6 o'clock 12 o'clock

Surveyor's Name (1) AN

Street Address (Number and Name) (10) 2856 Adeline

City (11) Burlingame Hills SMD

Location Code (26) A G F D C

Additional Inspection Information (27) gas 20.8

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 15.1/1 Material (43) CAS Shape (40) C Type (44) Solid Vented # 1 (46) Fit (49) G O U O O R Cover Condition(s) (50) Sound Cracked Broken Corroded Missing Bolts Missing Insert Type (51) Condition (52) Sound Poor Fit Cracked Photo #(s)

FRAME
 Material (57) CAS Condition(s) (61) Sound Cracked Broken Missing Corroded Coated Offset Distance (63) in Seal Condition (62) Inflow (64) None check one: IW ID IR IG Stain Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55) None Solid Adjustable CAS Sound Cracked Photo #(s)

CHIMNEY
 Material(s) (66) Coat/Liner (70) NC C Depth (69) ft N/A

CONE
 Material(s) (73) Coat/Liner (75) NC C Depth (74) ft 4.2

WALL
 Material(s) (78) Coat/Liner (80) NC C Depth (79) ft N/A

DEFECTS IN CHIMNEY (For no defects, check "None")
 Corrosion: None SRI SSS SAV SAP SAM SRV SRP SRC SRW
 Brickwork: DB MB MM Liner/Liner Metal/Stone
 Lining: None LFDE LFD WF LFB
 Other Defect:

DEFECTS IN CONE (For no defects, check "None")
 Corrosion: None SRI SSS SAV SAP SAM SRV SRP SRC SRW
 Brickwork: DB MB MM Liner/Liner Metal/Stone
 Lining: None LFDE LFD WF LFB
 Other Defect:

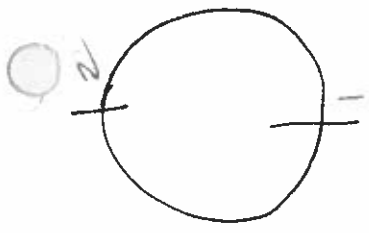
DEFECTS IN WALL (For no defects, check "None")
 Corrosion: None SRI SSS SAV SAP SAM SRV SRP SRC SRW
 Brickwork: DB MB MM Liner/Liner Metal/Stone
 Lining: None LFDE LFD WF LFB
 Other Defect:

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N Channel Installed (85) Y N Number of Steps (89) 2 Step/Material (90) Metal Plastic Brick Other

Required Photos
01 White Board 1993
02 Location 1994
03 Surf Down Taken Above Rim 1991
04 Surf Down Taken Below Rim 1992
05 Drainage Inlet Location/ Path from MH 1995

MH Number

69



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.6	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

Inspection Level (38) 1 2
 Pre-clean (23) N Y
 Purpose: BIV
 Surveyor's Name (1) BK/EM
 Certificate (2)
 MH Use (17) SS (Sanitary)
 MH Type (30) AS CO CC GD GR ZZ
 Surface Type (28)
 Rim to Invert (14) 1.6 ft 0 ft
 Wall Diameter (Length/Width) (77) 16/31
 Penetration/Scratch (ST) Results
 6 o'clock 0 inches Rating 2 3 4 NA
 12 o'clock 0 inches Rating 2 3 4 NA
 Location Code (26) A G F D C
 City (11) Burlingame Hills SMD
 Street Address (Number and Name) (10) Intersection Blakely Ave Adeline Dr
 Inspection Status (36) SI NF SD BM
 DI NO NA NI Traff
 Additional Inspection Information (27)

MANHOLE INSPECTION AND CORROSION/LINER DEFECT OBSERVATIONS
COVER
 Size (41/42) in 16/31 Material (43) CAS
 Shape (40) C Rect
 Type (44) Solid Vented
 # (46) 1
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Missing Broken Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal
 Sound Poor Fit Cracked
 Photo #(s)

FRAME
 Material (57) CAS
 Condition(s) (61) Sound Missing Corroded Coated
 Seal Condition (62) Inflow (64) None Solid Adjustable
 Adjustment Ring Type (53) Material(s) Condition(s) (55)

CHIMNEY
 Material(s) (66) Coat/Liner (70) NC C
 Depth (69) ft
 Defects in Chimney (For no defects, check "None")
 Corrosion None SAM SRV SRP SRC SAW
 Brickwork DB MB MM Liner/Manhole
 Lining None LPDE LFD WF LFB
 Photo #(s)

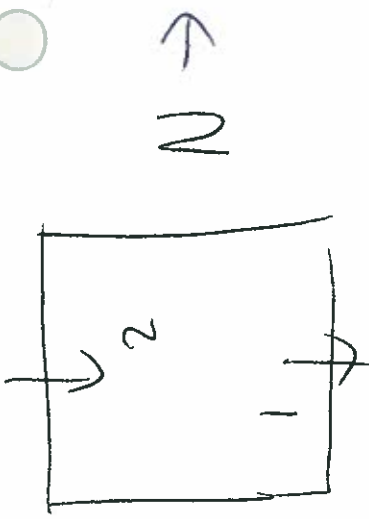
CONE
 Material(s) (73) Coat/Liner (75) NC C
 Depth (74) ft
 Defects in Cone (For no defects, check "None")
 Corrosion None SAM SRV SRP SRC SAW
 Brickwork DB MB MM Liner/Manhole
 Lining None LPDE LFD WF LFB
 Photo #(s)

WALL
 Material(s) (78) Coat/Liner (80) NC C
 Depth (79) ft 1.4
 Defects in Wall (For no defects, check "None")
 Corrosion None SAM SRV SRP SRC SAW
 Brickwork DB MB MM Liner/Manhole
 Lining None LPDE LFD WF LFB
 Photo #(s) 643

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 0
 Step Material (90) Metal Plastic Brick Other

Required Photos
 01 White Board 646
 02 Location 639
 03 Surf Down Taken Above Rim 640
 04 Surf Down Taken Below Rim 641
 05 Drainage Inlet Location/Path from MH 645

MH Number
070



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (103)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Level) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Level) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	1.6	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Level) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Level) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	1.6	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Level) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Level) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Level) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Level) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Level) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Level) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Level) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Level) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) MH Type (30) AMH ACOM AIP

Surface Type (28) AS GD CO GR CC ZZ

Inspection Level (38) 1 2 B IV Certificate (2) N Y

Purpose B IV Pre-clean (23) N Y

MH Sealed? before: Y (N) after: Y (N)

Sheet No. (6) 1 Date (8) 2/11/24 Time (9) 10:02

Rim to Invert (14) Rim to Grade (15) Wall Diameter (length/width) (77) 6 o'clock 12 o'clock

Penetration/Scratch (ST) Results 1 2 3 4 NA 1 2 3 4 NA

Location Code (26) A G F D C H

City (11) Burlingame Hills SMD

Street Address (Number and Name) (10) 24 Vista Ln. Cross Street or Location Details (12) Hillside Dr.

Additional Inspection Information (27) dirt accumulates inside

MH Number / 24Hr 071 / 10:02

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER

Size (41/42) in 12A Material (43) CAS Shape (40) C Type (44) Solid Vented (46) #

Fit (49) G U O R

Cover Condition(s) (50) Sound Corroded Cracked Broken Missing Bolts Missing

Insert Type (51) Condition (52) None Sound Poor FR Plastic Cracked Metal

Photo #(s) 707

FRAME

Material (57) CAS Condition(s) (61) Sound Missing Corroded Broken Coated

Offset Distance (63) in 0

Seal Condition (62) Inflow (64) None IR ID IR IG Stain

Adjustment Ring Type(s) Material(s) Condition(s) None CAS Sound Cracked Solid Adjustable

Photo #(s)

CHIMNEY

Material(s) (66) BR RCP Coat/Liner (70) NC C

Depth (69) ft

DEFFECTS IN CHIMNEY (For no defects, check "None")

1/I (67) None SRI SSS SAV SAP IR IG Stain

Corrosion None SAM SRV SRP SRC SAW

Brickwork DB MB MM Lining/ Metal/Grout

Other Defect: Lining None LFDE LFD WF LFB

Photo #(s)

CONE

Material(s) (73) BR RCP Coat/Liner (75) NC C

Depth (74) ft

DEFFECTS IN CONE (For no defects, check "None")

1/I None IR ID IR IG Stain

Corrosion None SAM SRV SRP SRC SAW

Brickwork DB MB MM Lining/ Metal/Grout

Other Defect: Lining None LFDE LFD WF LFB

Photo #(s)

WALL

Material(s) (78) BR RCP Coat/Liner (80) NC C

Depth (79) ft

DEFFECTS IN WALL (For no defects, check "None")

1/I None IR ID IR IG Stain

Corrosion None SAM SRV SRP SRC SAW

Brickwork DB MB MM Lining/ Metal/Grout

Other Defect: Lining None LFDE LFD WF LFB

Photo #(s)

BENCH, CHANNEL, STEPS

Bench Present (82) Y N

Channel Installed (85) Y N

Number of Steps (89)

Step Material (90) Metal Plastic Brick Other

Required Photos

01 White Board 707

02 Location 704

03 Surf Down Taken Above Rim 705

04 Surf Down Taken Below Rim 706

05 Drainage Inlet Location/ Path from MH 704

MH Number
72

N/A

PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17)
 SS (Sanitary)
 Other

MH Type (30)
 AMH
 ACCOM
 AUB

Surface Type (28)
 AS
 CO
 CC
 GD
 GR
 Z

Inspection Level (38)
 1
 2

Purpose
 B (1) (Inspection)
 Other

Pre-clean (23)
 N
 Y

MH Sealed?
 before: Y / N
 after: Y / N

Sheet No. (6) 1

MH Number (1) 73

Date (8) 2011-01-19

Time (9) 1350

Inspection Status (36)
 SI
 NF
 SD
 NI
 D
 NA
 NI Traffic

Additional inspection information (27)
 Resident wants Notice before work

Penetration/Scratch (ST) Results
 6 o'clock: 2 3 4 NA
 12 o'clock: 2 3 4 NA

Cross Street or Location Details (12)
 Blackhawk

Street Address (Number and Name) (10)
 2848 Adelvine

City (11)
 Burlingame Hills SMD

Location Code (26)
 A
 G
 F
 D
 C

Rim to Invert (14) Rim to Grade (16)
 ft 9.6 ft 0

Wall Diameter (Length/Width) (77)
 ft 4 ft

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in: 15 1/2 in
 Material (43): CAS
 Shape (40): C
 Type (44): Solid
 Fit (49): G U O R
 Cover Condition(s) (50): Corroded
 Insert Type (51) Condition (52): Sound
 Photo # (5):

FRAME
 Material (57): CAS
 Condition(s) (61): Sound
 Offset Distance (63): 2.0 in
 Seal Condition (62) Inflow (64): None
 Adjustment Ring Type(s) Material (54) Condition (55): CAS

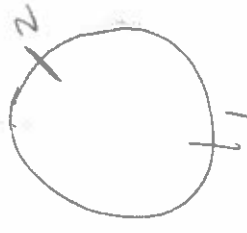
CHIMNEY
 Material(s) (66): BR, RCP
 Coat/Liner (70): NC, C
 Depth (69): ft
 Type (72): Flat/Slab, Concentric, Eccentric
 Defects in Chimney (For no defects, check "None")
 Corrosion: None, SAM, SRV, SRP, SRC, SAP
 Brickwork: DB, MB, MM, Lumpy/ Missing
 Lining: None, LFDE, LFD, WF, LFB

CONE
 Material(s) (73): BR, RCP
 Coat/Liner (75): NC, C
 Depth (74): ft 4.4
 Defects in Cone (For no defects, check "None")
 Corrosion: None, SAM, SRV, SRP, SRC, SAP
 Brickwork: DB, MB, MM, Lumpy/ Missing
 Lining: None, LFDE, LFD, WF, LFB

WALL
 Material(s) (78): BR, RCP
 Coat/Liner (80): NC, C
 Depth (79): ft 2.0
 Defects in Wall (For no defects, check "None")
 Corrosion: None, SAM, SRV, SRP, SRC, SAP
 Brickwork: DB, MB, MM, Lumpy/ Missing
 Lining: None, LFDE, LFD, WF, LFB

BENCH, CHANNEL, STEPS
 Bench Present (82): Y
 Channel Installed (85): Y
 Number of Steps (89): 5
 Step Material (90): Metal, Plastic, Brick, Other

Required Photos
 01 White Board: 2001
 02 Location: 2005
 03 Surf Down Taken Above Rim: 2002
 04 Surf Down Taken Below Rim: 2003
 05 Drainage Inlet Location/ Path from MH: 2004



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	9.5	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	2	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	9.0	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

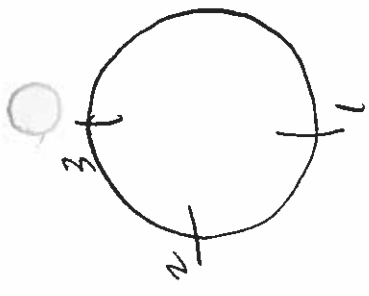
MANHOLE INSPECTION FORM

Inspection Level (38) 1 2
Purpose B (7) N Y
Pre-clean (23) N Y
MH Sealed? before: Y N after: Y N
Sheet No. (6) 1
MH Number (7) 74
Inspection Status (36) SI NF SD NI
 DI NO NA NI
Date (8) 2011-01-19
Time (9) 1400
Inspector's Name (1) AA
Certificate (2)
Penetration/Scratch (ST) Results 2 3 4 NA
 6 o'clock 11 12 o'clock 11
Rating 2 3 4 NA
Additional Inspection Information (27) gas 2019
Cross Street or Location Details (12) Blackhawk
Street Address (Number and Name) (10) 2848 Adelino
City (11) Burlingame
 Hills SMD
Location Code (26) A G F D C
MH/Type (30) AS CO CC
 AMH AOM AUB
Surface Type (28) GD GR Z
Inspection Level (38) 1 2
Rim to Invert (14) ft 0
Wall Diameter (length/width) (77) ft 41
Rim to Grade (16) ft 0

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
Size (41/42) in 15 1/2 in
Material (43) CAS
Shape (40) C
Type (44) Solid Vented
Fit (49) G O U R
Cover Condition(s) (50) Sound Corroded Missing Broken
Insert Type (51) Condition (52) None Plastic Metal
 Sound Poor Fit Cracked
Photo #(s)
FRAME
Material (57) CAS
Condition(s) (61) Sound Cracked Broken
Offset Distance (63) in 0
Seal Condition (62) Inflow (64) None IW ID IR IG Stain
Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55) CAS Sound Cracked
 None Solid Adjustable
Photo #(s)
CHIMNEY
Material(s) (66) Coat/Liner (70) BR RCP NC C
Depth (69) ft N/A
DEFECTS IN CHIMNEY (For no defects, check "None")
1/1 (67) None SR SSS SAV SAP
 IW ID IR IG Stain
Corrosion SAM SRV SRP SRC SRW
Brickwork DB MB MM
 Lumpy Missed/Slough
Other Defect: Lining None LFOE LFD WF LFB
Photo #(s)
CONE
Material(s) (73) Coat/Liner (75) BR RCP NC C
Depth (74) ft 2.0
DEFECTS IN CONE (For no defects, check "None")
1/1 None SR SSS SAV SAP
 IW ID IR IG Stain
Corrosion SAM SRV SRP SRC SRW
Brickwork DB MB MM
 Lumpy/Slough
Other Defect: Lining None LFOE LFD WF LFB
Photo #(s)
WALL
Material(s) (78) Coat/Liner (80) BR RCP NC C
Depth (79) ft N/A
DEFECTS IN WALL (For no defects, check "None")
1/1 None SR SSS SAV SAP
 IW ID IR IG Stain
Corrosion SAM SRV SRP SRC SRW
Brickwork DB MB MM
 Lumpy/Slough
Other Defect: Lining None LFOE LFD WF LFB
Photo #(s)

Required Photos
01 White Board 2006
02 Location 2010
03 Surf Down Taken Above Rim 2007
04 Surf Down Taken Below Rim 2008
05 Drainage Inlet Location/ Path from MH 2009
BENCH, CHANNEL, STEPS
Bench Present (82) Y N
Channel Installed (85) Y N
Number of Steps (89) 0
Step Material (90) Metal Plastic Brick Other



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97)	Width (98)	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	1.5	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.0	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.2	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) MH Type (30) AMH ACOM AIB Surface Type (28) AS CO GR CC Z

Inspection Level (38) 1 2 Purpose Bw Pre-clean (23) N Y Certificate (2) Y N

MH Number 075 Sheet No. (6) 1 MH Sealed? before: Y N after: Y N Time (9) 12:00

Surveyor's Name (1) BK/EM Date (8) 2011/1/21 Inspection Status (36) SI NF SD BM D NO NA NI Traff

Penetration/Scratch (ST) Results 2 3 4 NA 2 3 4 NA Rating 0 inches Penetration/Scratch (ST) Results 2 3 4 NA 2 3 4 NA

Rim to Invert (14) 3.9 ft Rim to Grade (16) 0 ft Wall Diameter (Length/Width) (77) 31 inches

Location Code (26) A G F D C City (11) 2838 Adeline Pr. Street Address (Number and Name) (10) Alvarado Ave. Additional Inspection Information (27) some blockage downstream

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (43/42) in 25 1/4 in Material (43) CAS Shape (40) C Type (44) Solid Vented # 2 (46) Includes lock holes
 Condition(s) (61) Sound Missing Corroded Cracked Broken Coated
 Offset Distance (63) in 0
 Seal Condition (62) Inflow (64) None IW ID IR IG Stair
 Adjustment Ring Type(s) Material(s) (54) Condition(s) Sound Cracked

FRAME
 Material (57) CAS
 Condition(s) (61) Sound Missing Corroded Cracked Broken Coated
 Offset Distance (63) in 0
 Seal Condition (62) Inflow (64) None IW ID IR IG Stair
 Adjustment Ring Type(s) Material(s) (54) Condition(s) Sound Cracked

CHIMNEY
 Material(s) (56) Coat/Liner (70) NC C
 Depth (69) ft
 Type (72) Flat/Slab Concentric Eccentric
 DEFECTS in Chimney (For no defects, check "None")
 I/I (67) None SRI SSS SAV SAP
 Corrosion SAM SRV SRP SRC SANV
 Brickwork DB MB MM Lumpy Missing
 Other Defect: Lining None LFDE LFD WF USB

CONE
 Material(s) (73) Coat/Liner (75) NC C
 Depth (74) 3.4 ft
 Type (72) Flat/Slab Concentric Eccentric
 DEFECTS in Cone (For no defects, check "None")
 I/I None SRI SSS SAV SAP
 Corrosion SAM SRV SRP SRC SANV
 Brickwork DB MB MM Lumpy Missing
 Other Defect: Lining None LFDE LFD WF USB

WALL
 Material(s) (78) Coat/Liner (80) NC C
 Depth (79) ft
 DEFECTS in Wall (For no defects, check "None")
 I/I None SRI SSS SAV SAP
 Corrosion SAM SRV SRP SRC SANV
 Brickwork DB MB MM Lumpy Missing
 Other Defect: Lining None LFDE LFD WF USB

Required Photos
 01 White Board 680
 02 Location 681
 03 Surf Down Taken Above Rim 676
 04 Surf Down Taken Below Rim 677
 05 Drainage Inlet Location/ Path from MH 679

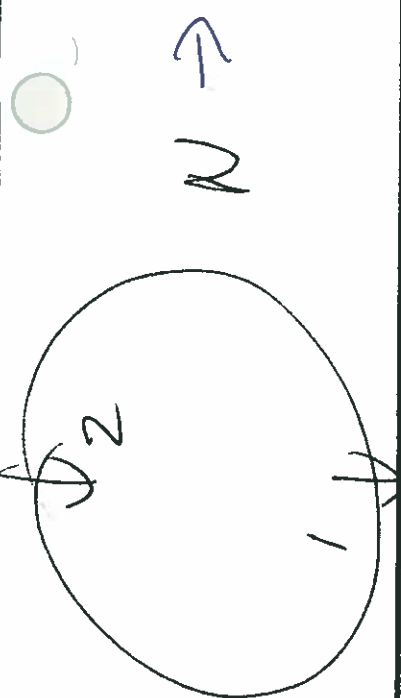
BENCH, CHANNEL, STEPS

Bench Present (82) Y N Channel Installed (85) Y N
 Number of Steps (89) 0 Step Material (90) Metal Brick Plastic

N/A

N/A

MH Number
075



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.9	<input type="checkbox"/> ROP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.9	<input type="checkbox"/> ROP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> ROP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> ROP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> ROP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> ROP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AMH AOM AIB Surface Type (28) AS CO CC Z

Inspection Level (38) 1 2 Purpo: Biv Pre-clean (23) N Y Y

MH Number: 076 Sheet No. (6): 1 Date (8): 2011/1/21 Time (9): 11:50

MH Sealed? before: Y N after: Y N

Inspector's Name (1): Belen Certificate (2):

Penetration/Scratch (ST) Results: 2 3 4 NA 2 3 4 NA

Rim to invert (14): 5.6 ft R 41- inches Rating: 2 3 4 NA 2 3 4 NA

Location Code (26): A G F D C City (11): 2839 Adelme Dr. Street Address (Number and Name) (10):

Material (30): AMH AOM AIB GD GR Z

Material (43): CAS Shape (40): C Type (44): Solid Vented # 2 (46)

Material (57): CAS Condition(s) (61): Sound Missing Cracked Broken Coated

Material (66): BR RCP NC C Coat/Liner (70): NC C

Material (73): BR RCP NC C Coat/Liner (75): NC C

Material (78): BR RCP NC C Coat/Liner (80): NC C

Material (82): Y N Channel installed (85): Y N

Material (90): Metal Plastic Brick Other

Rim to invert (14): 5.6 ft R 41- inches Rating: 2 3 4 NA 2 3 4 NA

Location Code (26): A G F D C City (11): 2839 Adelme Dr. Street Address (Number and Name) (10):

Material (30): AMH AOM AIB GD GR Z

Material (43): CAS Shape (40): C Type (44): Solid Vented # 2 (46)

Material (57): CAS Condition(s) (61): Sound Missing Cracked Broken Coated

Material (66): BR RCP NC C Coat/Liner (70): NC C

Material (73): BR RCP NC C Coat/Liner (75): NC C

Material (78): BR RCP NC C Coat/Liner (80): NC C

Material (82): Y N Channel installed (85): Y N

Material (90): Metal Plastic Brick Other

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in: 25 3/4 in Material (43): CAS Shape (40): C Type (44): Vented # 2 (46) Fit (48): G U O R Sound Condition(s) (61): Sound Missing Cracked Broken Coated Offset Distance (63): in

FRAME
 Material (57): CAS Condition(s) (61): Sound Missing Cracked Broken Coated Seal Condition (62) Inflow (64): None circle one: IW ID IR IG Stain Adjustment Ring Type(s) Material(s) Condition(s): CAS Sound Cracked Photo # (s): 672

CHIMNEY
 Material(s) (66): BR RCP NC C Coat/Liner (70): NC C Depth (69): 1.1 ft DEFECTS in Chimney (For no defects, check "None"): 1/1 (67) None circle one: IW ID IR IG Stain Corrosion: None SAM SRV SRP SRC SAW SRI SSS SAV SAP DB MB MM Lining: None LFD LDF WF LFB Photo # (s): 672

CONE
 Material(s) (73): BR RCP NC C Coat/Liner (75): NC C Depth (74): 5.2 ft DEFECTS in Cone (For no defects, check "None"): 1/1 None circle one: IW ID IR IG Stain Corrosion: None SAM SRV SRP SRC SAW SRI SSS SAV SAP DB MB MM Lining: None LFD LDF WF LFB Photo # (s):

WALL
 Material(s) (78): BR RCP NC C Coat/Liner (80): NC C Depth (79): ft DEFECTS in Wall (For no defects, check "None"): 1/1 None circle one: IW ID IR IG Stain Corrosion: None SAM SRV SRP SRC SAW SRI SSS SAV SAP DB MB MM Lining: None LFD LDF WF LFB Photo # (s):

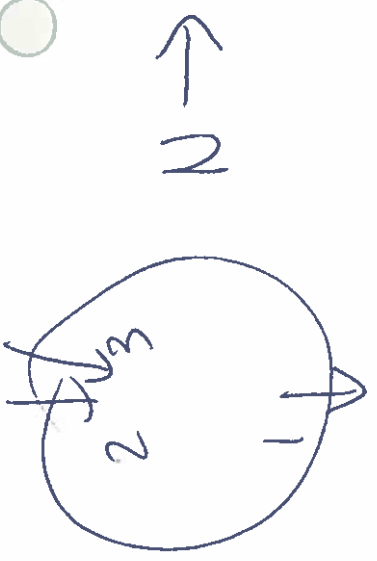
BENCH, CHANNEL, STEPS
 Bench Present (82): Y N Channel installed (85): Y N Number of Steps (89): 1 Step Material (90): Metal Plastic Brick Other

Required Photos	01 White Board	02 Location	03 Surf Down Taken Above Rim	04 Surf Down Taken Below Rim	05 Drainage Inlet Location/ Path from MH
675	668	669	670	674	

N/A

MH Number

078



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.6	RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.65	RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	1	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.7	RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

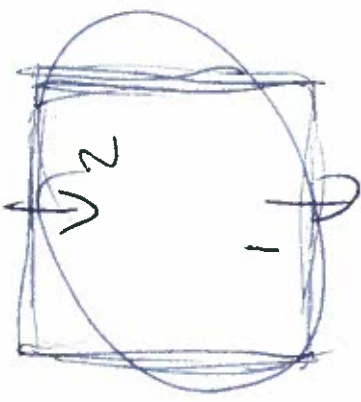
M. HOLE INSPECTION FORM

Inspection Level (38) 1 2
 Purpose B (1) Inv. N Y
 Pre-clean (23) N Y
 MH Sealed? before: Y N after: Y N
 Sheet No. (6) 1
 MH Number (7) 77
 Time (9) 24hr 13:40
 Date (8) 2011/1/19
 Inspection Status (36) SI NF SD BM DI NO NA NI Traff
 Surveyor's Name (1) BK/PM
 Certificate (2)
 Penetration/Scratch (ST) Results 1 2 3 4 NA
 Rating 2 2 3 4 NA
 Inches 6 o'clock 12 o'clock
 Rim to Invert (14) ft 1.9 ft 0
 Wall Diameter (Length/Width) (77) ft 21-
 Street Address (Number and Name) (10) 2865 Hiltside Dr
 City (11) Newton Dc
 Location Code (26) A G F D C
 Burlingame Hills SMD
 Surface Type (28) AS GD CO GR CC ZZ
 MH Type (30) SS (Sanitary) AMH ACCOM AUB
 Inspection Level (38) 1 2
 Purpose B (1) Inv. N Y
 Pre-clean (23) N Y
 MH Sealed? before: Y N after: Y N
 Sheet No. (6) 1
 MH Number (7) 77
 Time (9) 24hr 13:40
 Date (8) 2011/1/19
 Inspection Status (36) SI NF SD BM DI NO NA NI Traff
 Surveyor's Name (1) BK/PM
 Certificate (2)
 Penetration/Scratch (ST) Results 1 2 3 4 NA
 Rating 2 2 3 4 NA
 Inches 6 o'clock 12 o'clock
 Rim to Invert (14) ft 1.9 ft 0
 Wall Diameter (Length/Width) (77) ft 21-
 Street Address (Number and Name) (10) 2865 Hiltside Dr
 City (11) Newton Dc
 Location Code (26) A G F D C
 Burlingame Hills SMD
 Surface Type (28) AS GD CO GR CC ZZ
 MH Type (30) SS (Sanitary) AMH ACCOM AUB

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 16/31
 Material (43) CAS
 Shape (40) C Rect
 Type (44) Solid Vented
 # (46) 1
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Cracked Missing Broken Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal
 Photo #(s)
FRAME
 Material (57) CAS
 Condition(s) (61) Sound Missing Cracked Broken
 Offset Distance (63) in 0
 Seal Condition (62) Inflow (64) None IW ID IR IG Stain
 Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55) Sound Cracked
 Photo #(s)
CHIMNEY
 Material(s) (66) Coat/Liner (70) BR RCP NC C
 Depth (69) ft
 Defects in Chimney (For no defects, check "None")
 I/I (67) None SRI SSS SAV SAP
 Corrosion SAM SRV SRP SRC SANW
 Brickwork DB MB MM Lumpy/Spall
 Photo #(s)
CONE
 Material(s) (73) Coat/Liner (75) BR RCP NC C
 Depth (74) ft
 Defects in Cone (For no defects, check "None")
 I/I None SRI SSS SAV SAP
 Corrosion SAM SRV SRP SRC SANW
 Brickwork DB MB MM Lumpy/Spall
 Photo #(s)
WALL
 Material(s) (78) Coat/Liner (80) BR RCP NC C
 Depth (79) ft 1.4
 Defects in Wall (For no defects, check "None")
 I/I None SRI SSS SAV SAP
 Corrosion SAM SRV SRP SRC SANW
 Brickwork DB MB MM Lumpy/Spall
 Photo #(s) 480
BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 0
 Step Material (90) Metal Plastic Brick Other

Required Photos
01 White Board 481
02 Location 477
03 Surf Down Taken Above Rim 478
04 Surf Down Taken Below Rim 479
05 Drainage Inlet Location/ Path from MH 477



N →

PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> in <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	1.9	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> in <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	1.9	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> in <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> in <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> in <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> in <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AMR ACOM AIB
 Inspection Level (38) 1 2 Pre-clean (23) N Y
 Purpos Bui Certificate (2) _____
 MH Number 1 _____ Sheet No. (6) 1 _____
 MH Type (30) AS CO CC GD GR Z
 Surface Type (28) _____
 Surveyor's Name (1) Bk/RM Date (8) 12/1/21 Time (9) 11:30
 Rim to invert (14) ft 0 Wall Diameter (length/water) (77) ft 51-
 Penetration/Scratch (ST) Results 2 2 3 4 NA Inspection Status (36) SI NF SD BM
 Inches Rating 1 2 3 4 NA DI NO NA NI Traff
 Location Code (26) A G F D C City (11) Burlingame Hills SMD
 Street Address (Number and Name) (10) 2820 Adeline Dr. Alvarado Ave
 Additional inspection information (27) _____

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (43/42) in 25 3/4 Material (43) CAS Shape (40) C Type (44) Solid Vented # 2 (46)
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Missing Bobs Missing
 Insert Type (51) Condition (52) None Plastic Metal
 Photo #(s) _____

FRAME
 Material (57) CAS Condition(s) (61) Sound Missing Cracked Broken Coated
 Offset Distance (63) in 0
 Seal Condition (62) Inflow (64) None IR IG Stain
 Adjustment Ring Type(s) Material(s) Condition(s) CAS Sound Cracked
 Photo #(s) 667

CHIMNEY
 Material(s) (66) Coat/Liner (70) BR NC C Depth (69) ft 1
 Corrosion None SRI SSS SAV SAP SAM SRV SRP SRC SANV
 Brickwork DB MB MM Lumpy/Spall
 Other Defect: Lining None LFDE LFD WF LFB
 Photo #(s) 664

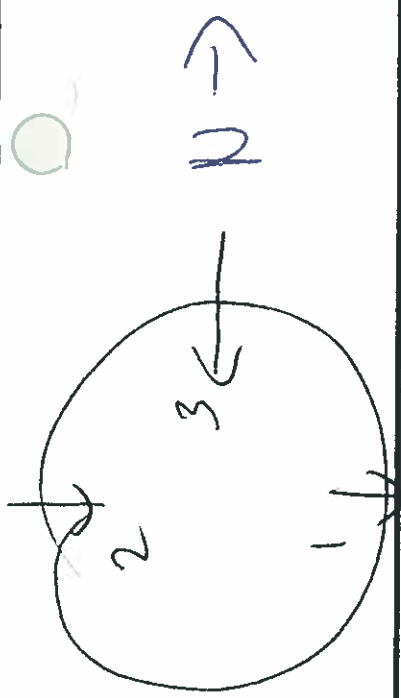
CONE
 Material(s) (73) Coat/Liner (75) BR NC C Depth (74) ft 7.15
 Corrosion None SRI SSS SAV SAP SAM SRV SRP SRC SANV
 Brickwork DB MB MM Lumpy/Spall
 Other Defect: Lining None LFDE LFD WF LFB
 Photo #(s) _____

WALL
 Material(s) (78) Coat/Liner (80) BR NC C Depth (79) ft 9.7
 Corrosion None SRI SSS SAV SAP SAM SRV SRP SRC SANV
 Brickwork DB MB MM Lumpy/Spall
 Other Defect: Lining None LFDE LFD WF LFB
 Photo #(s) _____

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N Channel Installed (85) Y N
 Number of Steps (89) 3 Step Material (90) Metal Plastic Brick Other

Required Photos
01 White Board <u>666</u>
02 Location <u>667</u>
03 Surf Down Taken Above Rim <u>662</u>
04 Surf Down Taken Below Rim <u>663</u>
05 Drainage Inlet Location/ Path from MH <u>665</u>

MH Number
878



PIPE CONNECTIONS

Pipe Number (91)	Clock Position (92)	Direction (94)	REQUIRED				OPTIONAL				
			Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)	
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> GU (Out Drop Up) <input type="checkbox"/> OK (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	10.4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	10		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> GU (Out Drop Up) <input type="checkbox"/> OK (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	10.05	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	10		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	
3	3	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> GU (Out Drop Up) <input type="checkbox"/> OK (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	9.85	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> GU (Out Drop Up) <input type="checkbox"/> OK (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective	
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> GU (Out Drop Up) <input type="checkbox"/> OK (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective	
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> GU (Out Drop Up) <input type="checkbox"/> OK (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective	

OLE INSPECTION FORM

Inspection Level (38) 1 2

Purpose: Biv

Pre-clean (23) N Y

MH Sealed? before: Y/N after: Y/N

Sheet No. (6) 1

Date (8) 2011/1/21

MH Number 079

Time (9) 10:40

Surface Type (28) AS GD CO GR CC ZZ

MH Type (30) AMH ACOM AIB

Surveyor's Name (1) Bk/EM

Certificate (2)

Penetration/Scratch (ST) Results

6 o'clock 0 inches Rating 2 3 4 NA

12 o'clock 0 inches Rating 2 3 4 NA

Rim to Invert (14) ft 4.6

Rim to Grade (16) ft 4.1

Wall Diameter (length/width) (77)

Location Code (26) A G F D C

City (11) Burlingame Hills SMD

Street Address (Number and Name) (10) 2800 Adelme Dr.

Additional inspection information (27) Avarado Ave.

Inspection Status (36) SI NF SD BM DI NO NA N) Traff

Required Photos
01 White Board 653
02 Location 647
03 Surf Down Taken Above Rim 648
04 Surf Down Taken Below Rim 649
05 Drainage Inlet Location/ Path from MH 652

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER

Size (41/42) in 27 3/4

Material (43) CAS

Shape (40) C

Type (44) Solid Vented #

Fit (49) G U R

Cover Condition(s) (50) Sound Corroded Cracked Missing Broken

Insert Type (51) Condition (52) None Plastic Metal

Photo #(s)

FRAME

Material (57) CAS

Condition(s) (61) Sound Missing Cracked Corroded Broken Coated

Offset Distance (63) in 0

Adjustment Ring Type(s) Material(s) (54) Condition(s) (55) CAS None Solid Adjustable

Photo #(s) 651

CHIMNEY

Material(s) (66) BR RCP NC C

Coat/Liner (70) NC C

Depth (69) ft

DEFFECTS in Chimney (For no defects, check "None")

(1) (67) None SRI SSS SAV SAP

Corrosion SAM SRV SRP SRC SWV

Brickwork DB MB MM Lively/Mark/Stain

Other Defect: Lining None LFDE LFD WF LFB

Photo #(s)

CONE

Material(s) (73) BR RCP NC C

Coat/Liner (75) NC C

Depth (74) ft 3.3

DEFFECTS in Cone (For no defects, check "None")

i/i None SRI SSS SAV SAP

Corrosion SAM SRV SRP SRC SWV

Brickwork DB MB MM Lively/Mark/Stain

Other Defect: Lining None LFDE LFD WF LFB

Photo #(s) 651

WALL

Material(s) (78) BR RCP NC C

Coat/Liner (80) NC C

Depth (79) ft

DEFFECTS in Wall (For no defects, check "None")

i/i None SRI SSS SAV SAP

Corrosion SAM SRV SRP SRC SWV

Brickwork DB MB MM Lively/Mark/Stain

Other Defect: Lining None LFDE LFD WF LFB

Photo #(s)

BENCH, CHANNEL, STEPS

Bench Present (82) Y N

Channel Installed (85) Y N

Number of Steps (89) 0

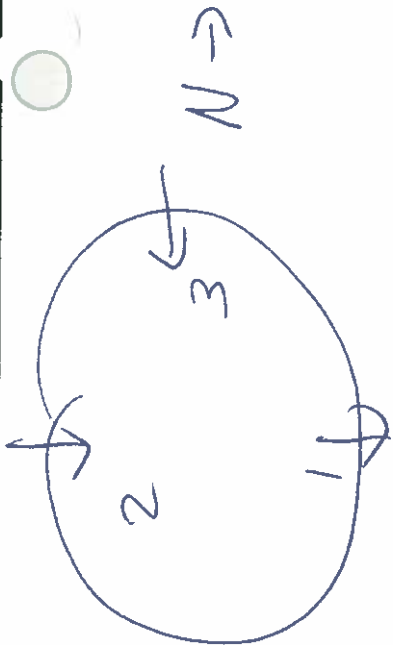
Step Material (90) Metal Plastic Brick Other

N/A

N/A

MH Number

079



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.7	<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.5	<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	3	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.2	<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

Inspection Level (38) 1 2
 Pre-clean (23) N Y
 MH Sealed? before: Y N after: Y N
 Sheet No. (6) 1
 MH Number (7) 80
 Time (9) 11:15
 24hr

Purposes BU O
 Certificate (2) Y N
 Surveyor's Name (1) BKURA
 Inspection Status (36) SI DI NF NO SD BM NA NI Traff

Penetration/Scratch (ST) Results 1 2 3 4 NA 2 2 3 4 NA
 Rating 2 3 4 NA
 Inches 6 o'clock 12 o'clock

Street Address (Number and Name) (10) 2804 Additive
 City (11) Burlingame Hillis SMD
 Location Code (26) A G F D C

Rim to Invert (14) 4.3 ft 0 ft
 Wall Diameter (length/width) (77) 4 ft 1 ft
 Surface Type (28) AS CO CC GD GR Z

Cross Street or Location Details (12) Alvarado
 Additional Inspection Information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 25 1/4 in C
 Shape (40) C U R
 Type (44) Solid Vented
 # (46) 2

FRAME
 Material (57) CAS Sound Cracked Broken
 Condition(s) (61) Missing Corroded Coated
 Offset Distance (63) in 0

CHIMNEY
 Material(s) (66) BR RCP
 Coat/Liner (70) NC C
 Depth (69) ft 13

CONE
 Material(s) (73) BR RCP
 Coat/Liner (75) NC C
 Depth (74) ft 3.8

WALL
 Material(s) (78) BR RCP
 Coat/Liner (80) NC C
 Depth (79) ft

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 1
 Step Material (90) Metal Brick Plastic Other

Required Photos
01 White Board 659 #
02 Location 659 #
03 Surf Down Taken Above Rim 659 #
04 Surf Down Taken Below Rim 659 #
05 Drainage Inlet Location/ Path from MH 659 #

DEFECTS IN CHIMNEY (For no defects, check "None")
 I/I (87) None I/I
 circle one: NW ID IR IG Stain

Corrosion SAM SRV SRP SRC SWW
 SRI SSS SAV SAP

Brickwork DB MB MM
 Lumpy Missing

Adjustment Ring Type(s) Material(s) Condition(s) (55)
 None CAS Sound Cracked
 Solid Adjustable

Other Defect: Lining None LFDE LPD WF UFB

DEFECTS IN CONE (For no defects, check "None")
 I/I None I/I
 circle one: NW ID IR IG Stain

Corrosion SAM SRV SRP SRC SWW
 SRI SSS SAV SAP

Brickwork DB MB MM
 Lumpy Missing

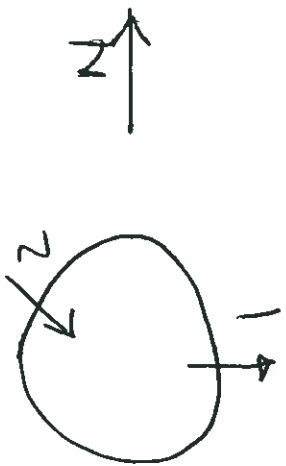
Seal Condition (62) Inflow (64)
 None I/I IR IG Stain

Other Defect: Lining None LFDE LPD WF UFB

Required Photos
01 White Board 659 #
02 Location 659 #
03 Surf Down Taken Above Rim 659 #
04 Surf Down Taken Below Rim 659 #
05 Drainage Inlet Location/ Path from MH 659 #

MH Number

80



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.3	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	1	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.35	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

M. HOLE INSPECTION FORM

MH Use (17) SS (Sanitary) MH Type (30) AS GD GR ZZ
 Surface Type (28) CO CC
 Inspection Level (38) 1 2 Purpose B (0) Inc Certificate (2) N Y
 Pre-clean (23) N Y
 MH Sealed? before: Y after: Y N
 Sheet No. (6) 1 Date (8) 2011/1/19
 MH Number (1) 082 Time (9) 24hr 13:45
 Rim to invert (14) ft 0.7 ft Wall Diameter (length/width) (77) ft 11 ft
 Penetration/Scratch (ST) Results 2 3 4 NA 2 3 4 NA
 Rating inches 0 0
 Location Code (26) A G F D C City (11) 2879 Hillside Dr
 Street Address (Number and Name) (20) 2879 Hillside Dr
 Burlingame Hills SMD

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 16/31 Material (43) CAS Shape (40) C Rect
 Type (44) Solid Vented # 1 (46) Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Cracked Missing Broken Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal
 Photo #(s) Sound Poor Fit Cracked
FRAME
 Material (57) CAS Condition(s) (61) Sound Missing Cracked Corroded Broken Coated
 Offset Distance (63) in 0
 Seal Condition (61) Inflow (64) None Solid Adjustable
 Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55) CAS Sound Cracked
CHIMNEY
 Material(s) (66) Coat/Liner (70) BR RCP NC C
 Depth (69) ft
 Other Defect: Lining None LFDE LFD WF LFB
 Brickwork DB MB MM Lumpy Missing
CONE
 Material(s) (73) Coat/Liner (75) BR RCP NC C
 Depth (74) ft
 Other Defect: Lining None LFDE LFD WF LFB
 Brickwork DB MB MM Lumpy Missing
WALL
 Material(s) (78) Coat/Liner (80) BR RCP NC C
 Depth (79) ft 1.3
 Other Defect: Lining None LFDE LFD WF LFB
 Brickwork DB MB MM Lumpy Missing

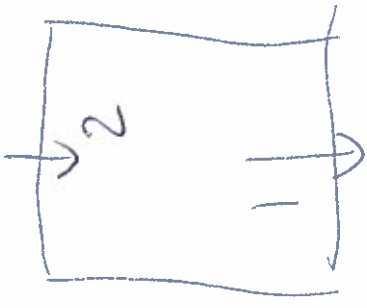
DEFECTS IN CHIMNEY (For no defects, check "None")
 Photo #(s)

DEFECTS IN CONE (For no defects, check "None")
 Photo #(s)

DEFECTS IN WALL (For no defects, check "None")
 Photo #(s) 485

Channel Installed (85) Y N
 Number of Steps (89) 6
 Step Material (90) Metal Plastic Brick Other

Required Photos	01 White Board	02 Location	03 Surf Down Taken Above Rim	04 Surf Down Taken Below Rim	05 Drainage Inlet Location/ Path from MH
	486	482	483	484	482



N →

PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	1.7	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	1.5	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

M. HOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AHB ACOM AIB
 MH Type (30) AS CO CC GD GR ZZ
 Surface Type (28) AS CO CC GD GR ZZ
 Inspection Level (38) 1 2 B (0) Inve
 Purpose Pre-clean (23) Certificate (2)
 Pre-clean (23) N Y
 MH Sealed? before: Y N after: Y N
 Sheet No. (6) 1
 MH Number 1. 083
 Date (8) 2011/1/19
 Time (9) 14:00
 24hr
 Inspection Status (36) SI NF SD BM DI NO NA NI Traff
 Penetration/Scratch (ST) Results 1 2 3 4 NA 1 2 3 4 NA
 Rating inches
 6 o'clock 0
 12 o'clock 0
 Surveyor's Name (1) BK/PM
 Cross Street or Location Details (12) Newton Dr.
 Street Address (Number and Name) (10) 2888 Hillcrest Dr.
 Location Code (26) A G F D C
 City (11) Burlingame Hills SMD
 Rim to Invert (14) ft 2.8
 Wall Diameter (length/width) (77) ft 31
 Additional Inspection Information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 28 1/2
 Material (43) CAS
 Shape (40) C
 Type (44) Solid Vented # 2 (46)
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Missing Broken Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked
 Photo #(s)

FRAME
 Material (57) CAS
 Condition(s) (61) Sound Missing Cracked Corroded Broken Coated
 Offset Distance (63) in 0
 Seal Condition (62) Inflow (64) None Solid Adjustable
 check one: IW ID IR IG Stain

CHIMNEY
 Material(s) (66) BR RCP
 Coat/Liner (70) NC C
 Depth (69) ft 1
 Other Defect: Lining None LFDE LFD WF LFB
 Brickwork DB MB MM Lining Metal/Stain

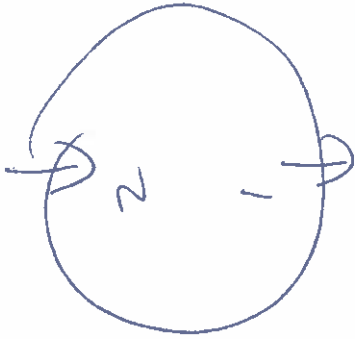
CONE
 Material(s) (73) BR RCP
 Coat/Liner (75) NC C
 Depth (74) ft 2.4
 Other Defect: Lining None LFDE LFD WF LFB
 Brickwork DB MB MM Lining Metal/Stain

WALL
 Material(s) (78) BR RCP
 Coat/Liner (80) NC C
 Depth (79) ft
 Other Defect: Lining None LFDE LFD WF LFB
 Brickwork DB MB MM Lining Metal/Stain

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 0
 Step Material (90) Metal Plastic Brick Other

Required Photos
01 White Board 492
02 Location 487
03 Surf Down Taken Above Rim 488
04 Surf Down Taken Below Rim 489
05 Drainage inlet Location/ Path from MH 491

N/A



N →

PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (103)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	1.8	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	1.8	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17)
 SS (Sanitary)
 AMH
 ACOM
 AIB

MH Type (30)
 AS
 CO
 CC
 GD
 GR
 ZZ

Inspection Level (38)
 1
 2

Purpose
 B (0) Insp.
 Certificate (2)

Pre-clean (23)
 N
 Y

MH Sealed?
 before: Y/
 after: Y/
 Date (8) 2011/1/19

Sheet No. (6) 1
MH Number (4) 084
Time (9) 24hr 14:15

Surveys
Inspector's Name (1) Bk/RM
Penetration/Scratch (ST) Results
 6 o'clock 0 inches Rating 0
 12 o'clock 0 inches Rating 0

Additional Information
Location Code (26)
 A
 F
 C
 G
 D
 C

City (11) Newton Dr.
Street Address (Number and Name) (10) 2891 Hillcrest Dr.
Cross Street or Location Details (12) Heavy Roots Blockage - 496

Rim to Invert (14) 2.4 ft
Wall Diameter (Length/width) (77) 3 ft

Inspection Status (36)
 SI
 DI
 NF
 NO
 SD
 NA
 NI
 BM
 NA
 NI
 Traffic

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 25 1/2
 Material (43) CAS
 Shape (40) C
 Type (44) Solid
 Vented
 # (46) 2

FRAME
 Material (57) CAS
 Condition (s) (61) Sound
 Cracked
 Broken
 Offset Distance (63) 0 in

CHIMNEY
 Material(s) (66) BR
 RCP
 Coat/Liner (70) NC
 C
 Depth (69) 1 ft

CONE
 Material(s) (73) BR
 RCP
 Coat/Liner (75) NC
 C
 Depth (74) 1.9 ft

WALL
 Material(s) (78) BR
 RCP
 Coat/Liner (80) NC
 C
 Depth (79) ft

DEFECTS IN CHIMNEY (For no defects, check "None")
 I/I (67) None
 SRI
 SSS
 SAV
 SAP
 Corrosion SAM
 SRV
 SRP
 SRC
 SMW
 Brickwork DB
 MB
 MM
 Lining
 None
 LFDE
 LFD
 WF
 LFB

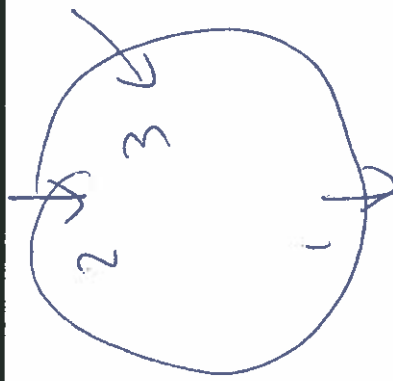
DEFECTS IN CONE (For no defects, check "None")
 I/I None
 SRI
 SSS
 SAV
 SAP
 Corrosion SAM
 SRV
 SRP
 SRC
 SMW
 Brickwork DB
 MB
 MM
 Lining
 None
 LFDE
 LFD
 WF
 LFB

DEFECTS IN WALL (For no defects, check "None")
 I/I None
 SRI
 SSS
 SAV
 SAP
 Corrosion SAM
 SRV
 SRP
 SRC
 SMW
 Brickwork DB
 MB
 MM
 Lining
 None
 LFDE
 LFD
 WF
 LFB

Required Photos
 01 White Board 497
 02 Location 493
 03 Surf Down Taken Above Rim 494
 04 Surf Down Taken Below Rim 495
 05 Drainage Inlet Location/Path from MH 493

BENCH, CHANNEL, STEPS
 Bench Present (82) Y
 N
 Channel Installed (85) Y
 N
 Number of Steps (89) 0
 Step Material (90) Metal
 Plastic
 Brick
 Other

MH Number
084



N →

PIPE CONNECTIONS

REQUIRED

OPTIONAL

Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97)	Width (98)	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.3	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6	PIC 496 Blackage	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	2	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) ANH ACOM AIB Surface Type (28) AS CO CC GD GR ZZ

Inspection Level (38) 1 2 Purpose Biv Pre-clean (23) N Y Certificate (2) _____

MH Sealed? before: Y N after: Y N Date (8) 2/11/20 Inspection Status (36) SI NF SD BM DI NO NA NI Traffic

MH Number 085 Time (9) 24hr 10:00

Penetration/Scratch (ST) Results 2 3 4 NA 2 3 4 NA

Surveyor's Name (3) BK/RM

Rim to Invert (14) ft 2.5 Rim to Grade (16) ft 3.1 Wall Diameter (length/width) (77) ---

Location Code (26) A G F D C City (11) 145 Newton Dr

Cross Street or Location Details (12) Hillside Dr

Additional Inspection Information (27) Sewage accommodates on bench

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 25 1/2 Material (43) CAS Shape (40) C Type (44) Solid Vented # 2 (46)

FRAME
 Material (57) CAS Condition(s) (61) Sound Missing Cracked Corroded Coated
 Seal Condition (62) Inflow (64) None Solid Adjustable
 Adjustment Ring Type(s) Material(s) Condition(s) (55) CAS Sound Cracked

CHIMNEY
 Material(s) (66) Coat/Liner (70) BR NC C RCP Depth (69) ft 1

CONE
 Material(s) (73) Coat/Liner (75) BR NC C RCP Type (72) Flat/Slab Concentric Eccentric
 Depth (74) ft 2.1

WALL
 Material(s) (78) Coat/Liner (80) BR NC C RCP Depth (79) ft

DEFECTS IN CHIMNEY (For no defects, check "None")
 I/I (67) None SRI SSS SAV SAP SAM SRV SRP SRC SAW SBR
 Corrosion SAM SRV SRP SRC SAW
 Brickwork DB MB MM Lumpy/Marked

DEFECTS IN CONE (For no defects, check "None")
 I/I None SRI SSS SAV SAP SAM SRV SRP SRC SAW
 Corrosion SAM SRV SRP SRC SAW
 Brickwork DB MB MM Lumpy/Marked

DEFECTS IN WALL (For no defects, check "None")
 I/I None SRI SSS SAV SAP SAM SRV SRP SRC SAW
 Corrosion SAM SRV SRP SRC SAW
 Brickwork DB MB MM Lumpy/Marked

Required Photos
 01 White Board 553
 02 Location 547
 03 Surf Down Taken Above Rim 545
 04 Surf Down Taken Below Rim 545
 05 Drainage Inlet Location/Path from MH 582

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N Channel Installed (85) Y N Number of Steps (89) 0 Step Material (90) Metal Plastic Brick Other

Sewage smell evident

N/A

MH Number

085



PIPE CONNECTIONS

REQUIRED

OPTIONAL

Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	27	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	3	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	21	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17)
 SS (Sanitary)
 Other

MH Type (30)
 AMH
 ACOM
 AUB

Surface Type (28)
 AS
 CO
 CC
 GD
 GR
 ZZ

Rim to Invert (14) ft N/A
Wall Diameter (length/width) (77) ft N/A / N/A
Penetration/Scratch (ST) Results
 6 o'clock 1 2 3 4 4
 12 o'clock 1 2 3 4 4
 Rating: 4

Location Code (26)
 A
 F
 D
 C

City (11) Hillsdale
 Burlingame
 Hills SMD

Street Address (Number and Name) (10) 141 Newton
Cross Street or Location Details (12) Hillside

Inspection Level (38)
 1
 2

Purpose
 B (Investigate)
 Other

Pre-clean (23)
 N
 Y

Surveyor's Name (1) Adnan R.
Certificate (2)

MH Sealed?
 before: Y
 after: Y

Sheet No. (6) 1
Date (8) 2011-01-25
Inspection Status (36)
 SI
 DI
 NF
 NO

MH Number (5) 88
Time (9) 1040
 24hr

Additional Inspection Information (27)
Failed MH

Required Photos	01 White Board	02 Location	03 Surf Down	04 Surf Down	05 Drainage
	Cum 885 938	2107	Token Above Rim 2108	Token Below Rim	Inlet Location/ Path from MH

COVER	FRAME	CHIMNEY	CONE	WALL
Size (41/42) in <u>N/A</u> Material (43) <input type="checkbox"/> CAS <input type="checkbox"/> Broken	Material (57) <input type="checkbox"/> CAS <input type="checkbox"/> Cracked <input type="checkbox"/> Broken	Material(s) (66) <input type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> NC <input type="checkbox"/> C	Material(s) (73) <input type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> NC <input type="checkbox"/> C	Material(s) (78) <input type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> NC <input type="checkbox"/> C
Fit (49) <input type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R	Seal Condition (62) Inflow (64) <input type="checkbox"/> None <input type="checkbox"/> IW ID IR <input type="checkbox"/> IG Stain	Corrosion <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP	Corrosion <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP	Corrosion <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP
Cover Condition(s) (50) <input type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken <input type="checkbox"/> Corroded <input type="checkbox"/> Missing <input checked="" type="checkbox"/> Bolts Missing	Adjustment Ring Type(s) Material(s) Condition(s) <input type="checkbox"/> None <input type="checkbox"/> Solid <input type="checkbox"/> Adjustable	DEFACTS In Chimney (For no defects, check "None") I/I (67) <input type="checkbox"/> None <input type="checkbox"/> IW ID <input type="checkbox"/> IR IG <input type="checkbox"/> Stain	DEFACTS In Cone (For no defects, check "None") I/I <input type="checkbox"/> None <input type="checkbox"/> IW ID <input type="checkbox"/> IR IG <input type="checkbox"/> Stain	DEFACTS In Wall (For no defects, check "None") I/I <input type="checkbox"/> None <input type="checkbox"/> IW ID <input type="checkbox"/> IR IG <input type="checkbox"/> Stain
Insert Type (51) Condition (52) <input type="checkbox"/> None <input type="checkbox"/> Plastic <input type="checkbox"/> Metal	Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB	Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB	Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB	Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB
Photo #(s)	Photo #(s)	Photo #(s)	Photo #(s)	Photo #(s)

MANHOLE INSPECTION AND CORROSION/LINER DEFECT OBSERVATIONS

COVER N/A
FRAME N/A

CHIMNEY
Material(s) (66) N/A
Depth (69) N/A

CONE
Material(s) (73) N/A
Depth (74) N/A

WALL
Material(s) (78) N/A
Depth (79) N/A

BENCH, CHANNEL, STEPS
Bench Present (82) Y N
Channel Installed (85) Y N
Number of Steps (89) N/A
Step Material (90)
 Metal
 Plastic
 Brick
 Other

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) ANH ACOM AIB AS CO CC GD GR ZZ
 Surface Type (28)

Inspection Level (38) 1 2
 Purpos B N Pre-clean (23) N Y
 Certificate (2) _____

MH Number (6) 089 Sheet No. (6) 1
 Time (9) 9:15 Date (8) 2011/1/20
 24hr 9:15

MH Sealed? before: Y N after: Y N
 Inspection Status (36) SI DI NF NO SD BM NA NI Traff

Surveyor's Name (1) BK/RM
 Penetration/Scratch (ST) Results 2 2 3 4 NA inches Rating 2 2 3 4 NA
 6 o'clock 0 12 o'clock 0

Rlm to Invert (14) 0 ft 3.2 ft Wall Diameter (length/width) (77) 31-
 Street Address (Number and Name) (10) 120 Newton Dr
 City (11) Hillside Dr

Location Code (26) A G F D C
 Burlingame Hills SMD

Additional Inspection Information (27) Boots - S31

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER	FRAME	CHIMNEY	CONE	WALL
Size (41/42) in <u>25 1/2</u> Shape (40) <input checked="" type="checkbox"/> C <input type="checkbox"/> U <input type="checkbox"/> R Type (44) <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Vented # <u>2</u> (46) Material (43) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> _____ Condition(s) (61) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Missing <input type="checkbox"/> Cracked <input type="checkbox"/> Corroded <input type="checkbox"/> Broken <input type="checkbox"/> Coated Offset Distance (63) _____ in <u>0</u> Seal Condition (62) Inflow (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> check one: <input type="checkbox"/> IW <input type="checkbox"/> ID <input type="checkbox"/> IR <input type="checkbox"/> IG <input type="checkbox"/> Stain	Photo # (s) <u>532</u> Insert Type (53) Condition (52) <input type="checkbox"/> Sound <input type="checkbox"/> Poor FR <input type="checkbox"/> Cracked <input type="checkbox"/> Plastic <input type="checkbox"/> Metal Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Corroded <input type="checkbox"/> Cracked <input type="checkbox"/> Missing <input type="checkbox"/> Broken <input type="checkbox"/> Bolts Missing Adjustment Ring Type(s) (54) Material(s) (55) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Solid <input type="checkbox"/> Adjustable Photo # (s) <u>530</u> Adjustment Ring Type(s) (54) Material(s) (55) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Solid <input type="checkbox"/> Adjustable	Photo # (s) <u>530</u> Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LPE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Lined/ Metal/Glass Corrosion <input type="checkbox"/> None <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SRS <input type="checkbox"/> SAV <input type="checkbox"/> SAP DEFECTS in Chimney (For no defects, check "None")	Photo # (s) _____ Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LPE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Lined/ Metal/Glass Corrosion <input type="checkbox"/> None <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SRS <input type="checkbox"/> SAV <input type="checkbox"/> SAP DEFECTS in Cone (For no defects, check "None")	Photo # (s) _____ Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LPE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Lined/ Metal/Glass Corrosion <input type="checkbox"/> None <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SRS <input type="checkbox"/> SAV <input type="checkbox"/> SAP DEFECTS in Wall (For no defects, check "None")
Material (57) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> _____ Condition(s) (61) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Missing <input type="checkbox"/> Cracked <input type="checkbox"/> Corroded <input type="checkbox"/> Broken <input type="checkbox"/> Coated Offset Distance (63) _____ in <u>0</u>	Material (57) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> _____ Condition(s) (61) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Missing <input type="checkbox"/> Cracked <input type="checkbox"/> Corroded <input type="checkbox"/> Broken <input type="checkbox"/> Coated Offset Distance (63) _____ in <u>0</u>	Material(s) (66) Coat/Liner (70) <input type="checkbox"/> NC <input checked="" type="checkbox"/> C <input type="checkbox"/> _____ Depth (69) _____ ft <u>1</u>	Material(s) (73) Coat/Liner (75) <input type="checkbox"/> NC <input checked="" type="checkbox"/> C <input type="checkbox"/> _____ Depth (74) _____ ft <u>3</u>	Material(s) (78) Coat/Liner (80) <input type="checkbox"/> NC <input type="checkbox"/> C <input type="checkbox"/> _____ Depth (79) _____ ft
BENCH, CHANNEL, STEPS Bench Present (82) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Channel Installed (85) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Number of Steps (89) <u>0</u> Step Material (90) <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Brick <input type="checkbox"/> Other				

532

533

527
533

MH Number

689



N →

PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number [91]	Clock Position [92]	Direction [94]	Special Condition [101]	Rim to Invert [93]	Material [95]	Shape [96]	Diameter [97] Inches	Width [98] Inches	Condition [99]	Seal Condition [101]
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.2	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.15	<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AMH ACOM AIB

MH Type (30) AS CO CC GD GR Z

Surface Type (28) AS CO CC GD GR Z

Inspection Level (38) 1 2

Purpo: B In N Y

Pre-clean (23) N Y

MH Sealed? before: Y N after: Y N

Sheet No. (6) 1

MH Number' 090

Time (9) 9:25

Date (8) 2011/1/20

Inspection Status (36) SI NF NO DI SD BM NA NI Traff

Penetration/Scratch (ST) Results 2 3 4 NA 2 3 4 NA

6 o'clock 0 12 o'clock 0

Inspector's Name (1) BK/RM

Certificate (2)

Rim to Invert (14) 3.55 ft

Wall Diameter (length/width) (77) 3'-

Location Code (26) A G F D C

City (11) Burlingame Hills SMD

Street Address (Number and Name) (10) 131 Newton Dr

Cross Street or Location Details (12) Hillside Dr

Additional Inspection Information (27) Rocks - 538

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 25 1/2
 Shape (40) C
 Type (44) Solid Vented # 2 (45)

FRAME
 Material (43) CAS

Condition(s) (61) Sound Missing Cracked Broken Coated

Material (57) CAS

Seal Condition (62) Inflow (64) None Inflow IR IG Stain

Adjustment Ring Type(s) Material(s) Condition(s) CAS Sound Cracked Adjustable

CHIMNEY
 Material(s) (66) BR RCP NC C

Coat/Liner (70) C

Depth (69) ft 1.2

CONE
 Material(s) (73) BR RCP NC C

Coat/Liner (75) C

Depth (74) ft 3.15

Type (72) Flat/Slab Concentric Eccentric

WALL
 Material(s) (78) BR RCP NC C

Coat/Liner (80) C

Depth (79) ft

DEFFECTS IN CHIMNEY (For no defects, check "None")
 I/I (67) None SRI SSS SAV SAP SAM SRV SRP SRC SRW
 Corrosion None SRI SSS SAV SAP SAM SRV SRP SRC SRW
 Brickwork DB MB MM Lumpy/Spall None Lining None LFDE LFD WF LPB

DEFFECTS IN CONE (For no defects, check "None")
 I/I None Inflow IR IG Stain
 Corrosion None SRI SSS SAV SAP SAM SRV SRP SRC SRW
 Brickwork DB MB MM Lumpy/Spall None Lining None LFDE LFD WF LPB

DEFFECTS IN WALL (For no defects, check "None")
 I/I None Inflow IR IG Stain
 Corrosion None SRI SSS SAV SAP SAM SRV SRP SRC SRW
 Brickwork DB MB MM Lumpy/Spall None Lining None LFDE LFD WF LPB

Required Photos
 01 White Board 540
 02 Location 534
 03 Surf Down Taken Above Rim 535
 04 Surf Down Taken Below Rim 536
 05 Drainage Inlet Location/ Path from MH 539

BENCH, CHANNEL, STEPS

Bench Present (82) Y N

Channel Installed (85) Y N

Number of Steps (89) 0

Step Material (90) Metal Plastic Brick Other

2/A

MH Number

090



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.55	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.5	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (1.7) SS (Sanitary) AMH ACPM AJP MH Type (30) AS CO CC GD GR Z

Inspection Level (38) 1 2 Purpose B/W Pre-clean (23) N Y Y Y

MH Sealed? before: Y N after: Y N

Sheet No. (6) Date (8) Time (9)

MH Number

Penetration/Scratch (ST) Results 2 3 4 NA SI DI NF NO SD BM NA NI Traff

Surveyor's Name (1) Certificate (2)

Rim to Invert (14) ft ft ft ft ft

Wall Diameter (length/width) (77) ft ft

Location Code (26) A G F D C B

City (11) Burlingame Hills SMD

Street Address (Number and Name) (10)

Cross Street or Location Details (12)

Additional inspection information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in in in
 Material (43) CAS
 Shape (40) C
 Type (44) Solid Vented # (46)
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Cracked Broken Missing Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked
 Photo #(s)

FRAME
 Material (57) CAS
 Condition(s) (61) Sound Missing Cracked Corroded Broken Coated
 Seal Condition (62) Inflow (64) None IW ID IR IG Stain
 Adjustment Ring Type(s) Material(s) Condition(s) (55) None Solid Adjustable CAS Cracked
 Photo #(s)

CHIMNEY
 Material(s) (66) BR NC RCP C
 Coat/Liner (70) Depth (69)
 Other Defect: Lining None LFDE LFD WF LFB
 Photo #(s)

CONE
 Material(s) (73) BR NC RCP C
 Coat/Liner (75) Depth (74)
 Other Defect: Lining None LFDE LFD WF LFB
 Photo #(s)

WALL
 Material(s) (78) BR RCP NC C
 Coat/Liner (80) Depth (79)
 Other Defect: Lining None LFDE LFD WF LFB
 Photo #(s)

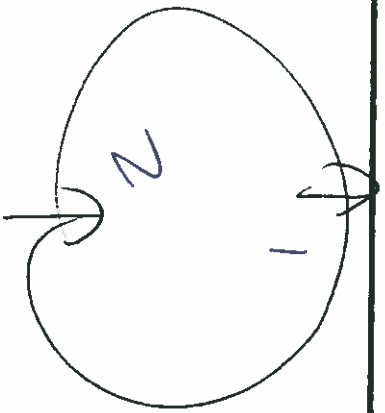
BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89)
 Step Material (90) Metal Plastic Brick Other

Required Photos
01 White Board <input type="text" value="546"/>
02 Location <input type="text" value="542"/> <input type="text" value="541"/>
03 Surf Down Taken Above Rim <input type="text" value="543"/>
04 Surf Down Taken Below Rim <input type="text" value="544"/>
05 Drainage Inlet Location/ Path from MH <input type="text" value="541"/>

MH Number

091

N →



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.95	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.92	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) **MH Type (30)** ANH ACOM AIB **Surface Type (28)** GD GR Z

Inspection Level (38) 1 2 **Purpose** B (1) Invs **Pre-clean (23)** N Y **Certificate (2)** _____

MH Number (6) 92 **Sheet No. (6)** 1 **MH Sealed?** before: Y N after: Y N **Time (9)** 1445

Inspection Status (36) SI SD BM NF NA NI Traffic DI

Date (8) 2011-01-20 **Additional Inspection Information (27)** gas 2019, pu 2015: Auct

Penetration/Scratch (ST) Results 1 2 3 4 **Rating** 1 2 3 4 **NA**

Surveyor's Name (1) Adnan K **6 o'clock** _____ **12 o'clock** _____ **inches** _____

Street Address (Number and Name) (10) 2874 Canyon Rd **City (11)** Summit

Location Code (26) A G F D C **Burlingame Hills SMD**

Rim to Invert (14) **Rim to Grade (16)** ft 1.5 **Wall Diameter (length/width) (77)** ft 41

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER **Size (41/42) in** 15 1/2 **Material (43)** CAS **Shape (40)** C **Type (44)** Solid **Fit (49)** G U O R **Cover Condition(s) (50)** Sound Corroded Cracked Missing Broken Bolts Missing **Insert Type (51) Condition (52)** None Plastic Metal **Photo # (s)** _____

FRAME **Material (57)** CAS **Condition(s) (61)** Sound Missing Cracked Corroded Broken Coated **Offset Distance (63)** in 0 **Seal Condition (62) Inflow (64)** None circle one: TW ID IR IG Stair **Adjustment Ring Type(s) Material(s) (54) Condition(s) (55)** CAS Solid Adjustable **Photo # (s)** _____

CHIMNEY **Material(s) (66) Coat/Liner (70)** BR RCP NC C **Depth (69)** ft N/A **DEFFECTS IN CHIMNEY (For no defects, check "None")** **1/1 (67)** None circle one: SRI SSS SAV SVP SPM **Corrosion** SAM SRV SRC SRW **Brickwork** DB MB MM Lining Metal/Stone **Photo # (s)** _____

CONE **Material(s) (73) Coat/Liner (75)** BR RCP NC C **Depth (74)** ft 6.1 **DEFFECTS IN CONE (For no defects, check "None")** **1/1** None circle one: TW ID IR IG Stair **Corrosion** SAM SRV SRC SRW **Brickwork** DB MB MM Lining Metal/Stone **Photo # (s)** 2075

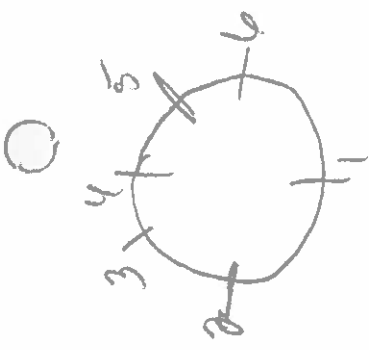
WALL **Material(s) (78) Coat/Liner (80)** BR RCP NC C **Depth (79)** ft N/A **DEFFECTS IN WALL (For no defects, check "None")** **1/1** None circle one: TW ID IR IG Stair **Corrosion** SAM SRV SRC SRW **Brickwork** DB MB MM Lining Metal/Stone **Photo # (s)** _____

Required Photos

- 01 White Board 2070
- 02 Location 2071
- 03 Surf Down Taken Above Rim 2072
- 04 Surf Down Taken Below Rim 2073
- 05 Drainage Inlet Location/Path from M.H. 2074

BENCH, CHANNEL, STEPS **Bench Present (82)** Y N **Channel Installed (85)** Y N **Number of Steps (89)** 4 **Step Material (90)** Metal Plastic Brick Other

MH Number
92



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.5	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.6	<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	11	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	1.7	<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
4	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.2	<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
5	2	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	1.9	<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input type="checkbox"/> Sound <input checked="" type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
6	4	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	1.4	<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input type="checkbox"/> Sound <input checked="" type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

Inspection Level (38) 1 2
Purpose (41) B (Investig.) C (Other)
Pre-clean (23) N Y
Certificate (2)

MH Use (17) SS (Sanitary)
MH Type (30) AMH ACOM AIB
Surface Type (28) AS CO CC GD GR ZZ

Rim to Invert (14) 1 1/2 ft 0 ft
Wall Diameter (length/width) (77) 11 ft
6 o'clock
12 o'clock

Inspection Status (36) SI NF SD BM
 DI NO NA NI Traffic

Additional Inspection Information (27)
 Penetration/Scratch (ST) Results: 2 3 4 NA
 Rating: 2 3 4 NA
 Gross Street or Location Details (12): Newton Dr.

Inspection Level (38) 1 2
Purpose (41) B (Investig.) C (Other)
Pre-clean (23) N Y
Certificate (2)

MH Sealed? before: Y N after: Y N
Sheet No. (6) 1
MH Number (13) 093
Date (8) 2011/1/19
Time (9) 12:50

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 16/31
 Material (43) CAS
 Shape (40) C Rect
 Type (44) Solid Vented
 # (46) 1
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Missing Bolts Missing
 Insert Type (51) None Plastic Metal
 Condition (52) Sound Poor Fit Cracked
 Photo #(s)

FRAME
 Material (57) CAS
 Condition(s) (61) Sound Missing Corroded Coated
 Offset Distance (63) in 0
 Seal Condition (62) Inflow (64) None chime one: IW ID IR IG Stain

CHIMNEY
 Material(s) (66) BR RCP NC C
 Coat/Liner (70) NC C
 Depth (69) ft
 Other Defect: Lining None LFDE LFD WF LFB
 Brickwork DB MB MM Liquef. Mispl./Stain

CONE
 Material(s) (73) BR RCP NC C
 Coat/Liner (75) NC C
 Depth (74) ft
 Type (72) Flat/Slab Concentric Eccentric

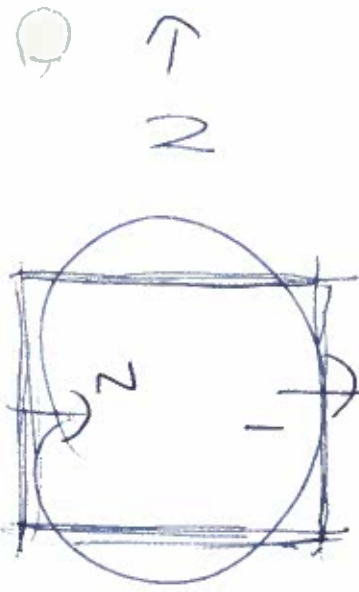
WALL
 Material(s) (78) BR RCP NC C
 Coat/Liner (80) NC C
 Depth (79) ft
 Other Defect: Lining None LFDE LFD WF LFB
 Brickwork DB MB MM Liquef. Mispl./Stain

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 0
 Step Material (90) Metal Plastic Brick Other

Required Photos	01 White Board	02 Location	03 Surf Down Taken Above Rim	04 Surf Down Taken Below Rim	05 Drainage Inlet Location/ Path from MH
	476	472 471	473	474	475

* Downstream to left in pic.
 * Downstream to

MH Number
093



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	1.5	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	1.5	<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

Inspection Level (38) 1 2
 Purpos B(I) Investig.
 Pre-clean (23) N Y
 Certificate (2) Y N
 MH Use (17) SS (Sanitary)
 MH Type (30) AWH ACOM AIB
 Surface Type (28) AS GD GR ZZ
 CO CC
 Rim to Invert (14) Rim to Grade (16) Wall Diameter (length/width) (77)
 ft 3.35 ft 0 ft 31-
 Location Code (26) City (11) Burlingame Hills SMD
 A G F D C
 Street Address (Number and Name) (10) Cross Street or Location Details (12)
 #35 Fire Dept. Hillside Newton Dr
 Penetration/Scratch (ST) Results
 6 o'clock 12 o'clock
 1 2 3 4 NA 1 2 3 4 NA
 Rating
 Inspection Status (36) SI NF SD BM
 DI NO NA NI Traffic
 Additional Inspection Information (27)
 MH Sealed? before: Y N after: Y N
 Date (8) 20/11/19
 MH Number (1,3) 094
 Time (9) 24hr 12:15
 Sheet No. (6) 1

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 25 1/2 in
 Material (43) CAS
 Shape (40) C
 Type (44) Solid Vented # 2
 Cover Condition(s) (50) Sound Corroded Cracked Missing Broken Bolts Missing
 Fit (49) G U O R
 Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked
 Photo #(s)
FRAME
 Material (57) CAS
 Condition(s) (61) Sound Missing Cracked Corroded Broken Coated
 Offset Distance (63) in 0
 Seal Condition (62) Inflow (64) None IW ID IR IG Stain
 Adjustment Ring Type(s) Material(s) Condition(s) (55) CAS Sound Cracked
 Photo #(s) 468
CHIMNEY
 Material(s) (66) Coat/Liner (70) Depth (69) ft 1.4
 BR RCP NC C
CONE
 Material(s) (73) Coat/Liner (75) Depth (74) ft 3
 BR RCP NC C
 Type (72) Flat/Slab Concentric Eccentric
WALL
 Material(s) (78) Coat/Liner (80) Depth (79) ft
 BR RCP NC C
BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 0
 Step Material (90) Metal Plastic Brick Other
Required Photos
 01 White Board 470
 02 Location 465
 03 Surf Down Taken Above Rim 466
 04 Surf Down Taken Below Rim 467
 05 Drainage inlet Location/ Path from MH 469

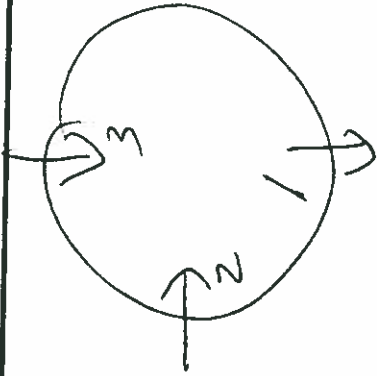
N/A

Sheet

MH Number

094

N →



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.35	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.32	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.36	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

Inspection Level (38) 1 2
 Pre-clean (23) N Y
 MH Sealed? before: Y N after: Y N
 Sheet No. (6) 1
 MH Number 095
 Date (8) 2/11/20
 Time (9) 8:45
 Inspection Status (36) SI NF SD BM DI NO NA NI Traff
 Penetration/Scratch (ST) Results: 2 3 4 NA
 Rating: 2 3 4 NA
 Additional inspection information (27)
 Purpos: B/W
 Certificate (2) BK/PM
 Surveyor's Name (1) BK/PM
 6 o'clock 0
 12 o'clock 0
 Street Address (Number and Name) (10) 15 Newton Dr.
 City (11) Burlington Hills SMD
 State (12) G F D C
 Surface Type (28) AS CO GR Z
 Wall Diameter (Length/Width) (77) 31-
 Rim to Invert (14) 3.05 ft
 Location Code (26) A G F D C
 City (11) Burlington Hills SMD
 State (12) G F D C

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

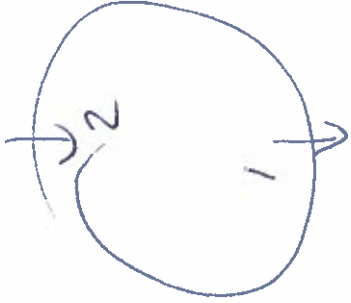
COVER
 Size (41/42) in 25 1/2
 Material (43) CAS
 Shape (40) C
 Type (44) Solid Vented
 # (46) 2
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Missing Bolts Missing
 Insert Type (51) None Plastic Metal
 Condition (52) Sound Poor Fit Cracked
 Photo #(s)
FRAME
 Material (57) CAS
 Condition(s) (61) Sound Missing Cracked Broken Coated
 Offset Distance (63) 0 in
 Seal Condition (62) Inflow (64) None Solid Adjustable
 Adjustment Ring Type (53) Material (54) Condition (55) CAS
 Photo #(s) 521
CHIMNEY
 Material(s) (66) Coat/Liner (70) NC C
 Depth (69) 1.3 ft
 Defects in Chimney (For no defects, check "None")
 I/I (67) None SRI SSS SAV SAP
 Corrosion SAM SRV SRP SRC SANW
 Brickwork DB MB MM
 Lining None LFDE LFD WF LFB
 Photo #(s) 525
CONE
 Material(s) (73) Coat/Liner (75) NC C
 Depth (74) 2.65 ft
 Defects in Cone (For no defects, check "None")
 I/I None SRI SSS SAV SAP
 Corrosion SAM SRV SRP SRC SANW
 Brickwork DB MB MM
 Lining None LFDE LFD WF LFB
 Photo #(s)
WALL
 Material(s) (78) Coat/Liner (80) NC C
 Depth (79) ft
 Defects in Wall (For no defects, check "None")
 I/I None SRI SSS SAV SAP
 Corrosion SAM SRV SRP SRC SANW
 Brickwork DB MB MM
 Lining None LFDE LFD WF LFB
 Photo #(s)
BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (81) Y N
 Number of Steps (89) 0
 Step Material (90) Metal Plastic Brick Other

Required Photos
01 White Board 526
02 Location 517
03 Surf Down Taken Above Rim 518
04 Surf Down Taken Below Rim 519
05 Drainage Inlet Location/ Path from MH 525

N/A

MH Number

095



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.05	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) MH Type (30) AS CO CC GD GR ZZ
 Inspection Level (38) 1 2 B (N) Investigate Pre-clean (23) N Y
 Purpos () B (N) Investigate Certificate (2)

MH Number (13) 096 Time (9) 11:05
 Sheet No. (6) 1 Date (8) 2011/1/19
 MH Sealed? before: N Y after: N Y
 Inspection Status (36) SI NF SD BM DI NO NA NI Traff

Surveyor's Name (1) BK/KN Penetration/Scratch (ST) Results 2 3 4 NA
 6 o'clock 0 inches Rating 2 3 4 NA
 12 o'clock 0 inches Rating 2 3 4 NA
 Cross Street or Location Details (12) Newton Dr.

Surveyor's Name (1) BK/KN
 Street Address (Number and Name) (10) 2825 Hillside Dr.
 City (11) Burlingame Hills SMD
 Rim to Invert (14) ft 2.65 ft 0 ft Wall Diameter (length/width) (77) ft 31-
 Location Code (26) A G F D C

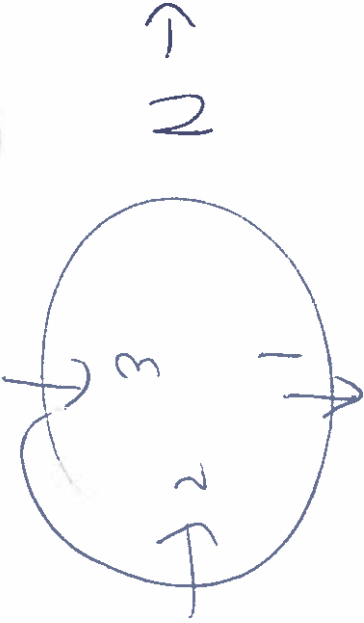
MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER	FRAME	CHIMNEY	CONE	WALL	BENCH, CHANNEL, STEPS
Size (41/42) in 25 1/2 in Material (43) <input checked="" type="checkbox"/> CAS Shape (40) <input checked="" type="checkbox"/> C Type (44) <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Vented # 2 (46) Condition (51) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken Cover Condition (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SAW Fit (49) <input checked="" type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R	Material (57) <input checked="" type="checkbox"/> CAS Condition (s) (61) <input type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken Offset Distance (63) in 0 Seal Condition (62) Inflow (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> IW <input type="checkbox"/> ID <input type="checkbox"/> IR <input type="checkbox"/> Stain <input type="checkbox"/> KG Insert Type (51) Condition (52) <input type="checkbox"/> None <input type="checkbox"/> Plastic <input type="checkbox"/> Metal Adjustment Ring Type (53) Material (54) Condition (55) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Sound <input type="checkbox"/> Cracked	Material (s) (66) Coat/Liner (70) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C Depth (69) ft 1 DEFECTS In Chimney (For no defects, check "None") Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SAW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB	Material (s) (73) Coat/Liner (75) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C Depth (74) ft 2.25 DEFECTS In Cone (For no defects, check "None") Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SAW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB	Material (s) (78) Coat/Liner (80) <input type="checkbox"/> NC <input type="checkbox"/> C Depth (79) ft DEFECTS In Wall (For no defects, check "None") Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SAW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB	Bench Present (82) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Channel Installed (85) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Number of Steps (89) 0 Step Material (90) <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Brick <input type="checkbox"/> Other

Required Photos

01 White Board	464
02 Location	459 458
03 Surf Down Taken Above Rim	460
04 Surf Down Taken Below Rim	461
05 Drainage Inlet Location/ Path from MH	463

S...RCH



N →

MH Number
096

PIPE CONNECTIONS

Pipe Number (93)	REQUIRED				OPTIONAL						
	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)	
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.65	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.68	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective	
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective	
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective	

MANHOLE INSPECTION FORM

Inspection Level (38) 1 2
 Purpose B (1) N Y
 Pre-clean (23) N Y
 MH Sealed? before: Y N after: Y N
 Sheet No. (6) 1
 MH Number 1. 98
 Date (8) 2011-01-20
 Time (9) 1400
 Inspection Status (36) SI NF SD BM DI NO NA NI Traff
 Penetration/Scratch (ST) Results 2 3 4 NA
 Rating 2 3 4 NA
 Surveyor's Name (1) Adrew
 Cross Street or Location Details (12) Summit
 Street Address (Number and Name) (10) 2870 Canyon
 City (11) Burlingame Hills SMD
 Location Code (26) A G F D C
 Rim to Invert (14) ft 4 ft 0.2
 Wall Diameter (Length/Width) (77) ft 4 ft
 Rim to Grade (16) ft 4 ft
 Surface Type (28) AS GD CO GR CC ZZ
 MH Type (30) ANH ACOM AIB
 Additional Inspection Information (27) gas: 20.9

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER	FRAME	CHIMNEY	CONE	WALL
Size (41/42) in 25.5 / in Material (43) CAS Shape (40) C Type (44) Solid Vented # 2 (46) Fit (49) G U O R Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Corroded <input type="checkbox"/> Cracked <input type="checkbox"/> Missing <input type="checkbox"/> Broken <input type="checkbox"/> Bolts Missing Insert Type (51) Condition (52) <input checked="" type="checkbox"/> None <input type="checkbox"/> Plastic <input type="checkbox"/> Metal Photo #(s)	Material (57) CAS Condition(s) (61) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Missing <input type="checkbox"/> Cracked <input type="checkbox"/> Broken Offset Distance (63) in 0 Seal Condition (62) Inflow (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> IW ID IR IG Stain Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Solid <input type="checkbox"/> Adjustable Photo #(s)	Material(s) (66) BR RCP Coat/Liner (70) NC C Depth (69) ft DEFFECTS IN CHIMNEY (For no defects, check "None") 1/1 (67) <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SANW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> UFB Photo #(s)	Material(s) (73) BR RCP Coat/Liner (75) NC C Depth (74) ft 4.1 DEFFECTS IN CONE (For no defects, check "None") 1/1 <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SANW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM Lining <input checked="" type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> UFB Photo #(s)	Material(s) (78) BR RCP Coat/Liner (80) NC C Depth (79) ft DEFFECTS IN WALL (For no defects, check "None") 1/1 <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SANW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> UFB Photo #(s)

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 2
 Step Material (90) Metal Plastic Brick Other

Required Photos
01 White Board 2057
02 Location 2058
03 Surf Down Taken Above Rim 2059
04 Surf Down Taken Below Rim 2060
05 Drainage Inlet Location/ Path from MH 2061

MH Number

98



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.5	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.4	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	11	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	1.3	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
4	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.0	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
5	1	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.6	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

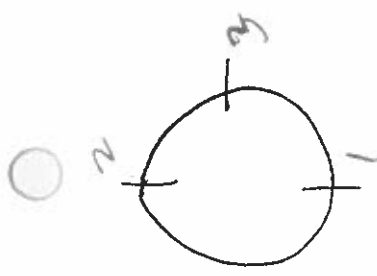
Inspection Level (38) 1 2
Purpose B (N Inves.) N Y
Pre-clean (23) N Y
MH Sealed? before: Y/ N after: Y/ N
Sheet No. (6) 1 **MH Number (7)** 99
Date (8) 2011-01-20 **Time (9)** 1430
Inspector's Name (1) Adam R. **Inspection Status (36)** SI NF SD BM
 DI NO NA NI Traff
Penetration/Scratch (ST) Results 2 3 4 NA SI NF SD BM
 6 o'clock 0 inches Rating 2 3 4 NA DI NO NA NI Traff
 12 o'clock 0 inches Rating 2 3 4 NA
Street Address (Number and Name) (10) 2772 Canyon Summit **Additional inspection information (27)** Gas 209
City (11) Burlingame Hills SMD **Location Code (26)** A G F b C

COVER
 Size (41/42) in 18 1/2 in Material (43) CAS Shape (40) C Type (44) Solid Vented # 2 (46) Fit (49) G O U O O R Cover Condition(s) (50) Sound Corroded Cracked Missing Broken Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked
 Photo #(s)
FRAME
 Material (57) CAS Condition(s) (61) Sound Missing Cracked Broken Offset Distance (63) in 0 Seal Condition (62) Inflow (64) None IW ID IR IG Stain Adjustment Ring Type(s) Material(s) (54) Condition(s) CAS Sound Cracked
 Photo #(s)
CHIMNEY
 Material(s) (66) Coat/Liner (70) NC C Depth (69) ft N/A
 BR RCP
 i/l (67) None SRI SSS SAV SAP SAM SRV SRP SRC SMW
 Corrosion None SRI SSS SAV SAP
 Brickwork DB MB MM Lugs/None None Lugs/None
 Lining None LFE LFD WF LFB
 Photo #(s)
CONE
 Material(s) (73) Coat/Liner (75) NC C Depth (74) ft 2.9
 BR RCP
 i/l None IW ID IR IG Stain None SRI SSS SAV SAP
 Corrosion None SRI SSS SAV SAP
 Brickwork DB MB MM Lugs/None None Lugs/None
 Lining None LFE LFD WF LFB
 Photo #(s)
WALL
 Material(s) (78) Coat/Liner (80) NC C Depth (79) ft N/A
 BR RCP
 i/l None IW ID IR IG Stain None SRI SSS SAV SAP
 Corrosion None SRI SSS SAV SAP
 Brickwork DB MB MM Lugs/None None Lugs/None
 Lining None LFE LFD WF LFB
 Photo #(s)
BENCH, CHANNEL, STEPS
 Bench Present (82) Y N Channel Installed (85) Y N
 Number of Steps (89) 0 Step Material (90) Metal Plastic Brick Other

Required Photos
01 White Board 2065
02 Location 2066
03 Surf Down Taken Above Rim 2067
04 Surf Down Taken Below Rim 2068
05 Drainage Inlet Location/ Path from MH 2069

MH Number

99



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.3	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	1.5	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
3	3	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17)
 SS (Sanitary)

MH Type (30)
 AMH
 ACOM
 AIB
Surface Type (28)
 AS
 CO
 CC
 GD
 GR
 ZZ
Rim to Invert (14) ft 0
Wall Diameter (length/width) (77) ft N/A
Rim to Grade (16) ft N/A
Location Code (26)
 A
 G
 F
 D
 C
 C
City (11) Burlingame
 Hills SMD
Street Address (Number and Name) (10) 2872 Canyon
Surveyor's Name (1) Adam R.
Penetration/Scratch (ST) Results
 6 o'clock: 1 2 3 4
 12 o'clock: 1 2 3 4
Pre-clean (23)
 N
 Y
Purpose
 B/W Investig

Inspection Level (38)
 1
 2
Certificate (2)
 N
 Y
MH Sealed?
 before: Y
 after: Y
Sheet No. (6) 1
MH Number (L) 100
Date (8) 20/10/20
Time (9) 1410
Inspection Status (36)
 SI
 DI
 NF
 NO
 SD
 BM
 NA
 NI
 Traff
Additional Inspection Information (27)
 Mable to open due to large concrete over lid & steep slope.

Required Photos
01 White Board 2062
02 Location 2063
03 Surf Down Taken Above Rim NA
04 Surf Down Taken Below Rim N/A
05 Drainage Inlet Location/ Path from MH 2064

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER N/A
 Size (41/42) in: /
 Material (43): CAS
 Shape (40): C
 Type (44): Solid
 Fit (49): G U O R
 Cover Condition(s) (50):
 Sound
 Corroded
 Cracked
 Missing
 Broken
 Bolts Missing
 Insert Type (51) Condition (52):
 None
 Plastic
 Metal
 Sound
 Poor Fit
 Cracked
FRAME
 Material (57): CAS
 Condition(s) (61):
 Sound
 Cracked
 Broken
 Offset Distance (63): in
CHIMNEY
 Material(s) (66):
 BR
 RCP
 Coat/Liner (70):
 NC
 C
 Depth (69): ft
CONE
 Material(s) (73):
 BR
 RCP
 Coat/Liner (75):
 NC
 C
 Depth (74): ft
WALL
 Material(s) (78):
 BR
 RCP
 Coat/Liner (80):
 NC
 C
 Depth (79): ft
DEFECTS IN CHIMNEY (For no defects, check "None")
 V/I (67):
 None
 IR
 ID
 IG
 Stain
 Corrosion:
 SAM
 SRV
 SSS
 SAV
 SAP
 Brickwork:
 DB
 MB
 MM
 Lined
 Metal/Stain
 Adjustment Ring Type(s) (54) Material (54) Condition (55):
 None
 Solid
 Adjustable
 CAS
 Sound
 Cracked
DEFECTS IN CONE (For no defects, check "None")
 V/I:
 None
 IR
 ID
 IG
 Stain
 Corrosion:
 SAM
 SRV
 SSS
 SAV
 SAP
 Brickwork:
 DB
 MB
 MM
 Lined
 Metal/Stain
DEFECTS IN WALL (For no defects, check "None")
 V/I:
 None
 IR
 ID
 IG
 Stain
 Corrosion:
 SAM
 SRV
 SSS
 SAV
 SAP
 Brickwork:
 DB
 MB
 MM
 Lined
 Metal/Stain
BENCH, CHANNEL, STEPS
 Bench Present (82):
 Y
 N
 Channel Installed (85):
 Y
 N
 Number of Steps (89): N/A
 Step Material (90):
 Metal
 Plastic
 Brick
 Other

MANHOLE INSPECTION FORM

MH Use (1.7)
 SS (Sanitary)
 MH Type (30)
 ANH
 ACOM
 AIB

Surface Type (28)
 AS
 CO
 CC
 GD
 GR
 ZZ

Rim to Invert (14) Rim to Grade (16) Wall Diameter (length/width) (77)
 ft 5.0 ft 0 ft 4.1 ft

Inspection Level (38)
 1
 2

Purpose
 B (10) Inves
 Pre-clean (23)
 N
 Y

Inspection Level (38)
 1
 2

Surveyor's Name (1)
 AR

Inspection Status (36)
 SI
 DI
 NF
 NO
 SD
 NA
 NI
 BM
 NI
 Traff

Location Code (26)
 A
 G
 F
 D
 C

City (11)
 Burlingame Hills SMD

Street Address (Number and Name) (10)
 2870 Canyon Summit

Cross Street or Location Details (12)
 Summit

Additional inspection information (27)
 749 2009

MH Number (1)
 102

Sheet No. (6)
 1

MH Sealed?
 before: Y/ N
 after: Y/ N

Date (8)
 7/11/11 2011-01-20

Time (9)
 24hr / 500

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 18 1/2 in
 Material (43) CAS
 Shape (40) C
 Type (44) Solid
 Vented # 6 (46)

FRAME
 Material (57) CAS
 Condition(s) (61) Sound
 Cracked
 Broken
 Offset Distance (63) in 0 in

CHIMNEY
 Material(s) (66) BR
 RCP
 NC
 C
 Coat/Liner (70) NC
 C
 Depth (69) ft N/A

CONE
 Material(s) (73) BR
 RCP
 NC
 C
 Coat/Liner (75) NC
 C
 Depth (74) ft 4.3
 Type (72) Flat/Slab
 Concentric
 Eccentric

WALL
 Material(s) (78) BR
 RCP
 NC
 C
 Coat/Liner (80) NC
 C
 Depth (79) ft N/A

BENCH, CHANNEL, STEPS
 Bench Present (82) Y
 N
 Channel Installed (85) Y
 N
 Number of Steps (89) 1
 Step Material (90) Metal
 Plastic
 Brick
 Other

Required Photos
 01 White Board 2074
 02 Location 2077
 03 Surf Down Taken Above Rim 2078
 04 Surf Down Taken Below Rim 2079
 05 Drainage Inlet Location/ Path from MH 2080

COVER
 Insert Type (51) Condition (52)
 None
 Plastic
 Metal
 Sound
 Poor Fit
 Cracked

COVER
 Cover Condition(s) (50)
 Sound
 Cracked
 Broken
 Corroded
 Missing
 Bolts Missing

COVER
 Fit (49)
 G
 U
 O
 R

COVER
 Seal Condition (62) Inflow (64)
 None
 circle one: TW ID IR IG Stain

COVER
 Adjustment Ring Type (53) Material (54) Condition (55)
 None
 Solid
 Adjustable
 CAS
 Cracked

CHIMNEY
 Other Defect: Lining
 None
 LFDE
 LFD
 WF
 LFB

CHIMNEY
 Other Defect: Lining
 None
 LFDE
 LFD
 WF
 LFB

WALL
 Other Defect: Lining
 None
 LFDE
 LFD
 WF
 LFB

WALL
 Other Defect: Lining
 None
 LFDE
 LFD
 WF
 LFB

MH Number

102



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.8	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.8	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input type="checkbox"/> Sound <input checked="" type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	1.5	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
4	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.7	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AMH ACOM AIB AS CO CC GO GR ZZ
Surface Type (28)
Inspection Level (38) 1 2 3 4 5
Purpose B (W/ Invtg.) N Y
Pre-clean (23) N Y
MH Sealed? before: Y N after: Y N
Sheet No. (6) 1 **MH Number (1)** 103
Date (8) 2011/1/18 **Time (9)** 9:35
Inspection Status (36) SI NF SD BM DI NO NA NI Traffic
Penetration/Scratch (ST) Results 2 3 4 NA 2 3 4 NA
Penetration (length/width) (77) 4/1 -
Street Address (Number and Name) (10) 2870 Canyon Rd. **Cross Street or Location Details (32)** La Questa Dr.
City (11) Burlingame HHS SMD
Location Code (26) A G F D C
Rim to Invert (14) ft 9.35 **Rim to Grade (16)** ft 0
Wall Diameter (length/width) (77) ft 4/1 -
Additional Inspection Information (27)

COVER
Size (41/42) in 27 3/4 **Shape (40)** C **Type (44)** Solid Vented # 7 (46)
Material (43) CAS **Fit (49)** G U O R
Condition(s) (61) Sound Missing Cracked Corroded Coated
Offset Distance (63) in 0
Seal Condition (62) Inflow (64) Sound Cracked
Adjustment Ring Type(s) (3) Material(s) (54) Condition(s) (55) CAS Solid Adjustable
Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked
Photo # (5)

FRAME
Material (57) CAS **Seal Condition (62) Inflow (64)** Sound Cracked
Adjustment Ring Type(s) (3) Material(s) (54) Condition(s) (55) CAS Solid Adjustable
Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked
Photo # (5)

CHIMNEY
Material(s) (66) Coat/Liner (70) NC C **Depth (69)** ft 3.3
DEFFECTS in Chimney (For no defects, check "None")
1/I (67) None SRI SSS SAV SAP SAM SRV SRP SRC SMW
Corrosion None SAM SRV SRP SRC SMW
Brickwork DB MB MM Lumpy/Spall
Other Defect: Lining None LFDE LFD WF LFB
Photo # (s)

CONE
Material(s) (73) Coat/Liner (75) NC C **Depth (74)** ft 9.15
DEFFECTS in Cone (For no defects, check "None")
1/I None SRI SSS SAV SAP SAM SRV SRP SRC SMW
Corrosion None SAM SRV SRP SRC SMW
Brickwork DB MB MM Lumpy/Spall
Other Defect: Lining None LFDE LFD WF LFB
Photo # (s)

WALL
Material(s) (78) Coat/Liner (80) NC C **Depth (79)** ft
DEFFECTS in Wall (For no defects, check "None")
1/I None SRI SSS SAV SAP SAM SRV SRP SRC SMW
Corrosion None SAM SRV SRP SRC SMW
Brickwork DB MB MM Lumpy/Spall
Other Defect: Lining None LFDE LFD WF LFB
Photo # (s)

BENCH, CHANNEL, STEPS
Bench Present (82) Y N **Channel Installed (85)** Y N
Number of Steps (89) 4 **Step Material (90)** Metal Plastic Brick Other

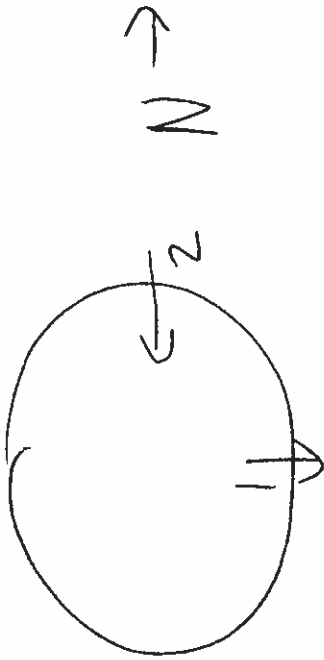
N/A

Required Photos
01 White Board 339
02 Location 334
03 Surf Dawn Taken Above Rim 336
04 Surf Down Taken Below Rim 338
05 Drainage Inlet Location/ Path from MH 340

SKL JH

MH Number

103



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)	9.45	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	3	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)	9.35	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary)
MH Type (30) AMH ACOM AUB
Surface Type (28) AS GD GR ZZ CO CC
Inspection Level (38) 1 2
Purpose (4) B (Investigate)
Pre-clean (23) N Y
MH Sealed? before: Y N after: Y N
Sheet No. (6) 1 **MH Number (1)** 104
Date (8) 2011/1/18 **Time (9)** 9:30
Inspector Status (36) SI NF SD BM DI NO NA NI Traff
Penetration/Scratch (ST) Results 2 3 4 NA
Rating 2 3 4 NA
6 o'clock 0 **12 o'clock** 0
Street Address (Number and Name) (10) 2870 Canyon Rd. **Cross Street or Location Details (12)** La Questa Dr.
City (11) Burlingame Hills SMD
Location Code (26) A G F D C
Rim to Invert (14) ft 5.05 **Rim to Grade (16)** ft 4.1 **Wall Diameter (length/width) (77)** ft 4.1
Surveyor's Name (1) BK/RM **Certificate (2)**
Additional Inspection Information (27)

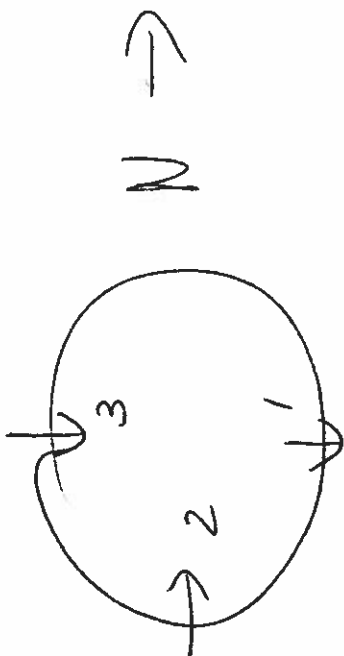
Required Photos	01 White Board	02 Location	03 Surf Down Taken Above Rim	04 Surf Down Taken Below Rim	05 Drainage Inlet Location/ Path from MH
Photo # (s)	333	328	329	330	328

COVER	FRAME	CHIMNEY	CONE	WALL
Size (41/42) in 27 3/4 Material (43) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Shape (40) <input checked="" type="checkbox"/> C <input type="checkbox"/> Type (44) <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Vented # 7 Fit (49) <input checked="" type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Corroded <input type="checkbox"/> Cracked <input type="checkbox"/> Missing <input type="checkbox"/> Broken <input type="checkbox"/> Bolts Missing Insert Type (51) Condition (52) <input checked="" type="checkbox"/> None <input type="checkbox"/> Plastic <input type="checkbox"/> Metal <input type="checkbox"/> Sound <input type="checkbox"/> Poor Fit <input type="checkbox"/> Cracked Seal Condition (62) Inflow (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> TW <input type="checkbox"/> ID <input type="checkbox"/> IR <input type="checkbox"/> IG <input type="checkbox"/> Stain Condition(s) (61) Offset Distance (63) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Missing <input type="checkbox"/> Cracked <input type="checkbox"/> Coated Material (57) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Material(s) (66) Coat/Liner (70) <input type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> NC <input checked="" type="checkbox"/> C <input type="checkbox"/> Depth (69) ft 1.5 Material(s) (73) Coat/Liner (75) <input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> NC <input type="checkbox"/> C <input type="checkbox"/> Depth (74) ft 4.55 Material(s) (78) Coat/Liner (80) <input type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> NC <input type="checkbox"/> C <input type="checkbox"/> Depth (79) ft	Adjustment Ring Type(s) Material(s) Condition(s) (55) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Adjustment Ring Type(s) Material(s) Condition(s) (55) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Adjustable Seal Condition (62) Inflow (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> TW <input type="checkbox"/> ID <input type="checkbox"/> IR <input type="checkbox"/> IG <input type="checkbox"/> Stain Condition(s) (61) Offset Distance (63) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Material (57) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Material(s) (66) Coat/Liner (70) <input type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> NC <input type="checkbox"/> C <input type="checkbox"/> Depth (69) Material(s) (73) Coat/Liner (75) <input type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> NC <input type="checkbox"/> C <input type="checkbox"/> Depth (74) Material(s) (78) Coat/Liner (80) <input type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> NC <input type="checkbox"/> C <input type="checkbox"/> Depth (79)	DEFFECTS in Chimney (For no defects, check "None") 1/1 (67) <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP <input type="checkbox"/> Stain Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMW <input type="checkbox"/> Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> UFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB Photo # (s) 331	DEFFECTS in Cone (For no defects, check "None") 1/1 <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP <input type="checkbox"/> Stain Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMW <input type="checkbox"/> Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> UFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB Photo # (s) 332	DEFFECTS in Wall (For no defects, check "None") 1/1 <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP <input type="checkbox"/> Stain Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMW <input type="checkbox"/> Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> UFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB Photo # (s)

BENCH, CHANNEL, STEPS
Bench Present (82) Y N
Channel Installed (85) Y N
Number of Steps (89) 1
Step Material (90) Metal Plastic Brick Other

N/A

MH Number
104



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.08	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.55	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.05	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) Surface Type (28) AS CO CC GD GR ZZ

MH Type (30) AMH ACOM AIB

Inspection Level (38) 1 2

Purpose (40) B (I/I Invert) N Y

Pre-clean (23) N Y

MH Sealed? before: Y N after: Y N

Sheet No. (6) 1

MH Number (1) 105

Time (9) 24hr 15:40

Inspector (36) [Signature]

Inspection Status (36) SI NF SD BM DI NO NA NI Traff

Penetration/Scratch (ST) Results 0 2 3 4 NA

Inches Rating 0 2 3 4 NA

6 o'clock 0

12 o'clock 0

Cross Street or Location Details (12) La Cuesta Dr.

Street Address (Number and Name) (10) 2874 Canyon Rd

City (11) Burlingame Hills SMD

Location Code (26) A G F D C

Rim to Invert (14) ft 0

Wall Diameter (length/width) (77) ft 41-

Additional Inspection Information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER	FRAME	CHIMNEY	CONE	WALL
Size (41/42) in 27 3/4	Material (43) CAS	Material(s) (66) BR <input checked="" type="checkbox"/> RCP	Material(s) (73) BR <input checked="" type="checkbox"/> RCP	Material(s) (78) BR <input type="checkbox"/> RCP
Shape (40) C	Condition(s) (61) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken	Coat/Liner (70) <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> C	Coat/Liner (75) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C	Coat/Liner (80) <input type="checkbox"/> NC <input type="checkbox"/> C
Type (44) <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Vented # 7 (46)	Fit (49) <input checked="" type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R	Depth (69) ft 1.8	Depth (74) ft 4.2	Depth (79) ft
Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Corroded <input type="checkbox"/> Cracked <input type="checkbox"/> Missing <input type="checkbox"/> Broken	Seal Condition (62) inflow (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> Sound <input type="checkbox"/> Cracked	DEFECTS in Chimney (For no defects, check "None") i/I (67) <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSV <input type="checkbox"/> IR <input type="checkbox"/> IG <input type="checkbox"/> IR <input type="checkbox"/> IG <input type="checkbox"/> Stain	DEFECTS in Cone (For no defects, check "None") i/I (67) <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSV <input type="checkbox"/> IR <input type="checkbox"/> IG <input type="checkbox"/> IR <input type="checkbox"/> IG <input type="checkbox"/> Stain	DEFECTS in Wall (For no defects, check "None") i/I (67) <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSV <input type="checkbox"/> IR <input type="checkbox"/> IG <input type="checkbox"/> IR <input type="checkbox"/> IG <input type="checkbox"/> Stain
Insert Type (51) Condition (52) <input checked="" type="checkbox"/> None <input type="checkbox"/> Plastic <input type="checkbox"/> Metal	Adjustment Ring Type(s) Material(s) Condition (55) <input checked="" type="checkbox"/> None <input type="checkbox"/> Solid <input type="checkbox"/> Adjustable	Corrosion <input checked="" type="checkbox"/> None <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP	Corrosion <input checked="" type="checkbox"/> None <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP	Corrosion <input checked="" type="checkbox"/> None <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP
Photo #(s)	Photo #(s) 326	Photo #(s) 326	Photo #(s)	Photo #(s)
Required Photos	01 White Board 323	02 Location 322	03 Surf Down Taken Above Rim 324	04 Surf Down Taken Below Rim 325
				05 Drainage Inlet Location/ Path from MH 327

BENCH, CHANNEL, STEPS

Bench Present (82) Y N

Channel Installed (85) Y N

Number of Steps (89) 0

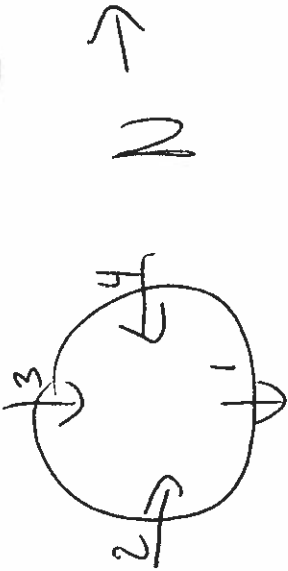
Step Material (90) Metal Plastic Brick Other

2/14

SKL_H

MH Number

105



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.6	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.2	<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.65	<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
4	3	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.35	<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) MH Type (30) AMH ACOM AIB

Surface Type (28) AS CO CC GD GR ZZ

Inspection Level (38) 1 2

Purpose (40) BHA (Invest.) Pre-clean (23) N Y

Certificate (2) _____

Surveyor's Name (1) BK/RM

MH Number (1) 107

Sheet No. (6) 1

MH Sealed? before: Y N after: Y N

Date (8) 2011/1/18

Time (9) 10:00

Rim to Invert (14) ft 4.15

Rim to Grade (16) ft -2

Wall Diameter (length/width) (77) ft 41 -

Penetration/Scratch (ST) Results 2 3 4 NA

Inspection Status (36) SI NF SD BM DI NO NA NI Traff

Additional Inspection Information (27) _____

Location Code (26) A G F D C

City (11) Burlingame Hills SMD

Street Address (Number and Name) (10) 2864 Canyon Rd. Summit Dr.

Required Photos	01 White Board	02 Location	03 Surf Down Taken Above Rim	04 Surf Down Taken Below Rim	05 Drainage Inlet Location/ Path from MH
445	1011	442	966	443	968
				444	969
				447	967

COVER	FRAME	CHIMNEY	CONE	WALL
Size (41/42) in 27 3/4 Material (43) <input checked="" type="checkbox"/> CAS Shape (40) <input checked="" type="checkbox"/> C Type (44) <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Vented # 7 (46) Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Corroded <input type="checkbox"/> Cracked <input type="checkbox"/> Missing <input type="checkbox"/> Broken Insert Type (51) Condition (52) <input checked="" type="checkbox"/> None <input type="checkbox"/> Plastic <input type="checkbox"/> Metal <input type="checkbox"/> CAS <input type="checkbox"/> Sound <input type="checkbox"/> Cracked Fit (49) <input checked="" type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R Seal Condition (62) Inflow (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> Solid <input type="checkbox"/> Adjustable Adjustment Ring Type (53) Material (54) Condition (55) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Sound <input type="checkbox"/> Cracked	Material (57) <input checked="" type="checkbox"/> CAS Condition(s) (61) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Missing <input type="checkbox"/> Cracked <input type="checkbox"/> Broken Offset Distance (63) in 0 Material(s) (66) <input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP Coat/Liner (70) <input type="checkbox"/> NC <input checked="" type="checkbox"/> C Depth (69) ft 1.85 Material(s) (73) <input type="checkbox"/> BR <input checked="" type="checkbox"/> RCP Coat/Liner (75) <input type="checkbox"/> NC <input checked="" type="checkbox"/> C Depth (74) ft 3.85 Material(s) (78) <input type="checkbox"/> BR <input checked="" type="checkbox"/> RCP Coat/Liner (80) <input type="checkbox"/> NC <input type="checkbox"/> C Depth (79) ft	Material(s) (66) <input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP Coat/Liner (70) <input type="checkbox"/> NC <input checked="" type="checkbox"/> C Depth (69) ft 1.85 Material(s) (73) <input type="checkbox"/> BR <input checked="" type="checkbox"/> RCP Coat/Liner (75) <input type="checkbox"/> NC <input checked="" type="checkbox"/> C Depth (74) ft 3.85 Material(s) (78) <input type="checkbox"/> BR <input checked="" type="checkbox"/> RCP Coat/Liner (80) <input type="checkbox"/> NC <input type="checkbox"/> C Depth (79) ft	Material(s) (73) <input type="checkbox"/> BR <input checked="" type="checkbox"/> RCP Coat/Liner (75) <input type="checkbox"/> NC <input checked="" type="checkbox"/> C Depth (74) ft 3.85 Material(s) (78) <input type="checkbox"/> BR <input checked="" type="checkbox"/> RCP Coat/Liner (80) <input type="checkbox"/> NC <input type="checkbox"/> C Depth (79) ft	Material(s) (78) <input type="checkbox"/> BR <input checked="" type="checkbox"/> RCP Coat/Liner (80) <input type="checkbox"/> NC <input type="checkbox"/> C Depth (79) ft

DEFECTS IN CHIMNEY (For no defects, check "None")

1/1 (67) None SRI SSS SAV SAP

Corrosion SAM SRV SRP SRC SMW

Brickwork DB MB MM MicroSlab

DEFECTS IN CONE (For no defects, check "None")

1/1 None SRI SSS SAV SAP

Corrosion SAM SRV SRP SRC SMW

Brickwork DB MB MM MicroSlab

DEFECTS IN WALL (For no defects, check "None")

1/1 None SRI SSS SAV SAP

Corrosion SAM SRV SRP SRC SMW

Brickwork DB MB MM MicroSlab

Channel Installed (85) Y N

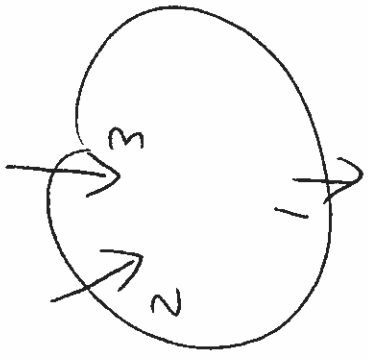
Number of Steps (89) 0

Step Material (90) Metal Plastic Brick Other

N/A

S.C.H

MH Number
107



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97)	Width (98)	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.25	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	10	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.15	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.15	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary)
MH Type (30) AMH ACOM AUB
Surface Type (28) AS GD GR ZZ CO CC
Inspection Level (38) 1 2
Purpose B (I) Investigate
Pre-clean (23) N Y
MH Sealed? before: Y N after: Y N
Sheet No. (6) 1
MH Number (1) 108
Time (9) 24hr 9:50
Surveyor's Name (1) Bk/EM
Date (8) 10/11/18
Inspection Status (36) SI NF SD BM DI NO NA NI Traffic
Penetration/Scratch (ST) Results 2 3 4 NA 2 3 4 NA
Rim to Invert (14) ft 0
Wall Diameter (length/width) (77) ft 41-
Location Code (26) A G F D C
City (11) Burlingame
Street Address (Number and Name) (10) 2864 Canyon Rd.
Cross Street or Location Details (12) Summit Dr.
Additional Inspection Information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
Size (41/42) in 27 1/4
Material (43) CAS
Shape (40) C
Type (44) Solid Vented # 7 (46)
Fit (49) G U O R
Cover Condition(s) (50) Sound Corroded Cracked Missing Broken Bolts Missing
Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked
Photo #(s) 440

FRAME
Material (57) CAS
Condition(s) (61) Sound Cracked Broken
Offset Distance (63) in 0
Seal Condition (62) Inflow (64) None Solid Adjustable
Adjustment Ring Type(s) Material(s) Condition(s) CAS
Photo #(s) 341

CHIMNEY
Material(s) (66) Coat/Liner (70) BR RCP NC C
Depth (69) ft 1.2
Corrosion None SAM SRV SRP SRC SAW SAP
DEFFECTS In Chimney (For no defects, check "None")
Brickwork DB MB MM Lipped/Smooth
Other Defect: None LFDE LFD WF UFB
Photo #(s) 885 438 965

CONE
Material(s) (73) Coat/Liner (75) BR RCP NC C
Depth (74) ft 7.4
Corrosion None SAM SRV SRP SRC SAW SAP
DEFFECTS In Cone (For no defects, check "None")
Brickwork DB MB MM Lipped/Smooth
Other Defect: None LFDE LFD WF UFB
Photo #(s) 885 437 965

WALL
Material(s) (78) Coat/Liner (80) BR RCP NC C
Depth (79) ft
Corrosion None SAM SRV SRP SRC SAW SAP
DEFFECTS In Wall (For no defects, check "None")
Brickwork DB MB MM Lipped/Smooth
Other Defect: None LFDE LFD WF UFB
Photo #(s) 885 962

BENCH, CHANNEL, STEPS
Bench Present (82) Y N
Channel Installed (85) Y N
Number of Steps (89) /
Step Material (90) Metal Plastic Brick Other

N/A

885

915

915

885 963

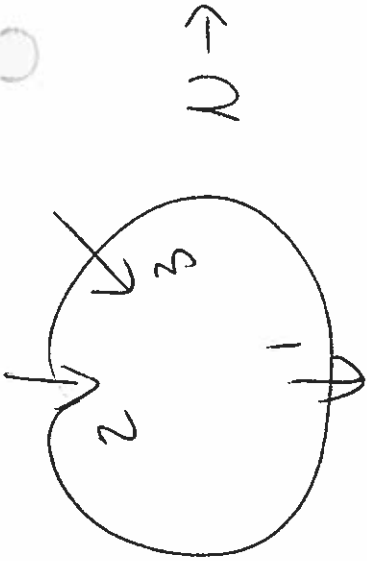
885 ok 962

Required Photos
01 White Board 440
02 Location 341
03 Surf Down Taken Above Rim 342
04 Surf Down Taken Below Rim 437
05 Drainage Inlet Location/ Path from MH 885 962

SKL 2A

MH Number

108



N →

PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	7.8	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.9	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	2	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.2	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) MH Type (30) AMH ACOM AUB Surface Type (28) AS CO CC GD GR Z

Inspection Level (38) 1 2 Purpose B/W Pre-clean (23) N Y

MH Number (1) 109 Sheet No. (6) 1 MH Sealed? before: Y N after: Y N

Surveyor's Name (5) BK/PM Certificate (2) Date (8) 2/11/24 Time (9) 8:00 PM

Rim to Invert (14) 3 ft Rim to Grade (16) 0 ft Wall Diameter (length/width) (77) 31- inches Penetration/Scratch (ST) Results 2 3 4 NA 3 2 3 4 NA

Location Code (26) A G F D C City (11) Burlingame Hills SMD

Street Address (Number and Name) (10) 2023 Cross Street or Location Details (12) Hillside Dr.

Additional inspection information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 27 1/2 in Material (43) CAS Shape (40) C Fit (49) G U O R Type (44) Solid Vented # S (46) S
 Condition(s) (63) Sound Missing Corroded Coated
 Seal Condition (62) Inflow (64) None Solid Adjustable
 Cover Condition(s) (50) Sound Corroded Missing Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked
 Photo # (s)

FRAME
 Material (57) CAS Condition(s) (61) Sound Cracked Broken
 Adjustment Ring Type(s) (54) Condition(s) Sound Cracked
 Photo # (s)

CHIMNEY
 Material(s) (66) Coat/Liner (70) BR RCP NC C
 Depth (68) 1 ft
 Defects in Chimney (For no defects, check "None")
 I/I (67) None SRI SSS SAV SAP SAM SRV SRP SRC SHW
 Corrosion SAM SRV SRP SRC SHW
 Brickwork DB MB MM Lumpy/Smooth
 Lining None LFDE LFD WF UFB
 Photo # (s) 737

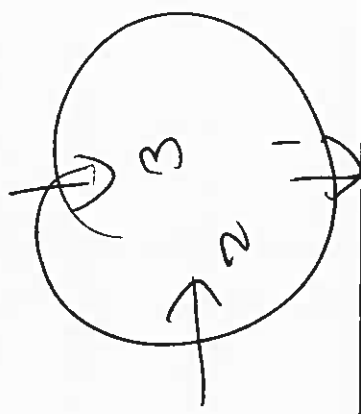
CONE
 Material(s) (73) Coat/Liner (75) BR RCP NC C
 Depth (74) 2.8 ft
 Defects in Cone (For no defects, check "None")
 I/I None SRI SSS SAV SAP SAM SRV SRP SRC SHW
 Corrosion SAM SRV SRP SRC SHW
 Brickwork DB MB MM Lumpy/Smooth
 Lining None LFDE LFD WF UFB
 Photo # (s)

WALL
 Material(s) (78) Coat/Liner (80) BR RCP NC C
 Depth (79) ft
 Defects in Wall (For no defects, check "None")
 I/I None SRI SSS SAV SAP SAM SRV SRP SRC SHW
 Corrosion SAM SRV SRP SRC SHW
 Brickwork DB MB MM Lumpy/Smooth
 Lining None LFDE LFD WF UFB
 Photo # (s)

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N Channel Installed (85) Y N
 Number of Steps (89) 0 Step Material (90) Metal Plastic Brick Other

Required Photos
 01 White Board 738
 02 Location 739 734
 03 Surf Down Taken Above Rim 735
 04 Surf Down Taken Below Rim 735
 05 Drainage Inlet Location/ Path from MH 734

MH Number
109



N →

PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (103)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.1	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.9	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

Inspection Level (38) 1 2
Pre-clean (23) N Y
Purpose: Biv
Inspection Level (38) 1 2
Pre-clean (23) N Y
Purpose: Biv
MH Use (17) SS (Sanitary)
MH Type (30) ANH ACOM AUS
Surface Type (28) AS CO GR CC ZZ
Rim to Invert (14) Rim to Grade (16) ft 41- Wall Diameter (length/width) (77) 6 o'clock 0 12 o'clock 0
Location Code (26) A G F D C
City (11) Burlingame Hills SMD
Street Address (Number and Name) (10) 103 Valdeflores
Surveyor's Name (1) BK/RM
Certificate (2)
Penetration/Scratch (ST) Results 2 3 4 NA 3 4 NA
Inspection Status (36) SI NF DI NO
Additional Inspection Information (27) _____
MH Number' (6) 110 **Sheet No. (6)** 1
Time (9) 12:10
24hr SD BM NA NI Traff

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
Size (41/42) in 27 1/4
Material (43) CAS
Shape (40) C
Type (44) Solid Vented # _____
Fit (49) G U O R
Cover Condition(s) (50) Sound Corroded Missing Bolts Missing
Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked
Photo #(s) _____

FRAME
Material (57) CAS
Condition(s) (61) Sound Missing Corroded Coated
Offset Distance (63) _____
Seal Condition (62) Inflow (64) Sound Cracked None chafe one: IW IR IG Stain
Adjustment Ring Type(s) Material(s) (54) Condition(s) None Solid Adjustable
Photo #(s) 686

CHIMNEY
Material(s) (66) BR RCP
Coat/Liner (70) NC C
Depth (69) 1.8
DEFECTS IN CHIMNEY (For no defects, check "None")
1/I (67) None SRI SSS SAV SAP SAM SRV SRP SRC SRW
Corrosion None SAM SRV SRP SRC SRW
Brickwork DB MB MM Lively/Meas/Stain
Other Defect: _____
Lining None LFDE LFD WF LFB
Photo #(s) 686

CONE
Material(s) (73) BR RCP
Coat/Liner (75) NC C
Depth (74) 4.85
DEFECTS IN CONE (For no defects, check "None")
1/I (67) None SRI SSS SAV SAP SAM SRV SRP SRC SRW
Corrosion None SAM SRV SRP SRC SRW
Brickwork DB MB MM Lively/Meas/Stain
Other Defect: _____
Lining None LFDE LFD WF LFB
Photo #(s) _____

WALL
Material(s) (78) BR RCP
Coat/Liner (80) NC C
Depth (79) _____
DEFECTS IN WALL (For no defects, check "None")
1/I (67) None SRI SSS SAV SAP SAM SRV SRP SRC SRW
Corrosion None SAM SRV SRP SRC SRW
Brickwork DB MB MM Lively/Meas/Stain
Other Defect: _____
Lining None LFDE LFD WF LFB
Photo #(s) _____

BENCH, CHANNEL, STEPS
Bench Present (82) Y N
Channel Installed (85) Y N
Number of Steps (89) _____
Step Material (90) Metal Plastic Brick Other

Required Photos
01 White Board 688
02 Location 682
03 Surf Down Taken Above Rim 683
04 Surf Down Taken Below Rim 684
05 Drainage Inlet Location/ Path from MH 687

N/A

MH Number

110



U →

REQUIRED

OPTIONAL

Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Flow Main) <input type="checkbox"/> LB (Lateral)	5.4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Flow Main) <input type="checkbox"/> LB (Lateral)	5.3	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Flow Main) <input type="checkbox"/> LB (Lateral)	5.25	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Flow Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Flow Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Flow Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17)
 SS (Sanitary)
 Other

MH Type (30)
 AMH
 ACCM
 AUB

Surface Type (28)
 AS
 CO
 CC
 GD
 GR
 ZZ

Inspection Level (38)
 1
 2

Purpose
 B (1 time)
 Other

Pre-clean (23)
 N
 Y

Certificate (2)
 Y
 N

Inspection Level (38)
 1
 2

Surveyor's Name (1)
 BK/PM

MH Number (1)
 052

Sheet No. (6)
 1

MH Sealed?
 before: Y
 after: Y

Date (8)
 2011/1/19

Time (9)
 15:00

Rim to Invert (14)
 ft 4.9

Wall Diameter (length/width) (77)
 ft 3 / -

Rim to Grade (16)
 ft 0

Penetration/Scratch (ST) Results
 2 3 4 NA
 Rating 1 2 3 4 NA

Inspection Status (36)
 SI
 DI
 NF
 NO
 SD
 BM
 NA
 NI
 Traff

Location Code (26)
 A
 F
 C

City (11)
 Burlingame
 Hills SMD

Street Address (Number and Name) (10)
 2957 Adeline Dr.

Cross Street or Location Details (12)
 Hillside

Additional Inspection Information (27)
 Heavy Roots - SIS

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 25 1/2
 Material (43) CAS
 Shape (40) C
 Type (44) Solid
 # (46) 2
 Fit (49) G
 Cover Condition(s) (50) Sound
 Corrosion Cracked
 Broken Bolts Missing

FRAME
 Material (57) CAS
 Condition(s) (61) Sound
 Cracked
 Broken
 Offset Distance (63) in
 Seal Condition (62) Inflow (64) None
 IW
 ID
 IR
 IG
 Stain

CHIMNEY
 Material(s) (66) BR
 Coat/Liner (70) NC
 C
 Depth (69) ft 1
 DEFECTS in Chimney (For no defects, check "None")
 Lining None
 LFDE
 LFD
 WF
 LFB
 Brickwork DB
 MB
 MM
 Lugs/Lugs
 Min/Max/Smooth

CONE
 Material(s) (73) BR
 Coat/Liner (75) NC
 C
 Depth (74) ft 4
 DEFECTS in Cone (For no defects, check "None")
 Lining None
 LFDE
 LFD
 WF
 LFB
 Brickwork DB
 MB
 MM
 Lugs/Lugs
 Min/Max/Smooth

WALL
 Material(s) (78) BR
 Coat/Liner (80) NC
 C
 Depth (79) ft
 DEFECTS in Wall (For no defects, check "None")
 Lining None
 LFDE
 LFD
 WF
 LFB
 Brickwork DB
 MB
 MM
 Lugs/Lugs
 Min/Max/Smooth

BENCH, CHANNEL, STEPS
 Bench Present (82) Y
 N
 Channel Installed (85) Y
 N
 Number of Steps (89) 1
 Step Material (90) Metal
 Plastic
 Brick
 Other

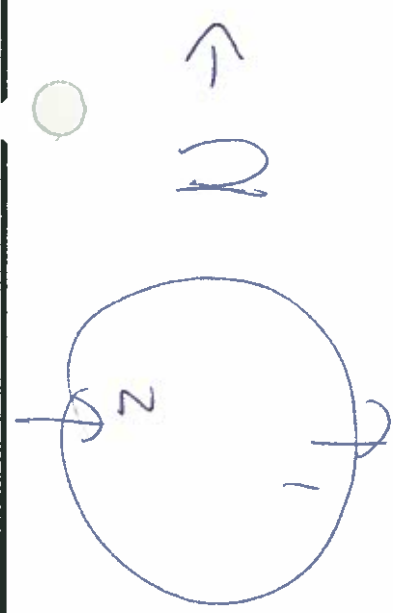
Required Photos
 01 White Board 1023
 02 Location 510
 03 Surf Down Taken Above Rim 512
 04 Surf Down Taken Below Rim 514
 05 Drainage Inlet Location/ Path from MH 511

N/A

SK1

MH Number
252

111



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97)	Width (98)	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.95	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.7	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17)
 SS (sanitary)
 AS
 CO
 CC

MH Type (30)
 AWH
 ACOM
 AIB

Surface Type (28)
 AS
 CO
 CC
 GD
 GR
 ZZ

Inspection Level (38)
 1
 2

Purpose
 B (in)

Pre-clean (23)
 N
 Y

MH Sealed?
 before: Y (N)
 after: Y (N)

Sheet No. (6) 1
MH Number 112

Date (8) 2011/1/26
Time (9) 14:30

Inspector Status (36)
 DI
 SD
 NF
 NO
 NA
 NI
 NI
 Traffic

Penetration/Scratch (ST) Results
 6 o'clock: 2
 12 o'clock: 2
 Rating: 2 3 4 NA
 2 3 4 NA

Additional inspection information (27)
 MH covered - should raise rim 2'

Surveyor's Name (1) BK/RA
Cross Street or Location Details (12) Adelme
Street Address (Number and Name) (10) 150 Los Robles

City (11) Burlingame
 Hills SMD

Rim to Invert (14) ft 3
Rim to Grade (16) ft 3.5
Wall Diameter (length/width) (77) ft 31

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 25 1/2
 Material (43) CAS
 Shape (40) C
 Type (44) Solid
 Vented # (46) 2
 Fit (49) G O U
 Corroded Missing Broken
 Cover Condition (50) Corroded Missing Broken
 Insert Type (51) Condition (52) Sound Poor Fit Cracked
 Photo # (s)

FRAME
 Material (57) CAS
 Condition (s) (61) Missing Corroded Coated
 Seal Condition (62) Inflow (64) None
 Adjustment Ring Type (53) Material (54) Condition (55) CAS
 Photo # (s) 834

CHIMNEY
 Material (s) (66) Coat/Liner (70) NC C
 Depth (69) ft
 Defects in Chimney (For no defects, check "None")
 I/I (67) None
 Corrosion SAM SRV SRP SRC SRW
 Brickwork DB MB MM
 Lining None LPDE LFD WF LFB
 Photo # (s)

CONE
 Material (s) (73) Coat/Liner (75) NC C
 Depth (74) ft 2.8
 Defects in Cone (For no defects, check "None")
 I/I (71) None
 Corrosion SAM SRV SRP SRC SRW
 Brickwork DB MB MM
 Lining None LPDE LFD WF LFB
 Photo # (s) 834

WALL
 Material (s) (78) Coat/Liner (80) NC C
 Depth (79) ft
 Defects in Wall (For no defects, check "None")
 I/I (76) None
 Corrosion SAM SRV SRP SRC SRW
 Brickwork DB MB MM
 Lining None LPDE LFD WF LFB
 Photo # (s)

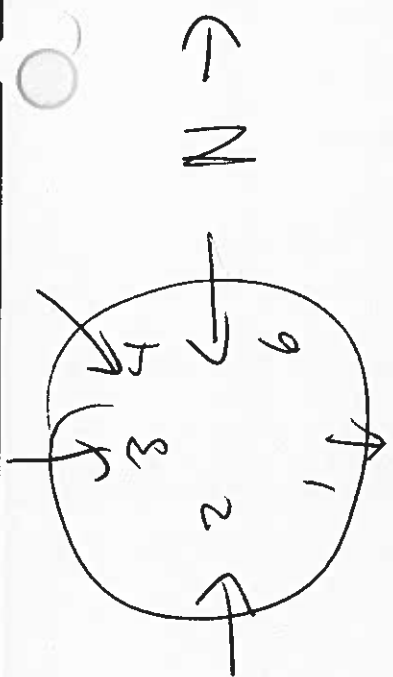
BENCH, CHANNEL, STEPS
 Bench Present (82) Y
 Channel Installed (85) Y
 Number of Steps (89) 0
 Step Material (90) Metal Plastic Brick Other

Required Photos
 01 White Board 836
 02 Location 837 838
 03 Surf Down Taken Above Rim 832
 04 Surf Down Taken Below Rim 833
 05 Drainage Inlet Location/Path from MH 837

N/A

N/A

MH Number
112



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Flange Man) <input type="checkbox"/> LB (Lateral)	3.2	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Flange Man) <input type="checkbox"/> LB (Lateral)	2.8	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Flange Man) <input type="checkbox"/> LB (Lateral)	2.9	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
4	2:30	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Flange Man) <input type="checkbox"/> LB (Lateral)	2.8	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
5	3	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Flange Man) <input type="checkbox"/> LB (Lateral)	2.9	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Flange Man) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Flange Man) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

Inspection Level (38) 1 2
 Purpose B II
 Pre-clean (23) N Y
 MH Sealed? Y N
 Sheet No. (6) 1
 MH Number 113
 Time (9) 24hr 13:00
 Date (8) 2011/1/20
 Inspection Status (36) SI NF SD BM DI NO NA NI Traff
 Surveyor's Name (1) BK/RA
 Certificate (2)
 Penetration/Scratch (ST) Results 1 2 3 4 NA 2 3 4 NA
 Rating 2 3 4 NA 2 3 4 NA
 6 o'clock 0
 12 o'clock 0
 Street Address (Number and Name) (10) 167 Los Robles
 City (11) Adelina
 Location Code (26) A G F D C
 Burdgame Hills SMD
 Rim to Invert (14) 7.05 ft 0
 Wall Diameter (Length/Width) (77) 41-
 Surface Type (28) AS GD CO GR CC Z
 Additional Inspection Information (27) Roots - S81
 Cross Street or Location Details (12)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

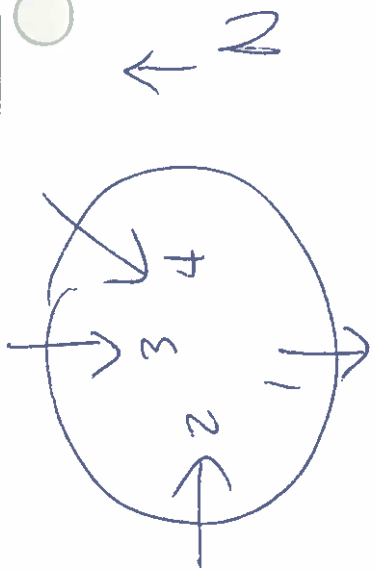
COVER
 Size (41/42) in 25 1/2
 Material (43) CAS
 Shape (40) C
 Type (44) Solid Vented
 # (45) 2
 Includes pick holes
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Cracked Missing Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal
 Photo #(s)
FRAME
 Material (57) CAS
 Condition(s) (61) Sound Missing Cracked Broken Coated
 Offset Distance (63) 0 in
 Seal Condition (62) Inflow (64) None TW ID IR IG Stain
 Adjustment Ring Type(s) Material(s) Condition(s) (55) CAS Sound Cracked
 Photo #(s) S81
CHIMNEY
 Material(s) (66) Coat/Liner (70) BR NC RCP C
 Depth (69) 2.2 ft
 Defects in Chimney (For no defects, check "None")
 1/1 (67) None SRI SSS SAV SAP
 Corrosion SAM SRV SRP SRC SANV
 Brickwork DB MB MM Lumpy Missing
 Lining None LFDE LFD WF LFB
 Photo #(s) S82
CONE
 Material(s) (73) Coat/Liner (75) BR NC RCP C
 Depth (74) 6.75 ft
 Defects in Cone (For no defects, check "None")
 1/1 None SRI SSS SAV SAP
 Corrosion SAM SRV SRP SRC SANV
 Brickwork DB MB MM Lumpy Missing
 Lining None LFDE LFD WF LFB
 Photo #(s) S85
WALL
 Material(s) (78) Coat/Liner (80) BR NC RCP C
 Depth (79) ft
 Defects in Wall (For no defects, check "None")
 1/1 None SRI SSS SAV SAP
 Corrosion SAM SRV SRP SRC SANV
 Brickwork DB MB MM Lumpy Missing
 Lining None LFDE LFD WF LFB
 Photo #(s)

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 2
 Step Material (90) Metal Plastic Brick Other

Required Photos
01 White Board S83
02 Location S77
03 Surf Down Taken Above Rim S78
04 Surf Down Taken Below Rim S80
05 Drainage Inlet Location/ Path from MH S77

MH Number-

113



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	7.05	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	7.05	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	7.00	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
4	1	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	7.10	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

Main Channel

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) MH Type (30) ANH ACOM AIS

Inspection Level (38) 1 2 Purpose B (W) Pre-clean (23) N Y Certificate (2) _____

MH Number (16) 115 Sheet No. (6) 1 MH Seals? before: Y/ N after: Y/ N

Time (9) 13:40 Date (8) 2011/1/24 Inspection Status (36) SI NF SD BM DI NO NA NI Traff

Surveyor's Name (1) BK/CM Penetration/Scratch (ST) Results 2 3 4 NA 2 3 4 NA

Rim to invert (14) 0 ft Rim to Grade (16) 1 ft Wall Diameter (length/width) (77) 6 o'clock 12 o'clock

Location Code (26) A G F D C City (11) Burlingame Hills SMD

Street Address (Number and Name) (10) 3017 Hillside Dr. Cross Street or Location Details (12) Valdeflores

Additional Inspection Information (27) _____

Required Photos
01 White Board <u>744</u>
02 Location <u>742</u> <u>743</u>
03 Surf Down Taken Above Rim <u>741</u>
04 Surf Down Taken Below Rim <u>740</u>
05 Drainage Inlet Location/ Path from MH <u>742</u>

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 8/16 Material (43) CAS Plastic Shape (40) C Rect Type (44) Solid Vented # (46) _____ Includes check books

Condition(s) (61) Sound Missing Corroded Coated
 Seal Condition (62) Inflow (64) None Solid Adjustable
 Adjustment Ring Type(S3) Material(S4) Condition(S5) CAS Cracked Cracked

FRAME
 Material (57) CAS Plastic Fit (49) G U O R Cover Condition(s) (50) Sound Corroded Missing Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked

CHIMNEY
 Material(s) (66) BR RCP Coat/Liner (70) NC C Depth (69) _____ ft
 DEFECTS IN CHIMNEY (For no defects, check "None")
 I/I (67) None SRI SSS SAV SLP SAM SRV SRP SRC SRW Corrosion SAM SRV SRP SRC SRW
 Brickwork DB MB MM Lined/Liner/Manhole

CONE
 Material(s) (73) BR RCP Coat/Liner (75) NC C Depth (74) _____ ft
 DEFECTS IN CONE (For no defects, check "None")
 I/I None SRI SSS SAV SLP SAM SRV SRP SRC SRW
 Brickwork DB MB MM Lined/Liner/Manhole

WALL
 Material(s) (78) BR RCP Coat/Liner (80) NC C Depth (79) _____ ft
 DEFECTS IN WALL (For no defects, check "None")
 I/I None SRI SSS SAV SLP SAM SRV SRP SRC SRW
 Brickwork DB MB MM Lined/Liner/Manhole

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N Channel installed (85) Y N Number of Steps (89) _____ Step Material (90) Metal Plastic Brick Other

MANHOLE INSPECTION FORM

MH Use (17)
 SS (sanitary)
 AS
 AWH
 ACOM
 AIB

MH Type (30)
 GD
 GR
 ZZ

Surface Type (28)
 AS
 CO
 CC

Inspection Level (38)
 1
 2

Purpose (39)
 B In

Pre-clean (23)
 N
 Y

MH Sealed?
 before: Y/ N
 after: Y/ N

Sheet No. (6) 1
MH Number 116

Date (8) 2/11/26
Time (9) 8:45

Inspector's Name (1) BK/EM
City (11) Burlingame
 Hills SMD

Rim to Invert (14) ft 1
Rim to Grade (16) ft 41
Wall Diameter (length/width) (77) inches 24 NA

Penetration/Scratch (ST) Results
 Rating 2 3 4 NA
 inches 2 3 4 NA

Inspection Status (36)
 SI
 DI
 NF
 NO
 SD
 BM
 NA
 NI
 Traffic

Location Code (26)
 A
 G
 F
 D
 C

Street Address (Number and Name) (10) 117 Valdeflores
Cross Street or Location Details (12) Hillside Dr

Additional inspection information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
Size (41/42) in 25 1/2
Material (43) CAS
Shape (40) C
Type (44) Solid
Fit (49) G U O R
Cover Condition(s) (50) Sound Corroded Missing Broken
Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked

FRAME
Material (57) CAS
Condition(s) (61) Sound Missing Corroded Coated
Seal Condition (62) Inflow (64) None Inflow IR IG Stain
Adjustment Ring Type (53) Material (54) Condition (55) CAS Sound Cracked Corroded

CHIMNEY
Material(s) (66) BR RCP
Coat/Liner (70) NC C
Depth (69) ft 1.9
DEFFECTS in Chimney (For no defects, check "None")
 Corrosion: None SR SRP SRC SRW
 Brickwork: DB MB MM Lining Manhole

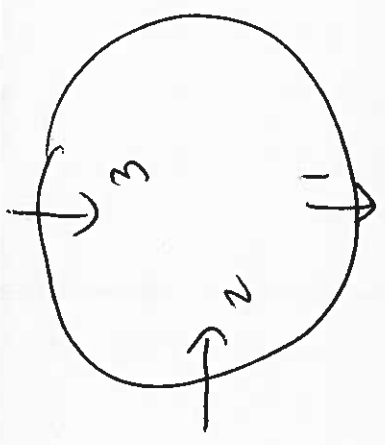
CHIMNEY
Material(s) (73) BR RCP
Coat/Liner (75) NC C
Depth (74) ft 4.8
DEFFECTS in Cone (For no defects, check "None")
 Corrosion: None SRI SSS SAV SAP
 Brickwork: DB MB MM Lining Manhole

WALL
Material(s) (78) BR RCP
Coat/Liner (80) NC C
Depth (79) ft
DEFFECTS in Wall (For no defects, check "None")
 Corrosion: None SRI SSS SAV SAP
 Brickwork: DB MB MM Lining Manhole

Required Photos
 01 White Board 810
 02 Location 809
 03 Surf Down Taken Above Rim 805
 04 Surf Down Taken Below Rim 806
 05 Drainage Inlet Location/ Path from MH 809

BENCH, CHANNEL, STEPS
Bench Present (82) Y N
Channel installed (85) Y N
Number of Steps (89) 1
Step Material (90) Metal Plastic Brick Other

MH Number
116



N →

PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.2	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.1	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.1	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

Inspection Level (38)
 1
 2

Pre-clean (23)
 N
 Y

MH Sealed?
 before: Y
 after: Y

Sheet No. (6) 1
MH Number (7) 117
Date (8) 2/11/24
Time (9) 14:00

Inspection Status (36)
 SI
 NF
 SD
 DI
 NO
 NA
 NI
 BM
 NI
 Traffic

Penetration/Scratch (ST) Results
 6 o'clock: 0
 12 o'clock: 0

Additional Inspection Information (27)
 Cross Street or Location Details (12): La Mesa Dr
 Street Address (Number and Name) (10): 3051 Hillside Dr
 City (11): Burlingame Hills SMD

Inspection Details
 Rim to Grade (16): 0 ft
 Rim to Invert (14): 0 ft
 Wall Diameter (length/width) (77): 1 ft
 Surface Type (28): AS, GD, GR, IZ
 MH Type (30): AMH, ACOM, AIB
 Location Code (26): A, G, F, D, C

Surveys
 Surveyor's Name (1): BK/EM
 Certificate (2): [Blank]

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

Component	Material	Condition	Fit	Cover	Insert Type	Photo #	Required Photos
COVER	Material (43): <input type="checkbox"/> CAS <input checked="" type="checkbox"/> Plastic	Condition(s) (61): <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken	Fit (49): <input checked="" type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R	Cover Condition(s) (50): <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Corroded <input type="checkbox"/> Cracked <input type="checkbox"/> Missing <input type="checkbox"/> Broken	Insert Type (51): <input checked="" type="checkbox"/> None <input type="checkbox"/> Plastic <input type="checkbox"/> Metal	Photo # (s): [Blank]	01 White Board 751
FRAME	Material (57): <input type="checkbox"/> CAS <input checked="" type="checkbox"/> Plastic	Condition(s) (61): <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Missing <input type="checkbox"/> Cracked <input type="checkbox"/> Coated	Offset Distance (63): 0 in	Seal Condition (62) Inflow (64): <input checked="" type="checkbox"/> None <input type="checkbox"/> NW ID IR IG Stain	Adjustment Ring Type(s) (54) Material(s) (54) Condition(s) (55): <input checked="" type="checkbox"/> None <input type="checkbox"/> CAS <input type="checkbox"/> Solid <input type="checkbox"/> Adjustable	Photo # (s): [Blank]	02 Location 750
CHIMNEY	Material(s) (66): <input type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> NC <input type="checkbox"/> C	Coat/Liner (70): <input type="checkbox"/> NC <input type="checkbox"/> C	Depth (69): [Blank] ft	DEFFECTS IN CHIMNEY (For no defects, check "None")	Corrosion: <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP	Photo # (s): [Blank]	03 Surf Down Taken Above Rim 748
CONE	Material(s) (73): <input type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> NC <input type="checkbox"/> C	Coat/Liner (75): <input type="checkbox"/> NC <input type="checkbox"/> C	Depth (74): [Blank] ft	DEFFECTS IN CONE (For no defects, check "None")	Corrosion: <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP	Photo # (s): [Blank]	04 Surf Down Taken Below Rim 747
WALL	Material(s) (78): <input type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> NC <input type="checkbox"/> C	Coat/Liner (80): <input type="checkbox"/> NC <input type="checkbox"/> C	Depth (79): [Blank] ft	DEFFECTS IN WALL (For no defects, check "None")	Corrosion: <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP	Photo # (s): [Blank]	05 Drainage Inlet Location/ Path from MH 750

BENCH, CHANNEL, STEPS

Bench Present (82)
 Y N

Channel Installed (85)
 Y N

Number of Steps (89)

Step Material (90)
 Metal Plastic Brick Other

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) MH Type (30) AS CO CC GD GR ZZ
 AWH ACOM AIB

Inspection Level (38) 1 2 N Y Y N
 Purpose: Biv Pre-clean (23) N Y

Surveyor's Name (1) BK/EM Certificate (2) _____
 Date (8) 2001/1/21 Time (9) 12:15

Rim to Invert (14) 3.45 ft Rim to Grade (16) 3 ft Wall Diameter (length/wide) (77) _____
 Penetration/Scratch (ST) Results 2 3 4 NA 1 2 3 4 NA

Location Code (26) A G F D C City (11) _____
 Street Address (Number and Name) (10) 126 Valdesfiores Cross Street or Location Details (12) Hillside Dr

Material (43) CAS Shape (40) C Type (44) Solid Vented # _____
 Condition(s) (61) Sound Missing Cracked Broken Coated

Material (57) CAS Condition(s) (61) Sound Missing Cracked Broken Coated
 Offset Distance (63) in

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 27 3/4 Material (43) CAS Shape (40) C Type (44) Solid Vented # _____
 Condition(s) (61) Sound Missing Cracked Broken Coated
 Offset Distance (63) in

FRAME
 Material (57) CAS Condition(s) (61) Sound Missing Cracked Broken Coated
 Seal Condition (62) Inflow (64) None Inflow Inflow Inflow Inflow
 Adjustment Ring Type(s) Material(s) Condition(s) CAS Adjustable

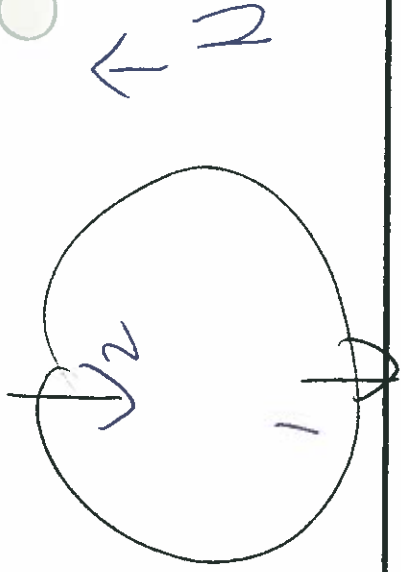
CHIMNEY
 Material(s) (66) BR RCP NC C Coat/Liner (70) NC C Depth (69) _____ ft
 DEFECTS IN CHIMNEY (For no defects, check "None")
 I/I (67) None Inflow Inflow Inflow Inflow Inflow
 Corrosion None SRI SSS SAV SAP SAM SRV SRP SRC SRW
 Brickwork DB MB MM Linerly Manufactured
 Other Defect: Lining None LFDE LFD WF LFB

CONE
 Material(s) (73) BR RCP NC C Coat/Liner (75) NC C Depth (74) 3 ft
 DEFECTS IN CONE (For no defects, check "None")
 I/I None Inflow Inflow Inflow Inflow Inflow
 Corrosion None SRI SSS SAV SAP SAM SRV SRP SRC SRW
 Brickwork DB MB MM Linerly Manufactured
 Other Defect: Lining None LFDE LFD WF LFB

WALL
 Material(s) (78) BR RCP NC C Coat/Liner (80) NC C Depth (79) _____ ft
 DEFECTS IN WALL (For no defects, check "None")
 I/I None Inflow Inflow Inflow Inflow Inflow
 Corrosion None SRI SSS SAV SAP SAM SRV SRP SRC SRW
 Brickwork DB MB MM Linerly Manufactured
 Other Defect: Lining None LFDE LFD WF LFB

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N Channel installed (85) Y N
 Number of Steps (89) 0 Step Material (90) Metal Plastic Brick Other

Required Photos	01 White Board	02 Location	03 Surf Down Taken Above Rim	04 Surf Down Taken Below Rim	05 Drainage Inlet Location/ Path from MH
	694	689	690	691	693



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Bottom)	3.45	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Bottom)	3.5	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Bottom)		<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Bottom)		<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Bottom)		<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) ALM ACOM AUB C
 MH Type (30) AS CO CC GD GR Z
 Surface Type (28)

Inspection Level (38) 1 2
 Purpose (39) Biv

Pre-clean (23) N Y
 Certificate (2) _____

MH Number (1) _____
 Sheet No. (6) 1
 MH Sealed? before: Y N after: Y N
 Date (8) *2011/1/20* Time (9) *13:20*

Surveyor's Name (11) *BK/PM*
 Penetration/Scratch (ST) Results *1 2 3 4 NA*
 Rating *3 2 3 4 NA*
 6 o'clock *8*
 12 o'clock _____

Rim to Invert (14) *ft 4.9*
 Wall Diameter (length/width) (77) *ft 41-*

Location Code (26) A G F D C
 City (11) *Burlingame Hills SMD*
 Street Address (Number and Name) (10) *173 Los Robles Adeline*

Cross Street or Location Details (12) _____
 Additional inspection information (27) _____

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in *27 13/4*
 Material (43) CAS _____
 Shape (40) C _____
 Type (44) Solid Vented # *7* (46)
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Missing Broken
 Insert Type (51) Condition (52) None Plastic Metal
 Photo # (s) _____

FRAME
 Material (57) CAS _____
 Condition(s) (61) Sound Missing Cracked Corroded Broken Coated
 Offset Distance (63) *in 0*
 Seal Condition (62) Inflow (64) None Solid Adjustable
 Adjustment Ring Type(s) Material(s) Condition(s) CAS _____
 Photo # (s) *587*

CHIMNEY
 Material(s) (66) BR NC RCP C
 Coat/Liner (70) NC C
 Depth (69) *ft 1.9*
 Defects in Chimney (For no defects, check "None")
 I/I (67) None SRI SSS SAV SAP
 Corrosion SAM SRV SRP SRC SANW
 Brickwork DB MB MM Liner/ Lumpy/ Misshapen
 Photo # (s) *587*

CONE
 Material(s) (73) BR NC RCP C
 Coat/Liner (75) NC C
 Depth (74) *ft 4.45*
 Defects in Cone (For no defects, check "None")
 I/I None SRI SSS SAV SAP
 Corrosion SAM SRV SRP SRC SANW
 Brickwork DB MB MM Liner/ Lumpy/ Misshapen
 Photo # (s) _____

WALL
 Material(s) (78) BR RCP NC C
 Coat/Liner (80) NC C
 Depth (79) *ft*
 Defects in Wall (For no defects, check "None")
 I/I None SRI SSS SAV SAP
 Corrosion SAM SRV SRP SRC SANW
 Brickwork DB MB MM Liner/ Lumpy/ Misshapen
 Photo # (s) _____

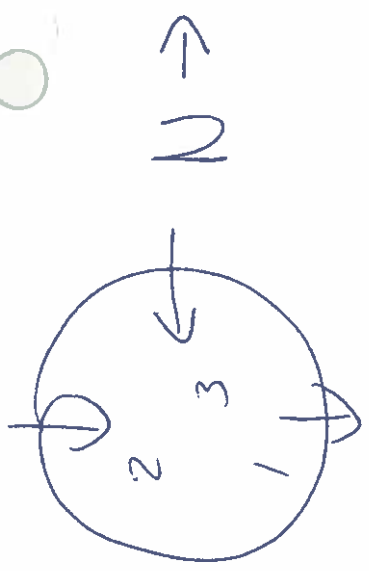
BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) *1*
 Step Material (90) Metal Plastic Brick Other

Required Photos
01 White Board <i>588</i>
02 Location <i>584</i>
03 Surf Down Taken Above Rim <i>585</i>
04 Surf Down Taken Below Rim <i>586</i>
05 Drainage Inlet Location/ Pgh from MH <i>587</i>

N/A

590
590

MH Number
119



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.9	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.85	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	3	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.75	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17)
 SS (Sanitary)
 AMH
 ACOM
 AUB

MH Number (1) 122
Sheet No. (6) 1
MH Sealed? before: Y / N after: Y / N
Time (9) 24hr 1445

Inspection Level (38) 1 2
Purpose (39) B (Investig.) C
Pre-clean (23) N Y
Surveyor's Name (1) ADNAN R.

Surface Type (28)
 AS CO CC GD GR ZZ

Rim to Invert (14) ft 13.5
Rim to Grade (16) ft 0
Wall Diameter (length/width) (77) ft 41

Location Code (26) A G F D C
City (11) Burlingame
 Hills SMD

Penetration/Scratch (ST) Results
 6 o'clock 2 3 4 NA
 12 o'clock 2 3 4 NA

Inspection Status (36)
 SI NF SD BM
 DI NO NA NI Traffic

Additional Inspection Information (27) pos. 2017

Street Address (Number and Name) (10) 177 Los Lobos
Cross Street or Location Details (12) Path (Fey Dr)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 21.5/1
 Material (43) CAS
 Shape (40) C
 Type (44) Solid Vented
 # (46) 7

FRAME
 Material (57) CAS
 Condition(s) (61) Sound Missing Corroded Coated
 Offset Distance (63) in 10

CHIMNEY
 Material(s) (66) BR RCP
 Coat/Liner (70) NC C
 Depth (69) ft 5.0

CONE
 Material(s) (73) BR RCP
 Coat/Liner (75) NC C
 Depth (74) ft 13.0

WALL
 Material(s) (78) BR RCP
 Coat/Liner (80) NC C
 Depth (79) ft N/A

DEFFECTS IN CHIMNEY (For no defects, check "None")
 Inflow (64) None circle one: IW ID IR IG Stain
 Corrosion None SRI SSS SAV IR IG Stain
 Brickwork DB MB MM Large/ Lug/Leg/ Small
 Adjustment Ring Type(s) Material(s) (54) Condition(s) (55) CAS Sound Cracked Solid Adjustable

DEFFECTS IN CONE (For no defects, check "None")
 Inflow (64) None circle one: IW ID IR IG Stain
 Corrosion None SRI SSS SAV IR IG Stain
 Brickwork DB MB MM Large/ Lug/Leg/ Small
 Adjustment Ring Type(s) Material(s) (54) Condition(s) (55) None Solid Adjustable

DEFFECTS IN WALL (For no defects, check "None")
 Inflow (64) None circle one: IW ID IR IG Stain
 Corrosion None SRI SSS SAV IR IG Stain
 Brickwork DB MB MM Large/ Lug/Leg/ Small
 Adjustment Ring Type(s) Material(s) (54) Condition(s) (55) None Solid Adjustable

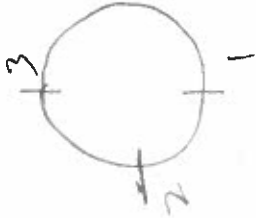
Required Photos
 01 White Board 1859
 02 Location 1860
 03 Surf Down Taken Above Rim 1861
 04 Surf Down Taken Below Rim 1862
 05 Drainage Inlet Location/ Path from MH 1863

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) b
 Step Material (90) Metal Plastic Brick Other

SK 214

MH Number

122



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)	13.5	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)	4.5	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)	10.2	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AWH ACOM AIB
 Inspection Level (38) 1 2 3 4 5
 Pre-clean (23) N Y Y
 Purpose (39) 8 (N) 9 10 11 12
 Surface Type (28) GAS CO CC GD GR Z
 MH Type (30) AWH ACOM AIB
 Rim to Invert (14) ft 6.3 ft 0
 Wall Diameter (length/width) (77) ft 41-
 Penetration/Scratch (ST) Results 2 3 4 NA
 Inches Rating 2 3 4 NA
 Location Code (26) A G F D C
 City (11) Hills SMD
 Street Address (Number and Name) (10) 143 Newton Dr.
 Cross Street or Location Details (12) Hillside Dr.
 Additional Inspection Information (27) Roofs 573
 Inspection Status (36) SI DI NF NO SD BM NA NI Traffic
 Date (8) 20/1/20
 Time (9) 12:00
 Sheet No. (6) 1
 MH Number (5) 123
 MH Sealed? before: Y N after: Y N

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 27 3/4 in
 Shape (40) C S
 Material (43) CAS S M
 Type (44) Solid Vented
 # (46) 7
 Fit (49) G O U R
 Cover Condition(s) (50) Sound Corroded Cracked Missing Broken Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal
 Photo #(s)

FRAME
 Material (57) CAS S M
 Condition(s) (61) Sound Missing Cracked Broken Coated
 Offset Distance (63) in 0
 Seal Condition (62) Inflow (64) None IG Stain
 Adjustment Ring Type(s) Material(s) Condition(s) Sound Cracked
 None Solid Adjustable
 Photo #(s) 571

CHIMNEY
 Material(s) (66) BR RCP
 Coat/Liner (70) NC C
 Depth (69) ft 1.7
 DEFECTS in Chimney (For no defects, check "None")
 Corrosion None SRI SRS SAV SAP
 Brickwork DB MB MM
 Lining None LFDE LFD WF LFB
 Photo #(s) 572

CONE
 Material(s) (73) BR RCP
 Coat/Liner (75) NC C
 Depth (74) ft 6.1
 DEFECTS in Cone (For no defects, check "None")
 Corrosion None SRI SRS SAV SAP
 Brickwork DB MB MM
 Lining None LFDE LFD WF LFB
 Photo #(s) 576

WALL
 Material(s) (78) BR RCP
 Coat/Liner (80) NC C
 Depth (79) ft
 DEFECTS in Wall (For no defects, check "None")
 Corrosion None SRI SRS SAV SAP
 Brickwork DB MB MM
 Lining None LFDE LFD WF LFB
 Photo #(s)

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 2
 Step Material (90) Metal Plastic Brick Other

Required Photos
01 White Board 574
02 Location 568
03 Surf Down Taken Above Rim 569
04 Surf Down Taken Below Rim 570
05 Drainage Inlet Location/ Path from MH 575

N/A

MH Number

123



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (103)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.5	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.2	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	3	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.05	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

Main

MANHOLE INSPECTION FORM

Inspection Level (38) 1 2
 Purpos: B (1) Investigate
 Pre-clean (23) N Y
 Certificate (2)

MH Sealed? before: Y N after: Y N
 Sheet No. (6) 1
 MH Number (5) 125
 Date (8) 2011/1/18
 Time (9) 12:20

Surveyor's Name (1) BK/RM
 Penetration/Scratch (ST) Results 2 3 4 NA
 Rating 2 3 4 NA
 inches 0
 6 o'clock 0
 12 o'clock 0

Inspection Level (38) 1 2
 Surface Type (28) AS GD CO GR CC ZZ
 MH Type (30) AMH ACOM AUB
 Rim to Invert (24) 4.75 ft 4 ft
 Wall Diameter (length/width) (77) 41-
 Location Code (26) A G F D C
 City (11) Burlingame Hills SMD
 Street Address (Number and Name) (10) 127 Fey Dr Canyon Rd.

Additional Inspection Information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER	FRAME	CHIMNEY	CONE	WALL
Size (41/42) in <input type="checkbox"/> 18 in Material (43) <input checked="" type="checkbox"/> CAS Shape (40) <input checked="" type="checkbox"/> C Type (44) <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Vented # 2 (46) Fit (49) <input checked="" type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Corroded <input type="checkbox"/> Cracked <input type="checkbox"/> Broken Insert Type (51) Condition (52) <input checked="" type="checkbox"/> None <input type="checkbox"/> Plastic <input type="checkbox"/> Metal <input type="checkbox"/> Sound <input type="checkbox"/> Poor Ft <input type="checkbox"/> Cracked	Material (57) <input checked="" type="checkbox"/> CAS Condition(s) (61) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Missing <input type="checkbox"/> Cracked <input type="checkbox"/> Corroded <input type="checkbox"/> Broken <input type="checkbox"/> Coated Seal Condition (62) Inflow (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> circle one: <input type="checkbox"/> IW <input type="checkbox"/> ID <input type="checkbox"/> IR <input type="checkbox"/> IG <input type="checkbox"/> Stain Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55) <input checked="" type="checkbox"/> None <input type="checkbox"/> Solid <input type="checkbox"/> Adjustable <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Cracked	Material(s) (66) <input type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> NC <input type="checkbox"/> C Coat/Liner (70) <input type="checkbox"/> NC <input type="checkbox"/> C Depth (69) <input type="checkbox"/> ft Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB	Material(s) (73) <input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> NC <input type="checkbox"/> C Coat/Liner (75) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C Depth (74) <input type="checkbox"/> ft 4.2 Type (72) <input type="checkbox"/> Flat/Slab <input checked="" type="checkbox"/> Concentric <input type="checkbox"/> Eccentric	Material(s) (78) <input type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> NC <input type="checkbox"/> C Coat/Liner (80) <input type="checkbox"/> NC <input type="checkbox"/> C Depth (79) <input type="checkbox"/> ft Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB
Photo #(s) <input type="checkbox"/>	Photo #(s) <input type="checkbox"/>	Photo #(s) <input type="checkbox"/>	Photo #(s) <input type="checkbox"/> 993 471	Photo #(s) <input type="checkbox"/>
Required Photos <input type="checkbox"/> 01 White Board <input type="checkbox"/> 476 1015 <input type="checkbox"/> 02 Location <input type="checkbox"/> 469 989	<input type="checkbox"/> 03 Surf Down Taken Above Rim <input type="checkbox"/> 478 991 <input type="checkbox"/> 04 Surf Down Taken Below Rim <input type="checkbox"/> 472 992 <input type="checkbox"/> 05 Drainage Inlet Location/Path from MH <input type="checkbox"/> 475 990			

BENCH, CHANNEL, STEPS

Bench Present (82) Y N
 Channel installed (85) Y N
 Number of Steps (89) 0
 Step Material (90) Metal Plastic Brick Other

N/A

SK-CH

MH Number

125



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.9	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	11:30	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.7	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17)
 SS (Sanitary)

MH Type (30)
 AMH
 ACOM
 AUB
Surface Type (28)
 AS
 CO
 CC
 GD
 GR
 ZZ
Inspection Level (38)
 1
 2
Purpose (21)
 B (Investig.)

Pre-clean (23)
 N
 Y
Certificate (2)

MH Sealed?
 before: Y N
 after: Y N
Sheet No. (6) 1
MH Number (13) 126
Date (8) 2011/1/18
Time (9) 12:40
Inspection Status (36)
 SI
 DI
 NF
 NO
 SD
 BM
 NA
 NI
 NI
Additional Inspection Information (27)
 Roots → 487

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in: 251
 Material (43): CAS
 Shape (40): A-C
 Type (44): Solid
 Vented (45): # 2
 Fit (49): G U O R
 Cover Condition(s) (50):
 Sound
 Corroded
 Cracked
 Missing
 Broken
 Bolts Missing
 Insert Type (51) Condition (52):
 None
 Plastic
 Metal
 Sound
 Poor Fit
 Cracked
 Photo #(s):
FRAME
 Material (57): CAS
 Condition(s) (61):
 Sound
 Cracked
 Broken
 Missing
 Corroded
 Coated
 Offset Distance (63): in 0
 Seal Condition (61) Inflow (64):
 None
 IW ID IR
 IG Stain
 Adjustment Ring Type(s) Material(s) Condition(s):
 None
 CAS
 Solid
 Adjustable
 Sound
 Cracked
 Corroded
 Photo #(s): 483

CHIMNEY

Material(s) (66):
 BR
 RCP
 NC
 C
 Coat/Liner (70):
 NC
 C
 Depth (69): ft
 Defects in Chimney (For no defects, check "None")
 I/I (67):
 None
 SRI
 SSS
 SAV
 SAP
 SAM
 SRV
 SRP
 SRC
 SMW
 Corrosion
 Brickwork
 DB
 MB
 MM
 Lined/Slip
 Mixed/Stone
 Other Defect:
 Lining
 None
 LFDE
 LFD
 WF
 LFB
 Photo #(s):
 Material(s) (73):
 BR
 RCP
 NC
 C
 Coat/Liner (75):
 NC
 C
 Depth (74): ft 4.5
 Defects in Cone (For no defects, check "None")
 I/I (67):
 None
 SRI
 SSS
 SAV
 SAP
 SAM
 SRV
 SRP
 SRC
 SMW
 Corrosion
 Brickwork
 DB
 MB
 MM
 Lined/Slip
 Mixed/Stone
 Other Defect:
 Lining
 None
 LFDE
 LFD
 WF
 LFB
 Photo #(s): 487

WALL

Material(s) (78):
 BR
 RCP
 NC
 C
 Coat/Liner (80):
 NC
 C
 Depth (79): ft
 Defects in Wall (For no defects, check "None")
 I/I (67):
 None
 SRI
 SSS
 SAV
 SAP
 SAM
 SRV
 SRP
 SRC
 SMW
 Corrosion
 Brickwork
 DB
 MB
 MM
 Lined/Slip
 Mixed/Stone
 Other Defect:
 Lining
 None
 LFDE
 LFD
 WF
 LFB
 Photo #(s):
BENCH, CHANNEL, STEPS
 Bench Present (82):
 Y
 N
 Channel Installed (85):
 Y
 N
 Number of Steps (89): 1
 Step Material (90):
 Metal
 Plastic
 Brick
 Other

Required Photos
01 White Board 487
02 Location 478
03 Surf Down Taken Above Rim 479
04 Surf Down Taken Below Rim 480
05 Drainage Inlet Location/Path from MH 478

1016
994
995
996
994

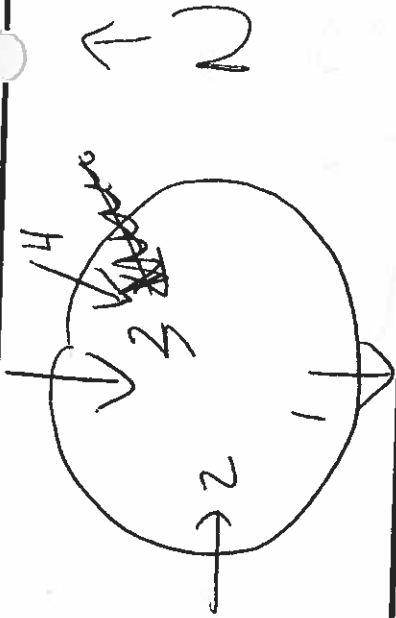
N/A

N/A

S...rCH

MH Number

126



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.2	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	1.7	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.0	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
4	1	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.0	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17)
 SS (Sanitary)
 AS
 ACOM
 AUB
 GD
 CO
 CC
 GR
 ZZ

MH Type (30)
 AMH
 ACOM
 AUB

Surface Type (28)
 AS
 CO
 CC
 GR
 ZZ

Inspection Level (38)
 1
 2

Purpose (41)
 B (Investig.)
 C

Pre-clean (23)
 N
 Y

Certificate (2)
 Y
 N

Inspection Level (38)
 1
 2

Surveys Name (1)
 BK/RM

Penetration/Scratch (ST) Results
 6" o'clock: 1/4
 12" o'clock: 1/4

Inspection Status (36)
 SI
 DI
 NF
 NO

Additional Inspection Information (27)
 Canyon Rd.

Inspection Level (38)
 1
 2

Purpose (41)
 B (Investig.)
 C

Pre-clean (23)
 N
 Y

Certificate (2)
 Y
 N

Inspection Level (38)
 1
 2

Surveys Name (1)
 BK/RM

Penetration/Scratch (ST) Results
 6" o'clock: 1/4
 12" o'clock: 1/4

Inspection Status (36)
 SI
 DI
 NF
 NO

Additional Inspection Information (27)
 Canyon Rd.

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in: 27 3/4
 Material (43): CAS
 Shape (40): C
 Type (44): Solid
 Vented (46): # 7

FRAME
 Material (57): CAS
 Condition(s) (61): Sound, Missing, Corroded, Coated
 Offset Distance (63): in 0

CHIMNEY
 Material(s) (66): BR, RCP
 Coat/Liner (70): NC, C
 Depth (69): ft 1.25

CONE
 Material(s) (73): BR, RCP
 Coat/Liner (75): NC, C
 Depth (74): ft 6.1

WALL
 Material(s) (78): BR, RCP
 Coat/Liner (80): NC, C
 Depth (79): ft

BENCH, CHANNEL, STEPS
 Bench Present (82): Y
 Channel Installed (85): Y
 Number of Steps (89): 2
 Step Material (9D): Metal, Plastic, Brick, Other

DEFFECTS IN CHIMNEY (For no defects, check "None")
 I/I (67): None, IR, ID, IG, Stain
 Corrosion: None, SRI, SSS, SAV, SAP, SAM, SRV, SRC, SMW
 Brickwork: DB, MB, MM, Limes/ Lime, Mortar/Sand

DEFFECTS IN CONE (For no defects, check "None")
 I/I (67): None, IR, ID, IG, Stain
 Corrosion: None, SRI, SSS, SAV, SAP, SAM, SRV, SRC, SMW
 Brickwork: DB, MB, MM, Limes/ Lime, Mortar/Sand

DEFFECTS IN WALL (For no defects, check "None")
 I/I (67): None, IR, ID, IG, Stain
 Corrosion: None, SRI, SSS, SAV, SAP, SAM, SRV, SRC, SMW
 Brickwork: DB, MB, MM, Limes/ Lime, Mortar/Sand

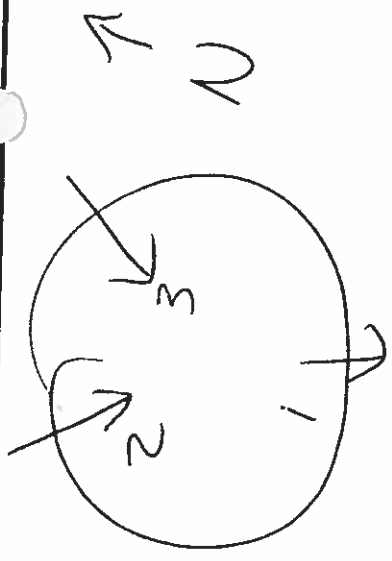
Required Photos
 01 White Board: 467
 02 Location: 462
 03 Surf Down Taken Above Rim: 463
 04 Surf Down Taken Below Rim: 464
 05 Drainage Inlet Location/ Path from MH: 985

1014
984
986
987

N/A

SH-1CH

MH Number
127



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OU (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IU (In Drop Low) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.45	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	11	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OU (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IU (In Drop Low) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.45	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	2	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OU (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IU (In Drop Low) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.45	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OU (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IU (In Drop Low) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OU (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IU (In Drop Low) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OU (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IU (In Drop Low) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17)	MH Type (30)	Surface Type (28)	Inspection Level (38)	Purpose	Pre-clean (23)	MH Sealed?	Sheet No. (6)	MH Number (1)
<input checked="" type="checkbox"/> SS (Sanitary) <input type="checkbox"/>	<input type="checkbox"/> ANH <input checked="" type="checkbox"/> ACOM <input type="checkbox"/> AIB	<input type="checkbox"/> AS <input type="checkbox"/> CO <input type="checkbox"/> CC	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2	<input checked="" type="checkbox"/> B (H) (Inch) <input type="checkbox"/>	<input checked="" type="checkbox"/> N <input type="checkbox"/> Y	before: <input type="checkbox"/> Y/AP after: <input checked="" type="checkbox"/> Y/AD	1	129
Rim to Invert (14)	Rim to Grade (16)	Wall Diameter (length/width) (77)	Penetration/Scratch (ST) Results	Surveyor's Name (1)	Certificate (2)	Date (8)	Inspection Status (36)	Time (9)
ft 5.0	ft 2.5	ft 4.1	6 o'clock: <input type="checkbox"/> 2 12 o'clock: <input type="checkbox"/> 3 Rating: <input checked="" type="checkbox"/> 2 Inches: <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> NA	AAL		2011-01-25	<input checked="" type="checkbox"/> SI <input type="checkbox"/> DI <input type="checkbox"/> NF <input type="checkbox"/> NO <input type="checkbox"/> SD <input type="checkbox"/> NA <input type="checkbox"/> NI <input type="checkbox"/> Traff	940
Location Code (26)	City (11)	Street Address (Number and Name) (10)	Cross Street or Location Details (12)	Additional Inspection Information (27)				
<input type="checkbox"/> A <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> C	Burlingame Hills SMD	131 Los Robles	Adelaine	gas 20.9				

Required Photos	01 White Board	02 Location
	2086	2087
	2088	2089
	05 Drainage Inlet Location/ Path from MH	2090

COVER	FRAME	CHIMNEY	CONE	WALL
Size (41/42) in in 16.5/1	Material (43) CAS	Material(s) (66) BR RCP	Material(s) (73) BR RCP	Material(s) (78) BR RCP
Shape (40) C	Condition(s) (63) Sound Cracked Broken	Coat/Liner (70) NC C	Coat/Liner (75) NC C	Coat/Liner (80) NC C
Type (44) Solid Vented # 2	Seal/Condition (62) Inflow (64) Sound Cracked	Depth (69) ft	Depth (74) ft 4.5	Depth (79) ft
Cover Condition(s) (50) Sound Cracked Broken	Adjustment Ring Type(s) (54) Material(s) (54) Condition(s) (54) CAS Sound Cracked	Type (72) Flat/Slab Concentric Eccentric	Type (77) N/A	Type (82) N/A
Insert Type (51) Condition (52) None Plastic Metal	Other Defect: Lining None LFDE LFD WF LFB	DEFECTS IN CHIMNEY (For no defects, check "None") 1/1 (67) None SRI SSS SAV SAP	DEFECTS IN CONE (For no defects, check "None") 1/1 None SRI SSS SAV SAP	DEFECTS IN WALL (For no defects, check "None") 1/1 None SRI SSS SAV SAP
Photo #(s)	Photo #(s)	Photo #(s)	Photo #(s)	Photo #(s)

MANHOLE INSPECTION OBSERVATIONS

COVER

FRAME

CHIMNEY

CONE

WALL

BENCH, CHANNEL, STEPS

Bench Present (82) Y N

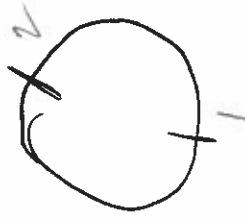
Channel Installed (85) Y N

Number of Steps (89) 2

Step Material (90) Metal Brick Plastic Other

MH Number

129



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.1	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	1	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.9	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

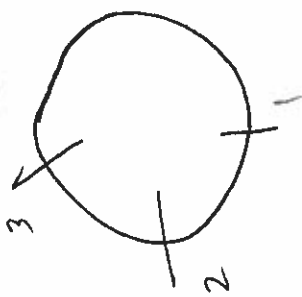
MH Use (17) SS (sanitary)
 MH Type (19) A/H A/COM A/B
 Surface Type (28) AS CO CC GD GR Z
 Inspection Level (38) 1 2
 Purpose B (1) lines
 Pre-clean (23) N Y
 Inspection Level (38) 1 2
 Surveyor's Name (1) AL
 Certificate (2)
 Rim to Invert (14) ft 2.5
 Rim to Grade (16) ft 4.1
 Wall Diameter (length/width) (77) ft 4.1
 Penetration/Scratch (ST) Results 2 3 4 NA
 Inches Rating 2 3 4 NA
 6 o'clock 0
 12 o'clock 0
 MH Number L. 130
 Sheet No. (6) 1
 Date (8) 2011-01-25
 Time (9) 9:30
 MH Sealed? before: Y/N after: Y/N
 Inspection Status (36) SI NF SD BM DI NO NA NI Traff
 Location Code (26) A G F D C
 City (11) Burlingame
 Hillis SMD
 Street Address (Number and Name) (20) 131 Cos Cobles
 Cross Street or Location Details (12) Adeline
 Additional Inspection Information (27) 208 20.9

Required Photos
01 White Board <u>2081</u>
02 Location <u>2082</u>
03 Surf Down Taken Above Rim <u>2083</u>
04 Surf Down Taken Below Rim <u>2084</u>
05 Drainage Inlet Location/ Path from MH <u>2085</u>

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in in 20.5
 Material (43) CAS
 Shape (40) C
 Type (44) Solid Vented # 2 (46)
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Cracked Missing Broken Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal
 Sound Poor Fit Cracked
 Photo #(s)
FRAME
 Material (57) CAS
 Condition(s) (61) Missing Corroded Coated
 Offset Distance (63) in 0
 Seal Condition (62) Inflow (64) None circle one: IW ID IR IG Stain
 Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55) CAS
 None Solid Adjustable Sound Cracked
 Photo #(s)
CHIMNEY
 Material(s) (66) Coat/Liner (70) BR RCP
 Depth (69) ft N/A
 Other Defect: Lining None LFDE LFD WF LFB
DEFECTS IN CHIMNEY (For no defects, check "None")
 1/1 (67) None circle one: IW ID IR IG Stain
 Corrosion SAM SRV SRP SRC SRW
 Brickwork DB MB MM Lined/ Lined/Smooth
 Photo #(s)
CONE
 Material(s) (73) Coat/Liner (75) BR RCP
 Depth (74) ft 5.1
 Other Defect: Lining None LFDE LFD WF LFB
DEFECTS IN CONE (For no defects, check "None")
 1/1 None circle one: IW ID IR IG Stain
 Corrosion SAM SRV SRP SRC SRW
 Brickwork DB MB MM Lined/ Lined/Smooth
 Photo #(s)
WALL
 Material(s) (78) Coat/Liner (80) BR RCP
 Depth (79) ft N/A
 Other Defect: Lining None LFDE LFD WF LFB
DEFECTS IN WALL (For no defects, check "None")
 1/1 None circle one: IW ID IR IG Stain
 Corrosion SAM SRV SRP SRC SRW
 Brickwork DB MB MM Lined/ Lined/Smooth
 Photo #(s)

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 2
 Step Material (90) Metal Plastic Brick Other



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.0	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	11	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.0	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

Inspection Level (38) 1 2
 Purpos B (W) Invest (I)
 Pre-clean (23) N Y
 Certificate (2) _____
 MH Sealed? before: Y/N after: Y/N
 Sheet No. (6) 1
 MH Number 131
 Time (9) 13:00
 Date (8) 2011/1/18
 Inspection Status (36) SI NF SD BM DI NO NA NI Traffic
 Additional Inspection Information (27) *cleanout -> no further inspection*

Surveyor's Name (1) *BK/RM*
 Penetration/Scratch (ST) Results
 inches Rating *1 2 3 4 NA*
 Gross Street or Location Details (12) *Canyon Rd.*

Inspection Level (38) 1 2
 Surface Type (28) AS CO CC GD GR ZZ
 Wall Diameter (length x width) (77) *1* ft
 Rim to Invert (24) *0* ft
 Street Address (Number and Name) (10) *120 Fey Dr*
 City (11) _____
 Burlingame Hills SMD

MH Use (17) SS (Sanitary)
 MH Type (30) AMH ACOM AIB
 Shape (40) *C* *Rect.*
 Material (43) CAS
 Type (44) Solid Vented # *1* (46) *1*
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Missing Broken Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS
 COVER
 Size (41/42) in *12/18*
 Material (57) CAS
 Condition(s) (61) Sound Missing Cracked Corroded Broken Coated
 Offset Distance (63) _____ in
 Seal Condition (62) Inflow (64) None circle one: IW IR IG Stain
 Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55) None Solid Adjustable CAS Cracked

FRAME
 Material (57) CAS
 Condition(s) (61) Sound Missing Cracked Corroded Broken Coated
 Offset Distance (63) _____ in
 Seal Condition (62) Inflow (64) None circle one: IW IR IG Stain
 Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55) None Solid Adjustable CAS Cracked

CHIMNEY
 Material(s) (66) Coat/Liner (70) BR RCP NC C
 Depth (69) _____ ft
 DEFECTS in Chimney (For no defects, check "None")
 1/1 (67) None circle one: IW IR IG Stain
 Corrosion SAM SRV SSS SAV SAP SWW
 Brickwork DB MB MM L-edge/ L-edge/Smooth
 Other Defect: Lining None LFDE LFD WF LFB

CONE
 Material(s) (73) Coat/Liner (75) BR RCP NC C
 Depth (74) _____ ft
 DEFECTS in Cone (For no defects, check "None")
 1/1 None circle one: IW IR IG Stain
 Corrosion SAM SRV SSS SAV SAP SWW
 Brickwork DB MB MM L-edge/ L-edge/Smooth
 Other Defect: Lining None LFDE LFD WF LFB

WALL
 Material(s) (78) Coat/Liner (80) BR RCP NC C
 Depth (79) _____ ft
 DEFECTS in Wall (For no defects, check "None")
 1/1 None circle one: IW IR IG Stain
 Corrosion SAM SRV SSS SAV SAP SWW
 Brickwork DB MB MM L-edge/ L-edge/Smooth
 Other Defect: Lining None LFDE LFD WF LFB

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) _____
 Step Material (90) Metal Plastic Brick Other

Required Photos
01 White Board <i>488</i>
02 Location <i>485</i>
03 Surf Down Taken Above Rim <i>486-999</i>
04 Surf Down Taken Below Rim <i>N/A</i>
05 Drainage Inlet Location/ Path from MH <i>N/A</i>

1017
998
999

MANHOLE INSPECTION FORM

MH Use (17)
 SS (Sanitary)
 AMH
 ACOM
 AUB

Surface Type (28)
 AS
 CO
 CC
 GD
 GR
 ZZ

MH Type (30)
 R
 D
 I

Rim to Grade (16) ft 7.3
Wall Diameter (length/width) (77) ft 4.1

Location Code (26)
 A
 F
 C

City (11) Los Angeles
 Burlingame
 Hillis SMD

Street Address (Number and Name) (10)
183 Los Robles Dr.

Surveyor's Name (1)
Adrian R.

Purpose (1)
 B (Investig.)
 N

Pre-clean (23)
 N
 Y

Inspection Level (38)
 1
 2

MH Sealed?
 before: Y / N
 after: Y / N

Sheet No. (6) 1
MH Number (1) 133

Date (8) 2011-01-17
Time (9) 1430

Inspection Status (36)
 SI
 DI
 NF
 NO
 SD
 NA
 NI
 BM
 NI
 Traff

Additional Inspection Information (27)
gas 20.7

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 27.5/1
 Material (43) CAS
 Shape (40) C
 Type (44) Solid
 Vented
 # (46) 7

FRAME
 Material (57) CAS
 Condition(s) (61) Sound
 Cracked
 Broken
 Offset Distance (63) in 0

CHIMNEY
 Material(s) (66) BR
 RCP
 Coat/Liner (70) NC
 C
 Depth (69) ft 3.5

CONE
 Material(s) (73) BR
 RCP
 Coat/Liner (75) NC
 C
 Type (72) Flat/Slab
 Concentric
 Eccentric
 Depth (74) ft 6.8

WALL
 Material(s) (78) BR
 RCP
 Coat/Liner (80) NC
 C
 Depth (79) ft N/A

BENCH, CHANNEL, STEPS
 Bench Present (82) Y
 N
 Channel Installed (85) Y
 N
 Number of Steps (89) 3
 Step Material (90) Metal
 Plastic
 Brick
 Other

Required Photos
 01 White Board 1854
 02 Location 1855
 03 Surf Down Taken Above Rim 1856
 04 Surf Down Taken Below Rim 1857
 05 Drainage Inlet Location/Path from MH 1858

COVER
 Condition (52) Sound
 Poor Fit
 Cracked
 Insert Type (51) None
 Plastic
 Metal
 Cover Condition(s) (50) Sound
 Corroded
 Cracked
 Missing
 Broken
 Bolts Missing
 Fit (49) G
 U
 O
 R

FRAME
 Seal Condition (62) Inflow (64) None
 Cracked
 IG
 Stain
 Adjustment Ring Type(s) (54) Material(s) (54) Condition(s) (55) CAS
 Solid
 Adjustable

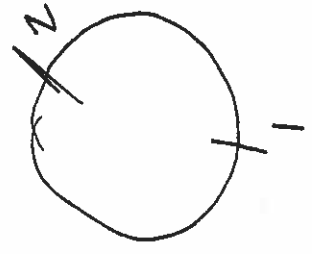
CHIMNEY
 Other Defect: Lining None
 LFDE
 LFO
 WF
 LFB
 Brickwork DB
 MB
 MM
 Lapsa/
 Miss/Squint

CONE
 Other Defect: Lining None
 LFDE
 LFD
 WF
 LFB
 Brickwork DB
 MB
 MM
 Lapsa/
 Miss/Squint

WALL
 Other Defect: Lining None
 LFDE
 LFO
 WF
 LFB
 Brickwork DB
 MB
 MM
 Lapsa/
 Miss/Squint

SKL JH

MH Number
133



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	7.5	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	2	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	7.5	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AMN ACOM AIB AS CO CC GD GR ZZ

Inspection Level (38) 1 2 Pre-clean (23) B In Certificate (2)

Purpos B In

MH Number (1) 134 24hr 10:30

Sheet No. (6) 1 Date (8) 2011/1/26

MH Sealed? before: Y N after: Y N

Inspector's Name (1) BK/RM

Penetration/Scratch (ST) Results 1 2 3 4 NA NA NA

Rim to Invert (14) R 0 ft + ft

Wall Diameter (length/width) (77) 6 o'clock 12 o'clock

Location Code (26) A G F D C

City (11) Burlingame Hills SMD

Street Address (Number and Name) (10) 107 Fey Dr Los Robles

Cross Street or Location Details (12) 4" top line exposed along hillside of 193 Los Robles

Additional Inspection Information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 61 Material (43) CAS Type (44) Solid Vented # (45) Fit (49) G U O R Cover Condition(s) (50) Sound Corroded Missing Broken Bolts Missing Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked Photo #(s)

FRAME
 Material (57) CAS Condition(s) (61) Sound Missing Cracked Broken Coated Seal Condition (62) Inflow (64) None IW ID IR IG Stain CAS Adjustable Adjustment Ring Type(s) Material(s) (54) Condition(s) None Solid Cracked Photo #(s)

CHIMNEY
 Material(s) (66) Coat/Liner (70) BR NC RCP C Depth (69) ft Corrosion None SAM SRV SRP SRC SRW SAP DB MB MM Lined/Lined/Sum Micro/Sum Brickwork DB MB MM Lined/Lined/Sum Micro/Sum Other Defect: Lining None UFDE LFD WF LFB Photo #(s)

CONE
 Material(s) (73) Coat/Liner (75) BR NC RCP C Depth (74) ft Corrosion None SAM SRV SRP SRC SRW SAP DB MB MM Lined/Lined/Sum Micro/Sum Brickwork DB MB MM Lined/Lined/Sum Micro/Sum Other Defect: Lining None UFDE LFD WF LFB Photo #(s)

WALL
 Material(s) (78) Coat/Liner (80) BR NC RCP C Depth (79) ft Corrosion None SAM SRV SRP SRC SRW SAP DB MB MM Lined/Lined/Sum Micro/Sum Brickwork DB MB MM Lined/Lined/Sum Micro/Sum Other Defect: Lining None UFDE LFD WF LFB Photo #(s)

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N Channel Installed (81) Y N Step Material (90) Metal Plastic Brick Other Number of Steps (89)

Required Photos
 01 White Board
 02 Location
 03 Surf Down Taken Above Rim
 04 Surf Down Taken Below Rim
 05 Drainage Inlet Location/ Path from MH

MANHOLE INSPECTION FORM

MH Use (17)
 SS (Sanitary)
 AMH
 ACOM
 AIB

MH Type (30)
 AS
 CO
 CC
 GD
 GR
 Z

Rim to Invert (14) Rim to Grade (16) Wall Diameter (length/width) (77)
 ft 6.2 ft 0 ft 41-

Location Code (26)
 A G F D C

City (11) **Burilingame**
 Hills SMD

Street Address (Number and Name) (10)
 123 Fey Dr.

Penetration/Scratch (ST) Results
 6 o'clock 12 o'clock
 0 0

Surveyor's Name (1)
 BK/RM

Pre-clean (23)
 N Y

Certificate (2)
 N Y

Inspection Level (38)
 1 2

Purpose (3)
 B (Investig.)

MH Sealed?
 before: Y N
 after: Y N

Sheet No. (6) 1

MH Number (1,3) BS

Date (8) 2011/1/18

Time (9) 24hr 13:15

Inspection Status (36)
 SI NF SD BM
 DI NO NA NI Traffic

Additional Inspection Information (27)
 Pic 1006 displaced Brick

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 27 3/4 in
 Material (43) CAS
 Shape (40) C
 Type (44) Solid Vented # 7
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Cracked Missing Broken Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal Sound Poor fit Cracked
 Photo #(s) 492

FRAME
 Material (57) CAS
 Condition(s) (61) Sound Missing Cracked Corroded Broken Coated
 Offset Distance (63) in 0

CHIMNEY
 Material(s) (66) BR RCP NC
 Coat/Liner (70) C
 Depth (69) ft 1.2

CONCRETE
 Material(s) (73) BR RCP NC
 Coat/Liner (75) C
 Depth (74) ft 5.9

WALL
 Material(s) (78) BR RCP NC C
 Coat/Liner (80) C
 Depth (79) ft

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 1
 Step Material (90) Metal Brick Plastic Other

DEFECTS IN CHIMNEY (For no defects, check "None")
 Seal Condition (62) Inflow (64) None IW IR IG Stain
 Adjustment Ring Type(s) Material(s) Condition(s) None Solid Adjustable
 Corrosion None SRI SSS SAV SAP SRV SRP SRC SRW
 Brickwork DB MB MM Lined/ Mixed/Stain
 Lining None LFDE LFD WF LFB
 Photo #(s) 494

DEFECTS IN CONE (For no defects, check "None")
 I/I (67) None IW IR IG Stain
 Corrosion None SRI SSS SAV SAP SRV SRP SRC SRW
 Brickwork DB MB MM Lined/ Mixed/Stain
 Lining None LFDE LFD WF LFB
 Photo #(s) 495

DEFECTS IN WALL (For no defects, check "None")
 I/I None IW IR IG Stain
 Corrosion None SRI SSS SAV SAP SRV SRP SRC SRW
 Brickwork DB MB MM Lined/ Mixed/Stain
 Lining None LFDE LFD WF LFB
 Photo #(s)

Required Photos
 01 White Board 497
 02 Location 490
 03 Surf Down Taken Above Rim 491
 04 Surf Down Taken Below Rim 493
 05 Drainage Inlet Location/ Path from MH 496

N/A

1018

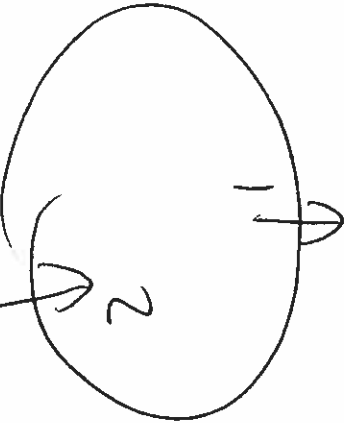
1000

1003

1004

1001

CATCH



MH Number
135

PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (103)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.2	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	11:30	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.2	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MANHOLE INSPECTION FORM
 MH Use (17) SS (Sanitary) AMH ACOM AIB
 Surface Type (28) AS CO CC GD GR ZZ
 Rim to Invert (14) Rim to Grade (16) Wall Diameter (length/width) (77) ft 4.75 ft 0 ft 4.1 -
 Location Code (26) A G F D C
 City (11) Burlingame Hills SMD
 Street Address (Number and Name) (10) 109 La Questa Dr. Canyon Rd.
 Penetration/Scratch (ST) Results 6 o'clock 0 inches Rating 2 3 4 NA 2 3 4 NA
 Pre-clean (23) N Y Y
 Certificate (2) BK/RM
 Purpose B (Investig.)
 Inspection Level (38) 1 2
 Surveyor's Name (1) BK/RM
 MH Sealed? before: Y/N after: Y/N
 Date (8) 2011/1/17
 Inspection Status (36) SI NF SD BM DI NO NA NI Traffic
 Sheet No. (6) 1
 MH Number (5) 136
 Time (9) 24hr 13:20
 Additional Inspection Information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 25 1/2 in
 Material (43) CAS
 Shape (40) C Vented # 2 (46)
 Type (44) Solid Vented
 Cover Condition(s) (50) Sound Corroded Cracked Missing Broken Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked
 Photo #(s)

FRAME
 Material (57) CAS
 Condition(s) (61) Sound Missing Cracked Corroded Coated
 Offset Distance (63) in 0
 Seal Condition (62) Inflow (64) None Solid Adjustable
 Adjustment Ring Type(s) (54) Condition(s) CAS Cracked
 Photo #(s)

CHIMNEY
 Material(s) (66) BR RCP NC C
 Coat/Liner (70) NC C
 Depth (69) ft 1.9
 DEFECTS IN CHIMNEY (For no defects, check "None")
 Corrosion None SAM SRV SRP SRC SMW
 Brickwork DB MB MM Lurep/Lurep/Stone
 Lining None LFDE LFD WF LFB
 Photo #(s)

CONE
 Material(s) (73) BR RCP NC C
 Coat/Liner (75) NC C
 Depth (74) ft 4.3
 DEFECTS IN CONE (For no defects, check "None")
 Corrosion None SRI SSS SAV SAP
 Brickwork DB MB MM Lurep/Lurep/Stone
 Lining None LFDE LFD WF LFB
 Photo #(s)

WALL
 Material(s) (78) BR RCP NC C
 Coat/Liner (80) NC C
 Depth (79) ft
 DEFECTS IN WALL (For no defects, check "None")
 Corrosion None SRI SSS SAV SAP
 Brickwork DB MB MM Lurep/Lurep/Stone
 Lining None LFDE LFD WF LFB
 Photo #(s)

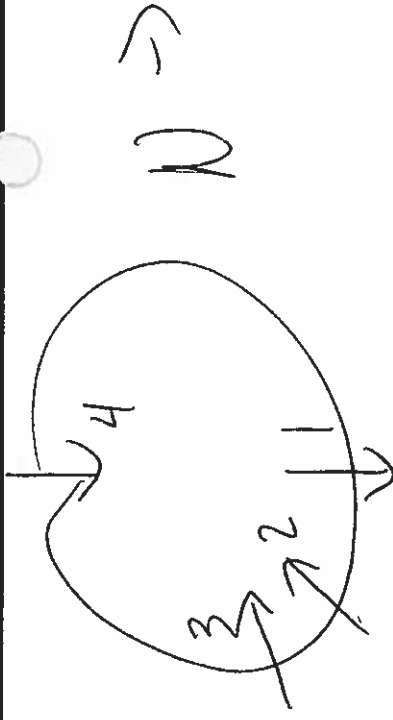
BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 0
 Step Material (90) Metal Plastic Brick Other

cam885
939

N/A

Required Photos
01 White Board 269
02 Location 270
03 Surf Down Taken Above Rim 272
04 Surf Down Taken Below Rim 273
05 Drainage Inlet Location/ Path from MH 271

MH Number
136



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.75	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	8	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.55	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
4	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.75	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	7:30	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.8	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AMH ACOM AUB Surface Type (28) AS CO CC GD GR ZZ

Inspection Level (38) 1 2 B (Investigate) Pre-clean (23) N Y Certificate (2)

MH Number (6) 137 Sheet No. (6) 1 MH Sealed? before: Y/N after: Y/N Time (9) 10:45

MH Type (30) AS CO CC GD GR ZZ

Surveyor's Name (3) BK/RM Date (8) 2011/1/18

Penetration/Scratch (ST) Results 0 inches Rating 0 2 3 4 NA SI NF SD BM DI NO NA NI Traff

Rim to Invert (14) 0 ft Rm to Grade (16) 41 ft Wall Diameter (length/width) (77) 41 ft

Location Code (26) A G F D C City (11) 107 Fey Dr. Street Address (Number and Name) (10) Canyon Rd.

Additional Inspection Information (27)

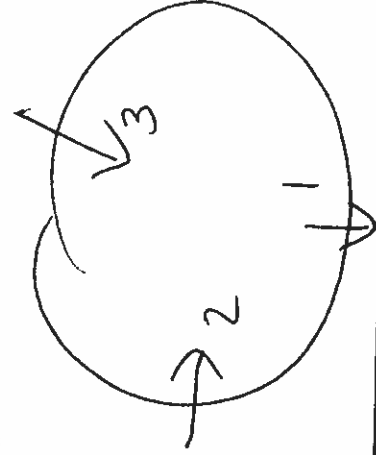
MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER	FRAME	CHIMNEY	CONE	WALL
Size (41/42) in <u>27 3/4</u> Material (43) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Shape (40) <input checked="" type="checkbox"/> C <input type="checkbox"/> Type (44) <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Vented # <u>7</u> (46) Fit (49) <input checked="" type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Corroded <input type="checkbox"/> Cracked <input type="checkbox"/> Missing <input type="checkbox"/> Broken <input type="checkbox"/> Bolts Missing Insert Type (51) Condition (52) <input checked="" type="checkbox"/> None <input type="checkbox"/> Plastic <input type="checkbox"/> Metal <input type="checkbox"/> Sound <input type="checkbox"/> Poor Fit <input type="checkbox"/> Cracked Photo #(s)	Material (57) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Condition(s) (61) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Missing <input type="checkbox"/> Cracked <input type="checkbox"/> Corroded <input type="checkbox"/> Broken <input type="checkbox"/> Coated Offset Distance (63) <u>0</u> in Seal Condition (62) Inflow (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> IR <input type="checkbox"/> ID <input type="checkbox"/> IR <input type="checkbox"/> IG <input type="checkbox"/> Stain Adjustment Ring Type(s) (Material(s) Condition(s)) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Solid <input type="checkbox"/> Adjustable Photo #(s) <u>483 459</u>	Material(s) (66) <input checked="" type="checkbox"/> KBR <input type="checkbox"/> RCP <input type="checkbox"/> Coat/Liner (70) <input type="checkbox"/> NC <input checked="" type="checkbox"/> C <input type="checkbox"/> Depth (69) <u>1</u> ft 1/1 (67) <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> IR <input type="checkbox"/> IG <input type="checkbox"/> Stain Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SNW Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LFE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB Photo #(s) <u>983 459</u>	Material(s) (73) <input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> Coat/Liner (75) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C <input type="checkbox"/> Depth (74) <u>5.7</u> ft 1/1 (67) <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> IR <input type="checkbox"/> IG <input type="checkbox"/> Stain Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SNW Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LFE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB Photo #(s) <u>983 459</u>	Material(s) (78) <input type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> Coat/Liner (80) <input type="checkbox"/> NC <input type="checkbox"/> C <input type="checkbox"/> Depth (79) <u>1</u> ft 1/1 (67) <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> IR <input type="checkbox"/> IG <input type="checkbox"/> Stain Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SNW Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LFE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB Photo #(s)
DEFFECTS IN CHIMNEY (For no defects, check "None")				
DEFFECTS IN CONE (For no defects, check "None")				
DEFFECTS IN WALL (For no defects, check "None")				
Required Photos 01 White Board <u>1013</u> 02 Location <u>455</u> <u>976</u> 03 Surf Down Taken Above Rim <u>456</u> <u>181</u> 04 Surf Down Taken Below Rim <u>457</u> <u>980</u> 05 Drainage Inlet Location/Path from MH <u>460</u> <u>977</u>				

BENCH, CHANNEL, STEPS

Bench Present (82) Y N Channel Installed (85) Y N Number of Steps (89) 0 Step Material (90) Metal Plastic Brick Other

S.C. CH



↑
N

MH Number
137

PIPE CONNECTIONS

Pipe Number (91)	REQUIRED				OPTIONAL						
	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)	
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.85	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.65	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	
3	1	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.6	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective	
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective	
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective	
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective	

MANHOLE INSPECTION FORM

Inspection Level (38) 1 2
 Purposes: B (Investig.) N
 Pre-clean (23) N Y
 Certificate (2) Y N
 MH Sealed? before: Y N after: Y N
 Sheet No. (6) 1
 Date (8) 2011/1/18
 MH Number (13) 138
 Time (9) 13:30
 Inspector (10) BK/RH
 Penetration/Scratch (ST) Results: 10/3 4 NA, 10/3 4 NA
 Inches Rating: 1/4, 1/4
 6 o'clock, 12 o'clock
 Street Address (Number and Name) (30) 111 Fey Dr.
 Canyon Rd
 City (11) Hills SMD
 Burlingame
 Location Code (26) A G F D C
 Rim to Invert (14) ft 3.75
 Rim to Grade (16) ft 0
 Wall Diameter (length/width) (77) ft 31-
 Surface Type (28) AS GD CO GR CC ZZ
 MH Type (30) AMH ACMH AIB
 Inspection Status (36) SI NF NO SD BM DI NA NI Traff
 Additional inspection information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 27 3/4
 Material (43) CAS
 Shape (40) C
 Type (44) Solid Vented
 # (46) 1
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Missing Broken Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal
 Photo #(s)

FRAME
 Material (57) CAS
 Condition (s) (61) Sound Missing Corroded Coated
 Offset Distance (63) in 0
 Seal Condition (62) Inflow (64) None RW IR IG Stain
 Adjustment Ring Type(s) (S3) Material(s) (S4) Condition(s) None Solid Adjustable CAS Cracked

CHIMNEY
 Material(s) (66) BR RCP
 Coat/Liner (70) NC C
 Depth (69) ft 1.2
 DEFECTS in Chimney (For no defects, check "None")
 Lining: None LFDE LFD WF UFB
 Brickwork: DB MB MM Lined/Smooth
 Corrosion: SAM SRV SRP SRC SMW
 Photo #(s) 1010 502

CONE
 Material(s) (73) BR RCP
 Coat/Liner (75) NC C
 Depth (74) ft 3.4
 DEFECTS in Cone (For no defects, check "None")
 Lining: None LFDE LFD WF UFB
 Brickwork: DB MB MM Lined/Smooth
 Corrosion: SAM SRV SRP SRC SMW
 Photo #(s)

WALL
 Material(s) (78) BR RCP
 Coat/Liner (80) NC C
 Depth (79) ft
 DEFECTS in Wall (For no defects, check "None")
 Lining: None LFDE LFD WF UFB
 Brickwork: DB MB MM Lined/Smooth
 Corrosion: SAM SRV SRP SRC SMW
 Photo #(s)

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel installed (85) Y N
 Number of Steps (89) 0
 Step Material (90) Metal Plastic Brick Other

Required Photos	01 White Board	02 Location	03 Surf Down Taken Above Rim	04 Surf Down Taken Below Rim	05 Drainage Inlet Location/ Path from MH
	501	498	500	501	504

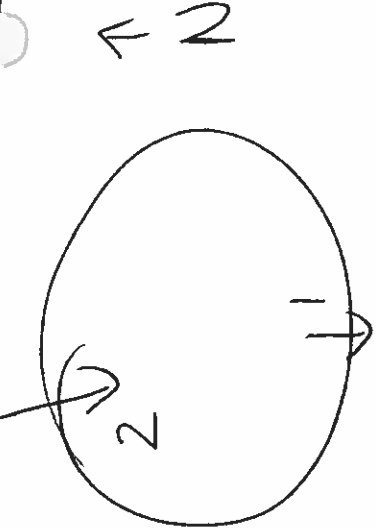
1019
503
1007
1008
1009
1007

N/A

S...CH

MH Number

138



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.75	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	11	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.8	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary)
 MH Type (30) AMH ACOM AUB
 Surface Type (28) AS CO CC GO GR ZZ
 Inspection Level (38) 1 2
 Purpose B (I) Investig. Certificate (2)
 Pre-clean (23) N Y
 MH Sealed? before: Y N after: Y N
 Sheet No. (6) 1
 MH Number (1) 139
 Date (8) 2011/1/17
 Time (9) 12:30
 Surveyor's Name (1) BK/RM
 Penetration/Scratch (ST) Results 2 3 4 NA
 Rim to Invert (14) Rim to Grade (16) Wall Diameter (length/width) (77) 7.3 ft 0 ft 41- inches 2 3 4 NA
 Location Code (26) A G F D C
 City (11) Burlingame Hills SMD
 Street Address (Number and Name) (10) 2944 Canyon Rd.
 Cross Street or Location Details (12) La Questa Dr.
 Inspection Status (36) SI NF SD BM DI NO NA NI Traff
 Additional Inspection Information (27)

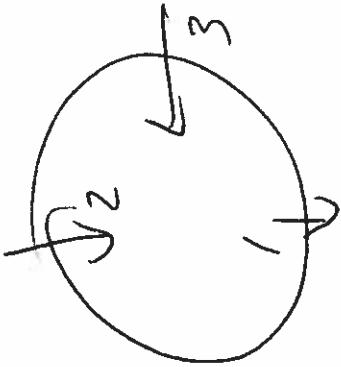
Required Photos	01 White Board	02 Location	03 Surf Down Taken Above Rim	04 Surf Down Taken Below Rim	05 Drainage Inlet Location/ Path from MH
257					
253					
254					
255					
256					

COVER	FRAME	CHIMNEY	CONE	WALL	BENCH, CHANNEL, STEPS
Size (41/42) in 27/34 Material (43) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Shape (40) <input checked="" type="checkbox"/> C <input type="checkbox"/> Type (44) <input type="checkbox"/> Solid <input type="checkbox"/> Vented <input type="checkbox"/> # Fit (49) <input checked="" type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Corroded <input type="checkbox"/> Missing <input type="checkbox"/> Cracked <input type="checkbox"/> Broken <input type="checkbox"/> Bolts Missing Insert Type (51) Condition (52) <input checked="" type="checkbox"/> None <input type="checkbox"/> Plastic <input type="checkbox"/> Metal Penetration/Scratch (ST) Results <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> NA Rim to Invert (14) Rim to Grade (16) Wall Diameter (length/width) (77) <input checked="" type="checkbox"/> 7.3 ft <input type="checkbox"/> 0 ft <input checked="" type="checkbox"/> 41- inches <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> NA Location Code (26) <input type="checkbox"/> A <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> D <input checked="" type="checkbox"/> C <input type="checkbox"/> City (11) Burlingame Hills SMD Street Address (Number and Name) (10) 2944 Canyon Rd. Cross Street or Location Details (12) La Questa Dr. Inspection Status (36) <input checked="" type="checkbox"/> SI <input type="checkbox"/> NF <input type="checkbox"/> SD <input type="checkbox"/> BM <input type="checkbox"/> DI <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NI <input type="checkbox"/> Traff Additional Inspection Information (27)	Material (57) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Condition(s) (61) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Missing <input type="checkbox"/> Cracked <input type="checkbox"/> Corroded <input type="checkbox"/> Broken <input type="checkbox"/> Coated Seal Condition (62) Inflow (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> circle one: <input type="checkbox"/> IW <input type="checkbox"/> ID <input type="checkbox"/> IR <input type="checkbox"/> IG <input type="checkbox"/> Stain Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> None <input type="checkbox"/> Solid <input type="checkbox"/> Adjustable Photo # (s)	Material(s) (66) <input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> Coat/Liner (70) <input type="checkbox"/> NC <input checked="" type="checkbox"/> C <input type="checkbox"/> Depth (69) ft 1.55 Other Defect: Lining <input checked="" type="checkbox"/> None <input type="checkbox"/> LFE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Lapsel/ Mixed/Signif Photo # (s) 252	Material(s) (73) <input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> Coat/Liner (75) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C <input type="checkbox"/> Depth (74) ft 4.6 Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LFE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Lapsel/ Mixed/Signif Photo # (s) 252	Material(s) (78) <input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> Coat/Liner (80) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C <input type="checkbox"/> Depth (79) ft 6.9 Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LFE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Lapsel/ Mixed/Signif Photo # (s) 252	Bench Present (82) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Channel Installed (85) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Number of Steps (89) Step Material (90) <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Brick <input type="checkbox"/> Other

SKL-H

MH Number

139



PIPE CONNECTIONS

Pipe Number (91)	REQUIRED				OPTIONAL						
	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)	
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	7.4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	
2	11:30	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	7.3	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	
3	3	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.9	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective	
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective	
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective	
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective	

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary)
 MH Type (30) ANH ACOM AID
 Surface Type (28) AS CO CC GD GR Z
 Inspection Level (38) 1 2
 Purpose B (W)
 Pre-clean (23) N Y
 MH Sealed? before: Y (N) after: Y (N)
 Sheet No. (6) 1
 MH Number (140)
 Date (8) 2011/1/24
 Time (9) 11:15
 Surveyor's Name (31) BK/EM
 Certificate (2)
 Penetration/Scratch (ST) Results 2 3 4 NA
 Rating 2 3 4 NA
 6 o'clock 12 o'clock
 Rim to Invert (14) R 6
 Wall Diameter (Length/Width) (77) R 41-
 Location Code (26) A G F D C
 City (11) Burlingame Hills SMD
 Street Address (Number and Name) (10) 138 Valdeflores
 Cross Street or Location Details (12) Hillside Dr.
 Additional Inspection Information (27) Heavy accumulation of fecal matter

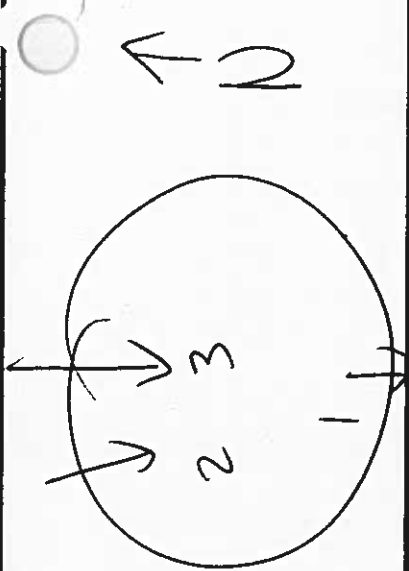
MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 25 1/2
 Material (43) CAS
 Shape (40) C
 Type (44) Solid Vented # (46)
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Missing Broken Bolts Missing
 Insert Type (53) Condition (52) None Plastic Metal
 Photo #(s)
FRAME
 Material (57) CAS
 Condition(s) (61) Sound Missing Cracked Corroded Broken Coated
 Offset Distance (63) in /
 Seal Condition (82) Inflow (84) None Solid Adjustable
 Adjustment Ring Type(s) Material(s) Condition(s)
 Photo #(s)
CHIMNEY
 Material(s) (66) Coat/Liner (70) BR NC RCP C
 Depth (69) ft 1.4
CONE
 Material(s) (73) Coat/Liner (75) BR NC RCP C
 Depth (74) ft 5.8
WALL
 Material(s) (78) Coat/Liner (80) BR NC RCP C
 Depth (79) ft
DEFECTS IN CHIMNEY (For no defects, check "None")
 Lining: None LFDE LFD WF LFB
 Brickwork: DB MB MM Lumpy Missing
 Corrosion: None SAM SRV SRP SRC SAW SAP
 Other Defect:
DEFECTS IN CONE (For no defects, check "None")
 Lining: None LFDE LFD WF LFB
 Brickwork: DB MB MM Lumpy Missing
 Corrosion: None SAM SRV SRP SRC SAW SAP
 Other Defect:
DEFECTS IN WALL (For no defects, check "None")
 Lining: None LFDE LFD WF LFB
 Brickwork: DB MB MM Lumpy Missing
 Corrosion: None SAM SRV SRP SRC SAW SAP
 Other Defect:

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 1
 Step Material (90) Metal Plastic Brick Other

Required Photos
01 White Board 732
02 Location 733 726
03 Surf Down Taken Above Rim 729
04 Surf Down Taken Below Rim 731
05 Drainage Inlet Location/ Path from MH 726

MH Number
140



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Face Mark) <input type="checkbox"/> LB (Label)	6-1	<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	11	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Face Mark) <input type="checkbox"/> LB (Label)	5.8	<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Face Mark) <input type="checkbox"/> LB (Label)	5.9	<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Face Mark) <input type="checkbox"/> LB (Label)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Face Mark) <input type="checkbox"/> LB (Label)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Face Mark) <input type="checkbox"/> LB (Label)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) MH Type (30) AS CO CC Z

Inspection Level (38) 1 2 Purpose (39) Biv Pre-clean (23) N Y Certificate (2) Y N

MH Number (6) 141 Sheet No. (6) 1 MH Sealed? before: Y N after: Y N

Time (9) 14:00 Date (8) 2011/1/20 Inspection Status (36) S DI NF NO

Rim to Invert (14) 4.1 ft Rim to Grade (16) 0 ft Wall Diameter (length/width) (77) 41-

Location Code (26) A G F D C City (11) Burlingame Hills SMD

Street Address (Number and Name) (10) 124 La Mesa Dr. Cross Street or Location Details (12) Hillside Dr.

Penetration/Scratch (ST) Results 2 3 4 NA 2 3 4 NA Rating D 2 3 4 NA

Additional Inspection Information (27) Roots - 59156

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (43/42) in 27 3/4 Material (43) CAS Shape (40) C Vented # 7 (46) Type (44) Solid Vented Fit (49) G U O R Cover Condition(s) (50) Sound Corroded Cracked Missing Bolts Missing Insert Type (51) Condition (52) None Plastic Metal Photo #(s)

FRAME
 Material (57) CAS Condition(s) (61) Sound Missing Cracked Corroded Broken Coated Seal Condition (62) Inflow (64) None circle one: IW ID IR IG Stain Adjustment Ring Type(s) Material(s) Condition(s) CAS Sound Cracked Corroded Adjustable Photo #(s)

CHIMNEY
 Material(s) (66) BR RCP Coat/Liner (70) NC C Depth (69) N/A ft Other Defect: Lining None LFDE LFD WF UFB Brickwork DB MB MM Lining Lining None LFDE LFD WF UFB Photo #(s) 594

CONE
 Material(s) (73) BR RCP Coat/Liner (75) NC C Depth (74) 3.7 ft Other Defect: Lining None LFDE LFD WF UFB Brickwork DB MB MM Lining Lining None LFDE LFD WF UFB Photo #(s) 593

WALL
 Material(s) (78) BR RCP Coat/Liner (80) NC C Depth (79) N/A ft Other Defect: Lining None LFDE LFD WF UFB Brickwork DB MB MM Lining Lining None LFDE LFD WF UFB Photo #(s) 596

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N Channel Installed (85) Y N Number of Steps (89) 1 Step Material (90) Metal Plastic Brick Other

Required Photos	01 White Board	597
	02 Location	591
	03 Surf Down Taken Above Rim	592
	04 Surf Down Taken Below Rim	593
	05 Drainage Inlet Location/ Path from MH	596

MH Number
141



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.05	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.05	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	2	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.1	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MH Num

142

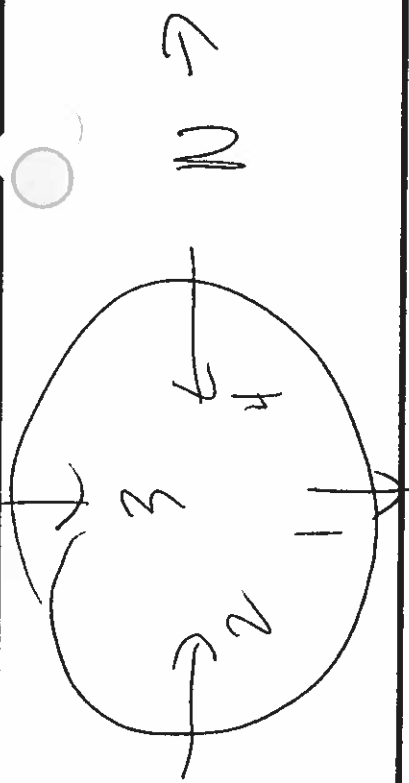


PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97)	Width (98)	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> IM (In Drop Main) <input type="checkbox"/> LB (Lateral)	4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> IM (In Drop Main) <input type="checkbox"/> LB (Lateral)	4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	3	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> IM (In Drop Main) <input type="checkbox"/> LB (Lateral)	4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> IM (In Drop Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> IM (In Drop Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> IM (In Drop Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MH Number

143



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Bottom)	8.45	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Bottom)	8.4	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Bottom)	6.9	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
4	3	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Bottom)	4.2	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Bottom)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Bottom)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Bottom)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

Flow from

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AS CO CC MH Type (30) AWH ACOM AIS ZZ
 Inspection Level (38) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
 Purpos B N Y Y
 Pre-clean (23) N Y
 MH Sealed? before: Y N after: Y N
 Sheet No. (6) 1
 MH Number 144
 Date (8) 2011/1/20
 Time (9) 24hr 14:30
 Certificate (2) Bk/EM
 Inspection Status (36) SI DI NF NO SD NA NI BM NI Traff
 Penetration/Scratch (ST) Results 1 2 3 4 NA 1 2 3 4 NA
 Penetration/Scratch (ST) Results 1 2 3 4 NA 1 2 3 4 NA
 6 o'clock 0 inches 12 o'clock 0 inches
 Street Address (Number and Name) (10) 150 Valdeflores La Mesa Dr.
 Location Code (26) A G F D C C
 City (11) Burlingame Hills SMD
 Rim to Grade (16) ft 4.1
 Wall Diameter (length/width) (77) ft 7.25 x 0
 Rim to Invert (14) ft 7.25 x 0
 Surface Type (28) AS CO CC GR ZZ
 Surveyor's Name (1) Bk/EM
 Additional Inspection Information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS
COVER
 Size (41/42) in 27 3/4 in
 Material (43) CAS
 Shape (40) C
 Type (44) Solid Vented # 7 (46) Includes pick holes
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Missing Bots Missing
 Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked
 Photo #(s)
FRAME
 Material (57) CAS
 Condition(s) (61) Sound Missing Corroded Coated
 Offset Distance (63) in 0
 Seal Condition (62) Inflow (64) None circle one: IW ID IR IG Stagn
 Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55) CAS Sound Cracked
 Photo #(s)
CHIMNEY
 Material(s) (66) BR RCP
 Coat/Liner (70) NC C
 Depth (69) ft 1.2
 DEFFECTS IN CHIMNEY (For no defects, check "None")
 I/I (67) None circle one: IW ID IR IG Stagn
 Corrosion SAM SRV SRP SRC SAW
 Brickwork DB MB MM Lined/Lined
 Other Defect: Lining None LFDE LFD WF LFB
 Photo #(s)
CONE
 Material(s) (73) BR RCP
 Coat/Liner (75) NC C
 Depth (74) ft 6.9
 DEFFECTS IN CONE (For no defects, check "None")
 I/I None circle one: IW ID IR IG Stagn
 Corrosion SAM SRV SRP SRC SAW
 Brickwork DB MB MM Lined/Lined
 Other Defect: Lining None LFDE LFD WF LFB
 Photo #(s)
WALL
 Material(s) (78) BR RCP
 Coat/Liner (80) NC C
 Depth (79) ft
 DEFFECTS IN WALL (For no defects, check "None")
 I/I None circle one: IW ID IR IG Stagn
 Corrosion SAM SRV SRP SRC SAW
 Brickwork DB MB MM Lined/Lined
 Other Defect: Lining None LFDE LFD WF LFB
 Photo #(s)
BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 2
 Step Material (90) Metal Plastic Brick Other

Required Photos
 01 White Board 695
 02 Location 598
 03 Surf Down Taken Above Rim 599
 04 Surf Down Taken Below Rim 609
 05 Drainage (Inlet Location/ Path from MH) 609

MH Number

144



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	7.26	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9/12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	7.45	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	3	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	7.15	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AMH ACOM AIB

MH Type (30) LAS CO CC GD GR ZZ

Surface Type (28)

Inspection Level (38) 1 2

Purpos- B (u)

Pre-clean (23) N Y

MH Sealed? before: Y N after: Y N

Sheet No. (6) 1

Date (8) 2011/1/21

Time (9) 13:00

MH Number 145

Inspector's Name (1) BK/EM

Penetration/Scratch (ST) Results 2 3 4 NA

Inspection Status (36) SI NF SD BM DI NO NA NI Traff

Rim to Invert (14) ft 0

Wall Diameter (length/width) (77) ft 14

Location Code (26) A G F D C

City (11) Burlingame Hills SMD

Street Address (Number and Name) (10) 150 Valdeflores Hillside

Cross Street or Location Details (12) Hillside

Additional Inspection Information (27) ~~6" plug in 6" line~~

Required Photos	01 White Board	02 Location	03 Surf Down Taken Above Rim	04 Surf Down Taken Below Rim	05 Drainage Inlet Location/ Path from MH
	701	699	702	703	700

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 24 in
 Material (43) CAS
 Shape (40) bc
 Type (44) Solid Vented # 2 (46)

FRAME
 Material (57) CAS
 Condition(s) (61) Sound Missing Cracked Broken Coated
 Offset Distance (63) in 0

CHIMNEY
 Material(s) (66) BR RCP NC C
 Coat/Liner (70) NC C
 Depth (69) ft

CONE
 Material(s) (73) BR RCP NC C
 Coat/Liner (75) NC C
 Depth (74) ft

WALL
 Material(s) (78) BR RCP NC C
 Coat/Liner (80) NC C
 Depth (79) ft

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 0
 Step Material (90) Metal Plastic Brick Other

DEFECTS IN CHIMNEY (For no defects, check "None")
 I/I (67) None SRI SSS SAV SAP
 Corrosion SAM SRV SRP SRC SAW
 Brickwork DB MB MM
 Lining None LFOE LFD WF LFB

DEFECTS IN CONE (For no defects, check "None")
 I/I (67) None SRI SSS SAV SAP
 Corrosion SAM SRV SRP SRC SAW
 Brickwork DB MB MM
 Lining None LFOE LFD WF LFB

DEFECTS IN WALL (For no defects, check "None")
 I/I (67) None SRI SSS SAV SAP
 Corrosion SAM SRV SRP SRC SAW
 Brickwork DB MB MM
 Lining None LFOE LFD WF LFB

MH Number
145

N/A → C.O. w/ cover

PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Subsidiary)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Subsidiary)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Subsidiary)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Subsidiary)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Subsidiary)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Subsidiary)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (sanitary) AMR ACOM AIB

Inspection Level (38) 1 2

Purpose B (W)

Pre-clean (23) N Y

MH Sealed? before: Y N after: Y N

Sheet No. (6)

MH Number 1

Date (8)

Time (9)

Inspector's Name (1)

Certificate (2)

Inspection Status (36) SI NF SD BM DI NO NA NI Traff

Penetration/Scratch (ST) Results 2 3 4 NA 1 2 3 4 NA

Inches Rating

Rim to Invert (14) ft

Wall Diameter (length/width) (77) ft

Location Code (26) A G F D C

City (11)

Burlingame Hills SMD

Street Address (Number and Name) (10)

Cross Street or Location Details (12)

Additional Inspection Information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in in
 Material (43) CAS
 Shape (40) C
 Type (44) Solid Vented # 7 (46)

FRAME
 Material (57) CAS
 Condition(s) (61) Sound Missing Cracked Corroded Coated
 Offset Distance (63) in
 Seal Condition (62) Inflow (64) None IR ID IR IG Stain

CHIMNEY
 Material(s) (66) Coat/Liner (70) BR NC RCP C
 Depth (69) ft
 DEFECTS in Chimney (For no defects, check "None")
 I/I (67) None SRI SSS SAV SAP SRI SRV SRP SRC SRW
 Corrosion SAM SRV SRP SRC SRW
 Brickwork DB MB MM Lumpy Missing

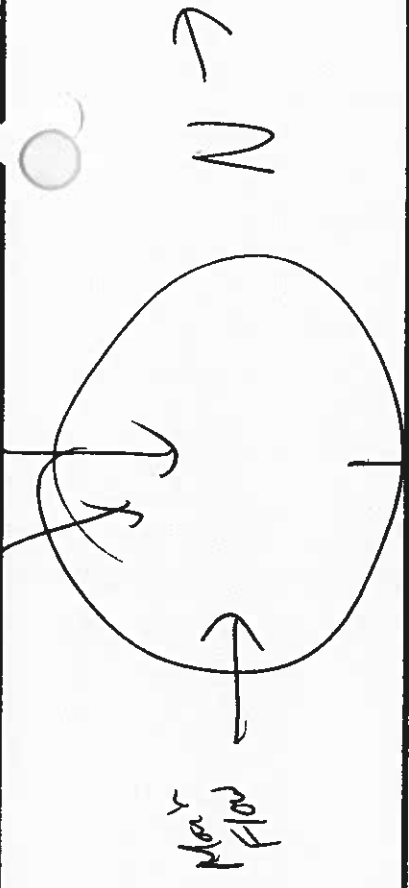
CONE
 Material(s) (73) Coat/Liner (75) BR NC RCP C
 Depth (74) ft
 DEFECTS in Cone (For no defects, check "None")
 I/I None SRI SSS SAV SAP SRI SRV SRP SRC SRW
 Corrosion SAM SRV SRP SRC SRW
 Brickwork DB MB MM Lumpy Missing

WALL
 Material(s) (78) Coat/Liner (80) BR NC RCP C
 Depth (79) ft
 DEFECTS in Wall (For no defects, check "None")
 I/I None SRI SSS SAV SAP SRI SRV SRP SRC SRW
 Corrosion SAM SRV SRP SRC SRW
 Brickwork DB MB MM Lumpy Missing

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89)
 Step Material (90) Metal Plastic Brick Other

Required Photos
 01 White Board
 02 Location
 03 Surf Down Taken Above Rim
 04 Surf Down Taken Below Rim
 05 Drainage Inlet Location/ Path from MH

MH Number
147



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.5	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.2	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	11	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.1	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
4	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.2	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17)
 SS (Sanitary)
 Other

MH Type (30)
 AMH
 ACOM
 AIB
 Other

Surface Type (28)
 AS
 CO
 CC
 GD
 GR
 ZZ

Rim to Invert (14) ft 0
Wall Diameter (length/width) (77) ft 4 / 1

Location Code (26)
 A
 G
 F
 D
 C

City (11) Las Vegas
 Burlingame
 Hills SMD

Street Address (Number and Name) (10)
146 La Mesa Dr.

Surveyor's Name (11)
ADWAN IR.

Purpose
 B (In Investigation)
 Other

Pre-clean (23)
 N
 Y

Inspection Level (38)
 1
 2

Certificate (2)
 N
 Y

MH Sealed?
 before: Y
 after: Y

Sheet No. (6) 1
MH Number (1) 149

Date (8) 2017-01-17
Time (9) 1300

Inspection Status (36)
 SI
 DI
 NF
 NO
 SD
 BM
 NA
 NI Traffic

Additional Inspection Information (27)
gas 2017

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 27 1/2
 Material (43) CAS
 Shape (40) C
 Type (44) Solid
 Vented
 # 7 (46)

FRAME
 Material (57) CAS
 Condition(s) (61) Sound
 Cracked
 Broken
 Offset Distance (63) in 0

CHIMNEY
 Material(s) (66) BR
 RCP
 Other
 Coat/Liner (70) NC
 C
 Other
 Depth (69) ft 1.6

CONE
 Material(s) (73) BR
 RCP
 Other
 Coat/Liner (75) NC
 C
 Other
 Depth (74) ft 3.9

WALL
 Material(s) (78) BR
 RCP
 Other
 Coat/Liner (80) NC
 C
 Other
 Depth (79) ft N/A

Required Photos
 01 White Board 1827
 02 Location 1830
 03 Surf Down Taken Above Rim 1831
 04 Surf Down Taken Below Rim 1832
 05 Drainage Inlet Location/ Path from MH 1833

COVER
 Insert Type (51) Condition (52)
 None
 Plastic
 Metal
 Sound
 Corroded
 Poor Fit
 Cracked

FRAME
 Adjustment Ring Type(s) (53) Material(s) (54) Condition (55)
 CAS
 None
 Solid
 Adjustable
 Sound
 Cracked

CHIMNEY
 Other Defect: Lining
 None
 LFE
 LFD
 WFF
 LFB
 Brickwork
 DB
 MB
 MM
 Liquef./
 Miscal./Squab.

CONE
 Other Defect: Lining
 None
 LFE
 LFD
 WFF
 LFB
 Brickwork
 DB
 MB
 MM
 Liquef./
 Miscal./Squab.

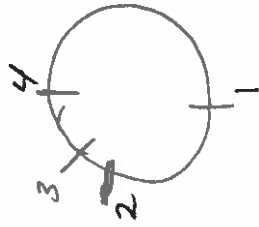
WALL
 Other Defect: Lining
 None
 LFE
 LFD
 WFF
 LFB
 Brickwork
 DB
 MB
 MM
 Liquef./
 Miscal./Squab.

BENCH, CHANNEL, STEPS
 Bench Present (82) Y
 N
 Channel Installed (85) Y
 N
 Number of Steps (89) 0
 Step Material (90) Metal
 Plastic
 Brick
 Other

SK JH

MH Numbe

149



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.3	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.8	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	10	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.0	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
4	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17)
 SS (Sanitary)

MH Type (30)
 AMH
 ACOM
 AUB

Surface Type (28)
 AS
 CO
 CC
 GD
 GR
 ZZ

Rim to Invert (14) ft 10.5
Rim to Grade (16) ft +.2
Wall Diameter (length/width) (77) ft 41-

Location Code (26)
 A
 F
 C

City (11) 201 Los Robles
Burlingame Hills SMD

Inspection Level (38)
 1
 2

Purpose (39)
 B (Investig.)

Surveyor's Name (1) BK/RM
Certificate (2)

Pre-clean (23)
 N
 Y

MH Sealed?
 before: Y
 after: Y

Date (8) 2011/1/18
Time (9) 14:55

Sheet No. (6) 1
MH Number (13) 151

Inspection Status (36)
 SI
 DI
 NF
 NO

Additional Inspection Information (27)
 Heavy Rods - 526

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 25 in
 Material (43) CAS
 Shape (40) C
 Type (44) Solid
 Fit (49) G U
 Cover Condition(s) (50) Corroded
 Insert Type (51) Condition (52) Sound

FRAME
 Material (57) CAS
 Condition(s) (61) Sound
 Offset Distance (63) in 0

CHIMNEY
 Material(s) (66) BR, RCP
 Coat/Liner (70) NC, C
 Depth (69) ft 4
 Seal Condition (62) Inflow (64) None
 Adjustment Ring Type(s) (54) Material(s) Condition(s) CAS, Corrosion

CONE
 Material(s) (73) BR, RCP
 Coat/Liner (75) NC, C
 Depth (74) ft 8
 Type (72) Flat/Slab, Concentric, Eccentric

WALL
 Material(s) (78) BR, RCP
 Coat/Liner (80) NC, C
 Depth (79) ft 10
 Type (72) Flat/Slab, Concentric, Eccentric

DEFECTS IN CHIMNEY (For no defects, check "None")
 Corrosion: None, SAM, SRV, SSS, SAV, SAP
 Brickwork: DB, MB, MM, Lined/Smooth, Mixed/Smooth
 Lining: None, LFDE, LFD, WF, LFB

DEFECTS IN CONE (For no defects, check "None")
 Corrosion: None, SRI, SSS, SAV, SAP
 Brickwork: DB, MB, MM, Lined/Smooth, Mixed/Smooth
 Lining: None, LFDE, LFD, WF, LFB

DEFECTS IN WALL (For no defects, check "None")
 Corrosion: None, SRI, SSS, SAV, SAP
 Brickwork: DB, MB, MM, Lined/Smooth, Mixed/Smooth
 Lining: None, LFDE, LFD, WF, LFB

BENCH, CHANNEL, STEPS
 Bench Present (82) Y
 Channel Installed (85) Y
 Number of Steps (89) 3
 Step Material (90) Metal, Plastic, Brick, Other

Required Photos
 01 White Board: 532, 956
 02 Location: 957
 03 Surf Down Taken Above Rim: 525, 959
 04 Surf Down Taken Below Rim: 526, 960
 05 Drainage Inlet Location/Path from MH: 529, 958

SNL1CH

MH Number

151



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	10.6	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	8	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	10.2	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	10	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.5	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
4	11	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	10.2	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17)
 SS (Sanitary)
 AMH
 ACOM
 AIB

MH Type (30)
 AS
 CO
 CC

Surface Type (28)
 GD
 GR
 ZZ

Inspection Level (38)
 1
 2

Purpose (39)
 B (UH Investig.)
 C

Pre-clean (23)
 N
 Y

MH Sealed? (6)
 before: Y
 after: Y

Sheet No. (6) 1

MH Number (1) 151

Date (8) 2011-01-17

Time (9) 1415

Inspection Status (36)
 SI
 DI
 SD
 NA
 NI Traffic

Additional Inspection Information (27)
 GAS 20.7

Surveyor's Name (1) ADRIAN R.

Certificate (2)

Penetration/Scratch (ST) Results
 6 o'clock: 2 3 4 NA
 12 o'clock: 2 3 4 NA

Rating 2 3 4 NA

Cross Street or Location Details (12)
 200 Los Lobos

Street Address (Number and Name) (10)
 200 Los Lobos

City (11) Suringame Hills SMD

Location Code (26)

Rim to Invert (14) ft 9.0
Wall Diameter (length/width) (77) ft 4.1

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 26.57
 Material (43) CAS
 Shape (40) Solid
 Type (44) Vented #2
 Fit (49) G
 Cover Condition(s) (50) Sound
 Insert Type (51) Condition (52) None
 Photo # (5)

FRAME
 Material (57) CAS
 Condition(s) (61) Sound
 Offset Distance (63) in 0
 Seal Condition (62) Inflow (64) None
 Adjustment Ring Type(s) Material(s) Condition(s) CAS
 Photo # (5)

CHIMNEY
 Material(s) (66) BR
 Coat/Liner (70) NC
 Depth (69) ft 3.15
 DEFECTS in Chimney (For no defects, check "None")
 Corrosion: None
 Brickwork: DB
 Other Defect: Lining: None

CONE
 Material(s) (73) BR
 Coat/Liner (75) NC
 Depth (74) ft 8.5
 DEFECTS in Cone (For no defects, check "None")
 Corrosion: None
 Brickwork: DB
 Other Defect: Lining: None

WALL
 Material(s) (78) BR
 Coat/Liner (80) NC
 Depth (79) ft N/A
 DEFECTS in Wall (For no defects, check "None")
 Corrosion: None
 Brickwork: DB
 Other Defect: Lining: None

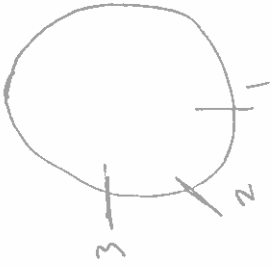
BENCH, CHANNEL, STEPS
 Bench Present (82) Y
 Channel Installed (85) Y
 Number of Steps (89) 4
 Step Material (90) Metal Plastic Brick Other

Required Photos	
01 White Board	1849
02 Location	1850
03 Surf Down Taken Above Rim	1851
04 Surf Down Taken Below Rim	1852
05 Drainage Inlet Location/ Path from MH	1853

SK...H

MH Number

151



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (93)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	9.3	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	8	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	8.9	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.3	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) Surface Type (28) AS CO CC GD GR ZZ

MH Type (30) AMH ACOM AUB

Inspection Level (38) 1 2

Purpose B (I) Invest Pre-clean (23) N Y

Surveyor's Name (1) FM/BK

MH Sealed? before: Y/N after: Y/N

MH Number (1) 154

Sheet No. (6) 1

Date (8) 2011/1/17

Time (9) 12:00

Rim to Invert (14) 7.3 ft Rim to Grade (16) 4.1 ft

Wall Diameter (length/width) (77) 41 inches

Penetration/Scratch (ST) Results 2 3 4 NA

Inspection Status (36) SI NF SD BM DI NO NA NI Traff

Location Code (26) A G F D C

City (11) Burlingame Hills SMD

Street Address (Number and Name) (10) 2999 Canyon Rd.

Cross Street or Location Details (12) Fey Dr.

Additional Inspection Information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

Required Photos	01 White Board	02 Location	03 Surf Down Taken Above Rim	04 Surf Down Taken Below Rim	05 Drainage Inlet Location/ Path from MH			
	247	246	248	250	251			
COVER	Size (41/42) in <u>1</u>	Material (43) <input checked="" type="checkbox"/> CAS <input type="checkbox"/>	Shape (40) <input checked="" type="checkbox"/> C <input type="checkbox"/>	Type (44) <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Vented # <u>7</u>	Fit (49) <input checked="" type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R	Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Corroded <input type="checkbox"/> Cracked <input type="checkbox"/> Missing <input type="checkbox"/> Broken <input type="checkbox"/> Bolts Missing	Insert Type (51) Condition (52) <input checked="" type="checkbox"/> None <input type="checkbox"/> Plastic <input type="checkbox"/> Metal	Photo #(s)
FRAME	Material (57) <input checked="" type="checkbox"/> CAS <input type="checkbox"/>	Condition(s) (61) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Missing <input type="checkbox"/> Cracked <input type="checkbox"/> Broken	Offset Distance (63) <u>0</u> in	Seal Condition (62) Inflow (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> circle one: IW IR IG Stain	Adjustment Ring Type(s) (54) Material(s) Condition (55) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Solid <input type="checkbox"/> Adjustable	Photo #(s)	Photo #(s)	
CHIMNEY	Material(s) (66) <input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP	Coat/Liner (70) <input type="checkbox"/> NC <input checked="" type="checkbox"/> C	Depth (69) <u>1.0</u> ft	DEFECTS IN CHIMNEY (For no defects, check "None") I/I (67) <input checked="" type="checkbox"/> None <input type="checkbox"/> circle one: IW IR IG Stain Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SAW <input type="checkbox"/> SAP Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Lugs/Slots <input type="checkbox"/> Micro/Synth			Photo #(s)	Photo #(s)
CONE	Material(s) (73) <input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP	Coat/Liner (75) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C	Depth (74) <u>4.3</u> ft	DEFECTS IN CONE (For no defects, check "None") I/I <input checked="" type="checkbox"/> None <input type="checkbox"/> circle one: IW IR IG Stain Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SAW <input type="checkbox"/> SAP Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Lugs/Slots <input type="checkbox"/> Micro/Synth			Photo #(s)	Photo #(s)
WALL	Material(s) (78) <input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP	Coat/Liner (80) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C	Depth (79) <u>7.1</u> ft	DEFECTS IN WALL (For no defects, check "None") I/I <input checked="" type="checkbox"/> None <input type="checkbox"/> circle one: IW IR IG Stain Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SAW <input type="checkbox"/> SAP Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Lugs/Slots <input type="checkbox"/> Micro/Synth			Photo #(s)	Photo #(s)

BENCH, CHANNEL, STEPS

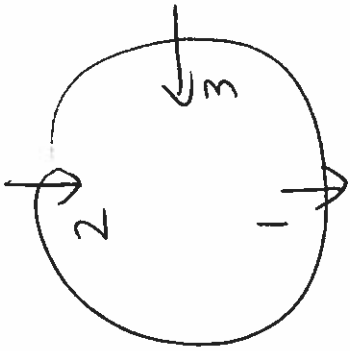
Bench Present (82) Y N

Channel Installed (85) Y N

Number of Steps (89) 0

Step Material (90) Metal Plastic Brick Other

SKETCH



MH Number

154

PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	7.25	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	7.33	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	3	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	7.2	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AMH ACOM AB **MH Type (30)** AS CO CC GD GR ZZ
Inspection Level (38) 1 2 **Purpose (4)** B (W/Invest) **Pre-clean (23)** N Y **MH Sealed?** before: Y N after: Y N **Sheet No. (6)** 1 **MH Number (1)** 155 **Time (9)** 24hr 10:40
Surveyor's Name (3) RM/BK **Date (8)** 2011/1/17 **Inspection Status (36)** SI NF SD BM DI NO NA NI Traff
Penetration/Scratch (ST) Results 2 3 4 NA 2 3 4 NA **Inches Rating** 0 0
6 o'clock 0 **12 o'clock** 0 **Cross Street or Location Details (12)** Fey Dr.
Street Address (Number and Name) (10) 3004 Canyon Rd.

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS
COVER Size (41/42) in 27 3/4 Material (43) CAS Shape (40) C Type (44) Solid Vented # (45) 7
 Fit (49) G U O R **Cover Condition(s) (50)** Sound Corroded Cracked Missing Bolts Missing Broken
 Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked **Photo # (s)**
FRAME Material (57) CAS Condition(s) (61) Sound Missing Cracked Corroded Coated **Offset Distance (63)** in 0
 Seal Condition (62) Inflow (64) None IW ID IR IG Stain **Adjustment Ring Type(s) Material(s) Condition(s)** CAS **Photo # (s)**
CHIMNEY Material(s) (66) BR RCP Coat/Liner (70) NC C **Depth (69)** ft 2.6
 I/I (67) None SRI SSS SAV SAP SAM SRV SRP SRC SMW SRI SSS SAV SAP SAM SRV SRP SRC SMW
DEFECTS In Chimney (For no defects, check "None") **Corrosion** None SRI SSS SAV SAP SAM SRV SRP SRC SMW
 Brickwork DB MB MM Lurew/ Lurew/ Micro/Stream **Photo # (s)**
CONE Material(s) (73) BR RCP Coat/Liner (75) NC C **Depth (74)** ft 7.3
 I/I (72) None IW ID IR IG Stain **Corrosion** None SRI SSS SAV SAP SAM SRV SRP SRC SMW
DEFECTS In Cone (For no defects, check "None") **Corrosion** None SRI SSS SAV SAP SAM SRV SRP SRC SMW
 Brickwork DB MB MM Lurew/ Lurew/ Micro/Stream **Photo # (s)**
WALL Material(s) (78) BR RCP Coat/Liner (80) NC C **Depth (79)** ft
 I/I (77) None IW ID IR IG Stain **Corrosion** None SRI SSS SAV SAP SAM SRV SRP SRC SMW
DEFECTS In Wall (For no defects, check "None") **Corrosion** None SRI SSS SAV SAP SAM SRV SRP SRC SMW
 Brickwork DB MB MM Lurew/ Lurew/ Micro/Stream **Photo # (s)**

Required Photos
 01 White Board 235
 02 Location 234
 03 Surf Down Taken Above Rim 236
 04 Surf Down Taken Below Rim 237
 05 Drainage Inlet Location/ Path from MH 238
BENCH, CHANNEL, STEPS Bench Present (82) Y N Channel Installed (85) Y N Number of Steps (89) 2 Step Material (90) Metal Plastic Brick Other

N/A

SKETCH

MH Number

155



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	7.45	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	11:30	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.75	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	3	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.8	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

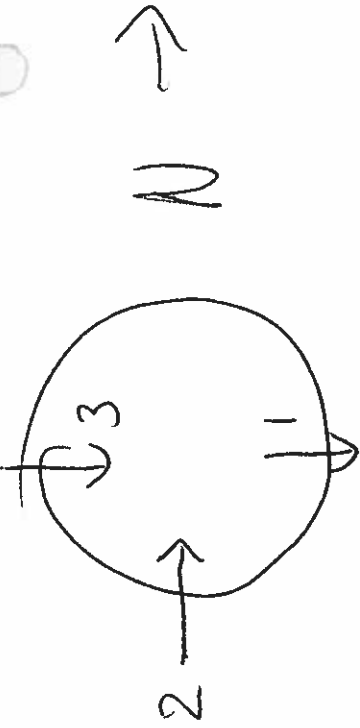
MH Use (17) SS (Sanitary) AMH ACOM AUB GD GR ZZ
Surface Type (28) AS CO CC
Inspection Level (38) 1 2 **Purpose** B (Investig.) N Y
Pre-clean (23) N Y **Certificate (2)** _____
MH Number (1) 156 **Sheet No. (6)** 1 **MH Sealed?** before: Y/ N after: Y/ N
Time (9) 11:00 **Date (8)** 2011/1/17 **Inspection Status (36)** SI NF SD BM DI NO NA NI Traff
Rim to Invert (14) ft 8.9 **Rim to Grade (16)** ft 0 **Wall Diameter (length/width) (77)** ft 41-
Penetration/Scratch (ST) Results 2 2 3 4 NA 2 2 3 4 NA
6 o'clock 0 **12 o'clock** 0
Additional Inspection Information (27) _____
Location Code (26) A G F D C **City (11)** Canyon Rd. **Street Address (Number and Name) (10)** El Prado Rd.
Burflagme Hills SMD

Required Photos
01 White Board 242
02 Location 240
03 Surf Down Taken Above Rim 243
04 Surf Down Taken Below Rim 244
05 Drainage Inlet Location/ Path from MH 245

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
Size (41/42) in 27 1/4 **Material (43)** CAS _____ **Shape (40)** C _____ **Type (44)** Solid Vented **Fit (49)** G U O R
Condition(s) (51) Sound Corroded Missing Cracked Broken Bolts Missing
Insert Type (51) Condition (52) None Plastic Metal Sound Poor FR Cracked
FRAME
Material (57) CAS _____ **Condition(s) (61)** Sound Missing Corroded Broken Coated
Seal Condition (62) Inflow (64) None Solid Cracked Adjustable
Adjustment Ring Type(s) Material(s) Condition (55) CAS _____
CHIMNEY
Material(s) (66) BR RCP **Coat/Liner (70)** NC C **Depth (69)** ft 1.1
DEFFECTS IN CHIMNEY (For no defects, check "None")
1/I (67) None SRI SSS SAV SAP **Corrosion** SAM SRV SRP SRC SMW
Brickwork DB MB MM _____ **Micro/Synth** _____
Other Defect: Lining None LFDE LFD WF LFB
PHOTO # (S) _____
CONE
Material(s) (73) BR RCP **Coat/Liner (75)** NC C **Depth (74)** ft 6.3
DEFFECTS IN CONE (For no defects, check "None")
1/I None SRI SSS SAV SAP **Corrosion** SAM SRV SRP SRC SMW
Brickwork DB MB MM _____ **Micro/Synth** _____
Other Defect: Lining None LFDE LFD WF LFB
PHOTO # (S) _____
WALL
Material(s) (78) BR RCP **Coat/Liner (80)** NC C **Depth (79)** ft 8.4
DEFFECTS IN WALL (For no defects, check "None")
1/I None SRI SSS SAV SAP **Corrosion** SAM SRV SRP SRC SMW
Brickwork DB MB MM _____ **Micro/Synth** _____
Other Defect: Lining None LFDE LFD WF LFB
PHOTO # (S) _____

BENCH, CHANNEL, STEPS
Bench Present (82) Y N **Channel Installed (85)** Y N **Number of Steps (89)** 2 **Step Material (90)** Metal Plastic Brick Other



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	8.95	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.2	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	8.9	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17)
 SS (Sanitary)
 ANH
 ACOM
 AIB

MH Type (30)
 AS
 CO
 CC
 GD
 GR
 ZZ

Rim to Invert (14) ft 5.4
Rim to Grade (16) ft 0
Wall Diameter (length/width) (77) ft 4 /

Location Code (26)
 A
 F
 C
 G
 D
 C

City (11) LA Mesa
Burlingame Hills SMD

Street Address (Number and Name) (10) 161 Valde Flores Dr
Surveyor's Name (1) ADRIAN R.
Penetration/Scratch (ST) Results
 6 o'clock: 2
 12 o'clock: 2

Pre-clean (23)
 N
 Y

Purpose
 B/W (Investig.)

Inspection Level (38)
 1
 2

Inspection Status (36)
 SI
 DI
 NF
 NO

Additional Inspection Information (27) GAS 20.7

MH Sealed? before: Y/100 after: Y/100
Sheet No. (6) 1
Date (8) 2011-01-17
Time (9) 24hr 1345

MH Number: 158

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

Includes pick holes

COVER
 Size (41/42) in 25.1
 Material (43) CAS
 Shape (40) C
 Type (44) Solid
 Vented # 2 (46)
 Fit (49) G U U O R
 Cover Condition(s) (50)
 Sound
 Corroded
 Cracked
 Missing
 Broken
 Bolts Missing
 Insert Type (51) Condition (52)
 None
 Plastic
 Metal
 Sound
 Poor Fit
 Cracked
 Photo #(s)

FRAME
 Material (57) CAS
 Condition(s) (61)
 Sound
 Missing
 Cracked
 Corroded
 Broken
 Coated
 Offset Distance (63) in 0
 Seal Condition (62) Inflow (64)
 None
 circle one:
 IW ID IR IG Stain

CHIMNEY
 Material(s) (66) Coat/Liner (70) NC C
 BR RCP
 Depth (69) ft 1.7
 Defects in Chimney (For no defects, check "None")
 Other Defect: Lining
 None
 LFDE
 LFD
 WF
 LFB
 Brickwork
 DB
 MB
 MM
 Loose/Lump/Spall
 Mixed/Strain
 Photo #(s)

CONE
 Material(s) (73) Coat/Liner (75) NC C
 BR RCP
 Depth (74) ft 4.9
 Defects in Cone (For no defects, check "None")
 Other Defect: Lining
 None
 LFDE
 LFD
 WF
 LFB
 Brickwork
 DB
 MB
 MM
 Loose/Lump/Spall
 Mixed/Strain
 Photo #(s) 1848

WALL
 Material(s) (78) Coat/Liner (80) NC C
 BR RCP
 Depth (79) ft N/A
 Defects in Wall (For no defects, check "None")
 Other Defect: Lining
 None
 LFDE
 LFD
 WF
 LFB
 Brickwork
 DB
 MB
 MM
 Loose/Lump/Spall
 Mixed/Strain
 Photo #(s)

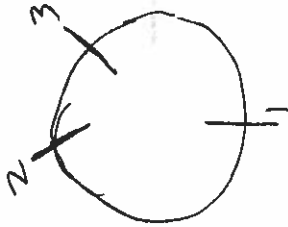
Required Photos
 01 White Board 1840
 02 Location 1846
 03 Surf Down Taken Above Rim 1843
 04 Surf Down Taken Below Rim 1847
 05 Drainage Inlet Location/Path from MH 1845

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 1
 Step Material (90) Metal Plastic Brick Other

SKETCH

MH Number

158



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	11	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.9	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	2	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.5	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

NOTE P.C. 1848
Separate Roots
w/ lift/lift/hor.

MANHOLE INSPECTION FORM

Inspection Level (38) 1 2
Pre-clean (23) N Y
MH Sealed? before: Y N after: Y N
Sheet No. (6) 1 **MH Number (1)** 159
Purpose B (N Investig.) C
Date (8) 2011/1/18 **Time (9)** 4:30
Surveyor's Name (1) BK/RM **Inspection Status (36)** SI NF SD NA NI Traffic
Penetration/Scratch (ST) Results (1) 2 3 4 NA (2) 2 3 4 NA **Additional Inspection Information (27)** Roots - 954
6 o'clock 0 **12 o'clock** 0
Street Address (Number and Name) (10) 213 Los Robles **Cross Street or Location Details (12)** Valdeflores
Surface Type (28) AS CO CC GD GR ZZ
Wall Diameter (length/width) (77) ft 31-
Rim to Invert (14) ft 4.3
Location Code (26) A G F D C
City (11) Burlingame Hills SMD

Required Photos
01 White Board 955 527
02 Location 948 527
03 Surf Down Taken Above Rim 950 546
04 Surf Down Taken Below Rim 951 547
05 Drainage Inlet Location/ Path from MH 949 520

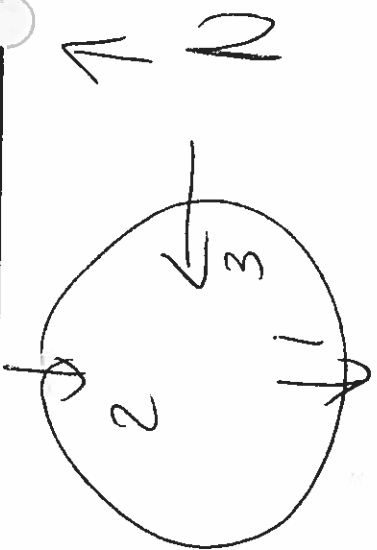
MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
Size (41/42) in 25 1/2
Material (43) CAS
Shape (40) C
Type (44) Solid Vented # 2 (46)
Fit (49) G U O R
Cover Condition(s) (50) Sound Corroded Cracked Missing Broken Bolts Missing
Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked
Photo # (s)
FRAME
Material (57) CAS
Condition(s) (61) Sound Missing Corroded Coated
Offset Distance (63) in 0
Seal Condition (62) Inflow (64) None Inflow IR IG Stain
Adjustment Ring Type (53) Material (54) Condition (55) CAS Adjustable Sound Cracked Corroded
Photo # (s)
CHIMNEY
Material(s) (66) Coat/Liner (70) BR RCP NC C
Depth (69) ft 1
DEFECTS IN CHIMNEY (For no defects, check "None")
1/1 (67) None SRI SSS SAV SAP SAM SRV SRP SRC SMW
Corrosion None SRI SSS SAV SAP
Brickwork DB MB MM Lurex/
Other Defect: Lining None LFDE LFD WF LFB
Photo # (s) 953, 518
CONE
Material(s) (73) Coat/Liner (75) BR RCP NC C
Depth (74) ft 3.3
DEFECTS IN CONE (For no defects, check "None")
1/1 None SRI SSS SAV SAP
Corrosion None SRI SSS SAV SAP
Brickwork DB MB MM Lurex/
Other Defect: Lining None LFDE LFD WF LFB
Photo # (s) 953, 819
WALL
Material(s) (78) Coat/Liner (80) BR RCP NC C
Depth (79) ft
DEFECTS IN WALL (For no defects, check "None")
1/1 None SRI SSS SAV SAP
Corrosion None SRI SSS SAV SAP
Brickwork DB MB MM Lurex/
Other Defect: Lining None LFDE LFD WF LFB
Photo # (s)
BENCH, CHANNEL, STEPS
Bench Present (82) Y N
Channel Installed (85) Y N
Number of Steps (89) 0
Step Material (90) Metal Plastic Brick Other

SKL JH

MH Number

159



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.8	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	3	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.5	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17)
 SS (Sanitary)
 AMH
 ACOM
 AIB

MH Type (30)
 AS
 CO
 CC
 GD
 GR
 ZZ

Surface Type (28)
 AS
 CO
 CC
 GD
 GR
 ZZ

Rim to Invert (14) ft 0.8
Wall Diameter (length/width) (77) ft 4.2

Location Code (26)
 A
 F
 C

City (11) Burlingame
 HIS SMD

Street Address (Number and Name) (10) 219 Los Robles
Cross Street or Location Details (12) Valde Flores Dr.

Penetration/Scratch (ST) Results
 6 o'clock: 0
 12 o'clock: 0

Inspection Level (38)
 1
 2

Purpose
 B (In Investigat)

Pre-clean (23)
 N
 Y

Surveyor's Name (11) ADNAN R.

Inspection Status (36)
 SI
 DI
 NF
 NO

Additional Inspection Information (27) gas 20.7

Sheet No. (6) 1
MH Number (1) 159
Date (8) 2011-01-17
Time (9) 1330

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 25.7
 Material (43) CAS
 Shape (40) C
 Type (44) Spid
 Fit (49) G U U
 Cover Condition(s) (50) Corroded
 Insert Type (51) Condition (52) Sound
 Photo #(s)

FRAME
 Material (57) CAS
 Condition(s) (61) Sound
 Offset Distance (63) in 0
 Seal Condition (62) Inflow (64) None
 Adjustment Ring Type(s) Material(s) (54) Condition(s) CAS
 Photo #(s)

CHIMNEY
 Material(s) (66) BR, RCP
 Coat/Liner (70) NC, C
 Depth (69) ft 0.7
 DEFFECTS in Chimney (For no defects, check "None")
 Corrosion: None, SRI, SSS, SAV, IR, IG, Stain
 Brickwork: DB, MB, MM, Lined/Lined/ Lined/Steel
 Photo #(s)

CONE
 Material(s) (73) BR, RCP
 Coat/Liner (75) NC, C
 Depth (74) ft 3.7
 DEFFECTS in Cone (For no defects, check "None")
 Corrosion: None, SRI, SSS, SAV, IR, IG, Stain
 Brickwork: DB, MB, MM, Lined/Lined/ Lined/Steel
 Photo #(s)

WALL
 Material(s) (78) BR, RCP
 Coat/Liner (80) NC, C
 Depth (79) ft
 DEFFECTS in Wall (For no defects, check "None")
 Corrosion: None, SRI, SSS, SAV, IR, IG, Stain
 Brickwork: DB, MB, MM, Lined/Lined/ Lined/Steel
 Photo #(s)

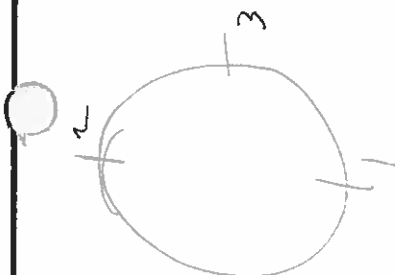
BENCH, CHANNEL, STEPS
 Bench Present (82) Y
 Channel Installed (85) Y
 Number of Steps (89) 0
 Step Material (90) Metal, Plastic, Brick, Other

Required Photos
 01 White Board 1835
 02 Location 1836
 03 Surf Down Taken Above Rim 1837
 04 Surf Down Taken Below Rim 1838
 05 Drainage Inlet Location/ Path from MH 1839

SK_H

MH Number

159



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.7	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.6	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	3	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.8	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

Inspection Level (38) 1 2
 Pre-clean (23) N Y
 Purpose B (M) O
 MH Use (17) SS (Sanitary)
 MH Type (30) ANR ACOM AIB
 Surface Type (28) AS CO CC GD GR ZZ
 Surveyor's Name (31) BK/RY
 Certificate (2) _____
 Date (8) 2011/1/27
 MH Sealed? before: Y N after: Y N
 MH Number 160
 Sheet No. (6) 1
 Time (9) 13:20
 24hr 13:20
 Inspection Status (36) SI NF SD BM DI NO NA NI Traff

Rim to Invert (14) _____ ft / _____ ft
 Wall Diameter (length/width) (77) _____ ft
 Penetration/Scratch (ST) Results 2/3 4 NA
 Rating 3 4 NA
 Additional inspection information (27) No cover no plug
 Cross Street or Location Details (12) Tara Ct.
 Street Address (Number and Name) (10) 3016 Canyon Rd.
 Location Code (26) A D G F D B C C
 City (11) Burlingame Hills SMO

Size (41/42) in _____
 Material (43) CAS
 Shape (40) C
 Type (44) Solid Vented
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Cracked Missing Broken Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked

Material (57) _____
 Condition(s) (61) Sound Missing Cracked Corroded Broken Coated
 Offset Distance (63) _____ in
 Seal Condition (62) Inflow (64) None chole one: IW ID IR IG Stain

Material(s) (66) _____
 Coat/Liner (70) NC C
 Depth (69) _____ ft
 Type (72) Flat/Slab Concentric Eccentric

Material(s) (73) _____
 Coat/Liner (75) NC C
 Depth (74) _____ ft
 Type (77) Flat/Slab Concentric Eccentric

Material(s) (78) _____
 Coat/Liner (80) NC C
 Depth (79) _____ ft

Bench Present (82) Y N
 Channel installed (85) Y N
 Number of Steps (89) _____
 Step Material (90) Metal Plastic Brick Other

Required Photos
01 White Board <u>807</u>
02 Location <u>883</u> <u>893</u>
03 Surf Down Taken Above Rim <u>885</u>
04 Surf Down Taken Below Rim <u>886</u>
05 Drainage Inlet Location/ Path from MH <u>883</u>

COVER	FRAME	CHIMNEY	CHIMNEY	CHIMNEY	WALL	WALL	WALL
Photo # (s) _____ Adjustment Ring Type (S3) Material (S4) Condition (S5) <input type="checkbox"/> None <input type="checkbox"/> CAS <input type="checkbox"/> Sound <input type="checkbox"/> Solid <input type="checkbox"/> Adjustable <input type="checkbox"/> Cracked	Photo # (s) _____ Adjustment Ring Type (S3) Material (S4) Condition (S5) <input type="checkbox"/> None <input type="checkbox"/> CAS <input type="checkbox"/> Sound <input type="checkbox"/> Solid <input type="checkbox"/> Adjustable <input type="checkbox"/> Cracked	Photo # (s) _____ DEFFECTS IN CHIMNEY (For no defects, check "None") I/I (67) <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP <input type="checkbox"/> SRI <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SRW Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SRW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Liner/Manhole	Photo # (s) _____ DEFFECTS IN CHIMNEY (For no defects, check "None") I/I (67) <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP <input type="checkbox"/> SRI <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SRW Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SRW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Liner/Manhole	Photo # (s) _____ DEFFECTS IN CHIMNEY (For no defects, check "None") I/I (67) <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP <input type="checkbox"/> SRI <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SRW Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SRW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Liner/Manhole	Photo # (s) _____ DEFFECTS IN WALL (For no defects, check "None") I/I <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP <input type="checkbox"/> SRI <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SRW Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SRW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Liner/Manhole	Photo # (s) _____ DEFFECTS IN WALL (For no defects, check "None") I/I <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP <input type="checkbox"/> SRI <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SRW Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SRW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Liner/Manhole	Photo # (s) _____ DEFFECTS IN WALL (For no defects, check "None") I/I <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP <input type="checkbox"/> SRI <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SRW Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SRW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Liner/Manhole

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AHH ACOM AIB Surface Type (28) AS CO CC GD GR ZZ

Inspection Level (38) 1 2 Pre-clean (23) N Y Certificate (2) _____

Purpos B (In) MH Sealed? before: Y N after: Y N

Surveyor's Name (1) BK/EM Date (8) 2011/11/27 Time (9) 17:00

Rim to Invert (14) 3.1 ft - 1 ft 31 ft Wall Diameter (length/width) (77) _____

Location Code (26) A D G F O D C City (11) 3022 Canyon Rd Burlingame Hills SMD

Street Address (Number and Name) (20) Tara Ct. Penetration/Scratch (ST) Results 2 2 3 4 NA 2 2 3 4 NA

Additional inspection information (27) _____

Required Photos	01 White Board	02 Location	03 Surf Down Taken Above Rim	04 Surf Down Taken Below Rim	05 Drainage Inlet Location/ Path from MH
	<u>894</u>	<u>892</u>	<u>889</u>	<u>890</u>	<u>888</u>

MH Type (30) ANH ACOM AIB Surface Type (28) AS CO CC GD GR ZZ

Rim to Invert (14) 3.1 ft - 1 ft 31 ft Wall Diameter (length/width) (77) _____

Location Code (26) A D G F O D C City (11) 3022 Canyon Rd Burlingame Hills SMD

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER	FRAME	CHIMNEY	CONE	WALL
Size (41/42) in <u>25 1/2</u> Material (43) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> _____ Shape (40) <input checked="" type="checkbox"/> C <input type="checkbox"/> _____ Type (44) <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Vented # <u>2</u> (46) <u>2</u> Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Corroded <input type="checkbox"/> Cracked <input type="checkbox"/> Broken <input type="checkbox"/> Missing <input type="checkbox"/> Bolts Missing Fit (49) <input checked="" type="checkbox"/> G <input type="checkbox"/> O <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R	Material (57) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> _____ Condition(s) (61) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken <input type="checkbox"/> Missing <input type="checkbox"/> Corroded <input type="checkbox"/> Coated Offset Distance (63) _____ in <u>0</u> Seal Condition (62) Inflow (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> Solid <input type="checkbox"/> Adjustable	Material(s) (66) Coat/Liner (70) <input type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> NC <input type="checkbox"/> C <input type="checkbox"/> _____ Depth (69) _____ ft DEFECTS in Chimney (For no defects, check "None") 1/1 (67) <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SRW Corrosion <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> _____ Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> _____ Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB	Material(s) (73) Coat/Liner (75) <input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> NC <input type="checkbox"/> C <input type="checkbox"/> _____ Depth (74) <u>2.8</u> ft DEFECTS in Cone (For no defects, check "None") 1/1 <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SRW Corrosion <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> _____ Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> _____ Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB	Material(s) (78) Coat/Liner (80) <input type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> NC <input type="checkbox"/> C <input type="checkbox"/> _____ Depth (79) _____ ft DEFECTS in Wall (For no defects, check "None") 1/1 <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SRW Corrosion <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> _____ Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> _____ Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB
Step Material (90) <input type="checkbox"/> Metal <input type="checkbox"/> Brick <input type="checkbox"/> Plastic <input type="checkbox"/> Other				

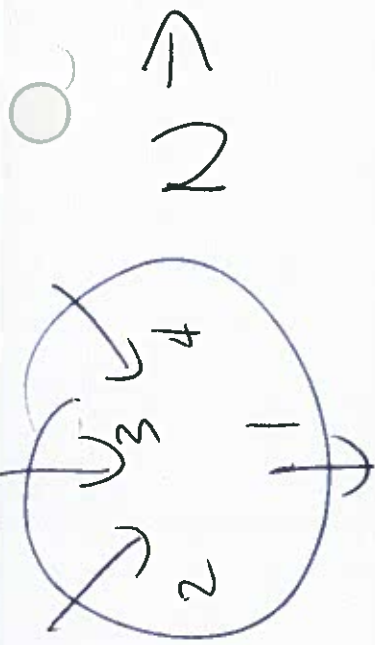
BENCH, CHANNEL, STEPS

Bench Present (82) Y N

Channel Installed (85) Y N

Number of Steps (89) 0

MH Number
161



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.2	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	10	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.0	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.9	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
4	2	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.8	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

Inspection Level (38) 1 2
Purpose B (Investig.) N Y
Pre-clean (23) N Y
MH Sealed? before: Y N after: Y N
Sheet No. (6) 1
MH Number (7) 162
Time (9) 24hr 15:30
Inspection Status (36) SI NF SD BM DI NO NA NI Traffic
Date (8) 1/11/2011
Additional Inspection Information (27)
Surveyor's Name (1) Sanket Sagar
Certificate (2) 100802
Penetration/Scratch (ST) Results 1 2 3 4 NA 1 2 3 4 NA
6 o'clock 0 inches **12 o'clock** 0 inches
Street Address (Number and Name) (10) 3022 Canyon Rd
City (11) Burlingame Hills SMD
Surface Type (28) AS CO CC GD GR Z
MH Type (30) SS (Sanitary) A1H ACOM AIB
Rim to Invert (14) 6.86 ft **Rim to Grade (16)** 4 ft
Wall Diameter (length/width) (77) 4 ft
Location Code (26) A G F D C
Street Address (Number and Name) (10) 3022 Canyon Rd
Cross Street or Location Details (12) Turner Ct.

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
Size (41/42) in 29 13/4
Material (43) CAS
Shape (40) C
Type (44) Solid Vented # 3 (46)
Fit (49) G U O R
Cover Condition(s) (50) Sound Corroded Cracked Missing Bolts Missing Broken
Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked
Photo #(s)
FRAME
Material (57) CAS
Condition(s) (61) Sound Missing Cracked Corroded Coated Broken
Offset Distance (63) in 3
Seal Condition (62) Inflow (64) None circle one: IW ID IR IG Stain
Adjustment Ring Type(s) (54) Condition(s) None Solid Adjustable CAS Cracked
Photo #(s)
CHIMNEY
Material(s) (66) Coat/Liner (70) BR RCP NC C
Depth (69) ft 130
Corrosion None SRI SSS SAV SAP SAM SRV SRP SRC SMW
DEFECTS IN CHIMNEY (For no defects, check "None")
I/I (67) None IW ID IR IG Stain
Other Defect: Lining None LFDE LFD WF LFB
Brickwork DB MB MM Level/ Misfit/Glaze
Photo #(s)
CONE
Material(s) (73) Coat/Liner (75) BR RCP NC C
Depth (74) ft 6.42
Corrosion None SRI SSS SAV SAP SAM SRV SRP SRC SMW
DEFECTS IN CONE (For no defects, check "None")
I/I None IW ID IR IG Stain
Other Defect: Lining None LFDE LFD WF LFB
Brickwork DB MB MM Level/ Misfit/Glaze
Photo #(s) 1766
WALL
Material(s) (78) Coat/Liner (80) BR RCP NC C
Depth (79) ft
Corrosion None SRI SSS SAV SAP SAM SRV SRP SRC SMW
DEFECTS IN WALL (For no defects, check "None")
I/I None IW ID IR IG Stain
Other Defect: Lining None LFDE LFD WF LFB
Brickwork DB MB MM Level/ Misfit/Glaze
Photo #(s)
BENCH, CHANNEL, STEPS
Bench Present (82) Y N
Channel Installed (85) Y N
Number of Steps (89) 0
Step Material (90) Metal Plastic Brick Other

Required Photos	01 White Board	1761
	02 Location	1762
	03 Surf Down Taken Above Rim	1763
	04 Surf Down Taken Below Rim	1764
	05 Drainage Inlet Location/ Path from MH	1765

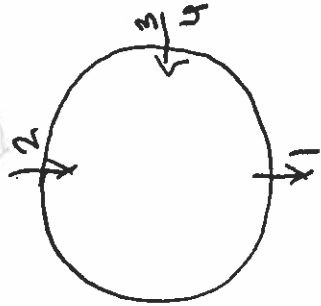
02-20-9
000

(36) City
 MMS
 1/11/2011

SK.H

MH Number

162



Two pipes coming out @ 3 o'clock

PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.76	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.76	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	3	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.60	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
4	3	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.80	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AMH ACOM AUB Surface Type (28) AS CO CC GD GR ZZ

Inspection Level (38) 1 2 Purpose B (W Invest.) Pre-clean (23) N Y Certificate (2) _____

MH Number (6) 163 Sheet No. (6) 1 MH Sealed? before: Y N after: Y N Date (8) 2011/1/17 Time (9) 10:00

MH Type (30) AMH ACOM AUB Surface Type (28) AS CO CC GD GR ZZ

Surveyor's Name (1) RM/BK

Penetration/Scratch (ST) Results 2 3 4 NA SI NF DI NO SD BM NA NI Traffic

Rim to Invert (14) ft 5.6 Rim to Grade (16) ft 41- Wall Diameter (length/width) (77) 6 o'clock 0 12 o'clock 0

Location Code (26) _____ City (11) _____ Burlingame Hills SMD

Street Address (Number and Name) (10) 3016 Canyon Rd. Cross Street or Location Details (12) Tiara Ct

Additional Inspection Information (27) _____

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER Size (41/42) in 21 3/4 Material (43) CAS Shape (40) C Type (44) Solid Vented # 7 (45) Fit (49) G U O R Cover Condition(s) (50) Sound Corroded Cracked Missing Bolts Missing Insert Type (51) Condition (52) Sound Poor Fit Cracked Photo # (s) _____

FRAME Material (57) CAS Condition(s) (61) Sound Missing Cracked Coated Offset Distance (63) in 0 Seal Condition (62) Inflow (64) None circle one: IW ID IR IS Stain Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55) CAS Sound Cracked Photo # (s) _____

CHIMNEY Material(s) (66) BR RCP Coat/Liner (70) NC C Depth (69) ft 1.6 DEFECTS IN CHIMNEY (For no defects, check "None")

CONE Material(s) (73) BR RCP Coat/Liner (75) NC C Depth (74) ft 5.55 DEFECTS IN CONE (For no defects, check "None")

WALL Material(s) (78) BR RCP Coat/Liner (80) NC C Depth (79) ft DEFECTS IN WALL (For no defects, check "None")

Required Photos

01 White Board	224
02 Location	223
03 Surf Down Taken Above Rim	225
04 Surf Down Taken Below Rim	226
05 Drainage Inlet Location/ Path from MH	227

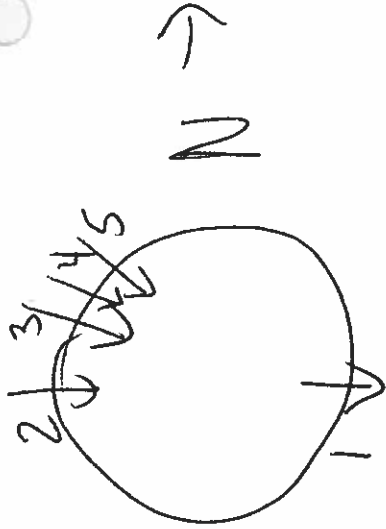
BENCH, CHANNEL, STEPS Bench Present (82) Y N Channel Installed (85) Y N Number of Steps (89) 0 Step Material (90) Metal Plastic Brick Other

N/A

SKL-H

MH Number

163



PIPE CONNECTIONS

Pipe Number (91)	REQUIRED				OPTIONAL						
	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)	
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.6	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	
2	12:00	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.7	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	
4	1	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.35	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	
5	1:30	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.65	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	
3	12:30	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.65	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective	
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective	

MANHOLE INSPECTION FORM

MH Use (17) <input checked="" type="checkbox"/> SS (Sanitary) <input type="checkbox"/>	MH Type (30) <input checked="" type="checkbox"/> AWH <input type="checkbox"/> ACOM <input type="checkbox"/> AIB	Surface Type (28) <input type="checkbox"/> AS <input type="checkbox"/> CO <input type="checkbox"/> CC <input checked="" type="checkbox"/> GD <input type="checkbox"/> GR <input type="checkbox"/> ZZ	Inspection Level (38) <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2	Purpose <input checked="" type="checkbox"/> B (N) Investigate <input type="checkbox"/>	Pre-clean (23) <input checked="" type="checkbox"/> N <input type="checkbox"/> Y	MH Sealed? before: <input checked="" type="checkbox"/> Y/ <input checked="" type="checkbox"/> N after: <input type="checkbox"/> Y/ <input type="checkbox"/> N	Sheet No. (6) 1	MH Number (1) 164	
Rim to Invert (14) ft. 6.2	Rim to Grade (16) ft. 4.1	Wall Diameter (length/width) (27) ft. 41	Penetration/Scratch (ST) Results Inches Rating: 0 2 3 4 NA 0 2 3 4 NA	Surveyor's Name (1) BK/RM	Certificate (2)	Date (8) 1999 mm/dd 20/11/17	Time (9) 24hr 10:20	Inspection Status (36) <input checked="" type="checkbox"/> SI <input type="checkbox"/> DI <input type="checkbox"/> NF <input type="checkbox"/> NO	Additional Inspection Information (27)
Location Code (26) <input type="checkbox"/> A <input type="checkbox"/> F <input type="checkbox"/> D <input checked="" type="checkbox"/> C	City (11) Burlingame <input checked="" type="checkbox"/> Hills SMD	Street Address (Number and Name) (10) 3016 Canyon Rd Tiara Ct	Cross Street or Location Details (12)						

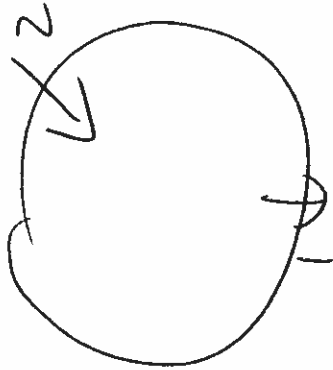
MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER Size (41/42) in in 27 3/4	Material (43) <input checked="" type="checkbox"/> CAS	Shape (40) <input checked="" type="checkbox"/> C	Type (44) <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Vented # 3 (46) Include pick holes	Fit (49) <input checked="" type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R	Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken	Insert Type (51) Condition (52) <input checked="" type="checkbox"/> None <input type="checkbox"/> Plastic <input type="checkbox"/> Metal	Photo #(s)
FRAME Material (57) <input checked="" type="checkbox"/> CAS	Condition(s) (61) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken	Offset Distance (63) in +1	Seal Condition (62) Inflow (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> IW <input type="checkbox"/> ID <input type="checkbox"/> IR <input type="checkbox"/> IG <input type="checkbox"/> Stain	Adjustment Ring Type(s) (54) Material Condition(s) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Adjustable	Sound <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked	Photo #(s)	
CHIMNEY Material(s) (66) <input type="checkbox"/> BR <input type="checkbox"/> RCP	Coat/Liner (70) <input type="checkbox"/> NC <input type="checkbox"/> C	Depth (69) ft.	DEFFECTS in Chimney (For no defects, check "None") I/I (67) <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> IR <input type="checkbox"/> IG <input type="checkbox"/> Stain	Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMC <input type="checkbox"/> SMW	Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Lined/Liner <input type="checkbox"/> Mixed/Stone	Photo #(s)	
CONE Material(s) (73) <input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP	Coat/Liner (75) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C	Depth (74) ft. 3.25	DEFFECTS in Cone (For no defects, check "None") I/I <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> IR <input type="checkbox"/> IG <input type="checkbox"/> Stain	Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMC <input type="checkbox"/> SMW	Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Lined/Liner <input type="checkbox"/> Mixed/Stone	Photo #(s)	
WALL Material(s) (78) <input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP	Coat/Liner (80) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C	Depth (79) ft. 5.75	DEFFECTS in Wall (For no defects, check "None") I/I <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> IR <input type="checkbox"/> IG <input type="checkbox"/> Stain	Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMC <input type="checkbox"/> SMW	Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Lined/Liner <input type="checkbox"/> Mixed/Stone	Photo #(s)	
BENCH, CHANNEL, STEPS Bench Present (82) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Channel Installed (85) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Number of Steps (89) 5	Step Material (90) <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Brick <input type="checkbox"/> Other				

N/A

Required Photos
01 White Board 232
02 Location 233
03 Surf Down Taken Above Rim 229
04 Surf Down Taken Below Rim 230
05 Drainage Inlet Location/Path from MH 227

SKETCH



N →

MH Number

164

PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.25	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	2	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.15	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AMH ACOM AIB

MH Type (30) AS CO CC GD GR ZZ

Surface Type (28) AS CO CC GD GR ZZ

Inspection Level (38) 1 2

Purpose B (V Invest)

Pre-clean (23) N Y

MH Sealed? before: Y N after: Y N

Sheet No. (6) 1

MH Number (4) 765

Date (8) 2011/1/14

Time (9) 15:15

Surveyor's Name (1) Bk/RM

Certificate (2)

Penetration/Scratch (ST) Results 2 3 4 NA

Inspection Status (36) SI NF DI NO NI Traffic

Rim to Invert (14) ft 6-0

Wall Diameter (length/width) (77) ft 41-

Location Code (26) A G F D C

City (11) 3027 Canyon Rd

Burlingame Hills SMD

Cross Street or Location Details (12) Tiara Ct.

Additional Inspection Information (27)

COVER
 Size (41/42) in 21 3/4
 Material (43) CAS
 Shape (40) C
 Type (44) Solid Vented # 7 (46) include pick holes
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Cracked Broken Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal
 Photo # (s) N/A

FRAME
 Material (57) CAS
 Condition(s) (61) Sound Missing Cracked Corroded Broken Coated
 Offset Distance (63) in \emptyset
 Seal Condition (62) Inflow (64) None Solid Adjustable IW ID IR IG Stain
 Adjustment Ring Type(s) Material(s) Condition(s) Sound Cracked

CHIMNEY
 Material(s) (66) Coat/Liner (70) NC C
 Depth (69) ft 1.35
 DEFECTS IN CHIMNEY (For no defects, check "None") Spalling
 I/I (67) None SRI SSS SAV SAP Stain
 Corrosion SAM SRV SRP SRC SANW
 Brickwork OB MB MM Lurep/ Lurep/Smooth
 Photo # (s) 1759

CONE
 Material(s) (73) Coat/Liner (75) NC C
 Depth (74) ft 5.65
 DEFECTS IN CONE (For no defects, check "None")
 I/I None SRI SSS SAV SAP Stain
 Corrosion SAM SRV SRP SRC SANW
 Brickwork OB MB MM Lurep/ Lurep/Smooth
 Photo # (s)

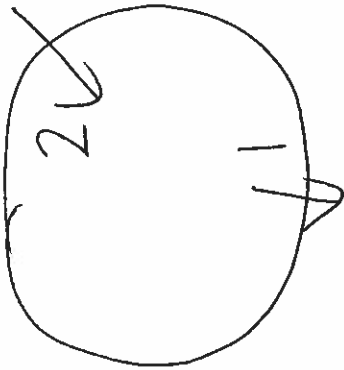
WALL
 Material(s) (78) Coat/Liner (80) NC C
 Depth (79) ft
 DEFECTS IN WALL (For no defects, check "None")
 I/I None SRI SSS SAV SAP Stain
 Corrosion SAM SRV SRP SRC SANW
 Brickwork OB MB MM Lurep/ Lurep/Smooth
 Photo # (s)

Required Photos
 01 White Board 1753
 02 Location 1754
 03 Surf Down Taken Above Rim 1755
 04 Surf Down Taken Below Rim 1757
 05 Drainage Inlet Location/ Path from MH 1758

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) \emptyset
 Step Material (90) Metal Plastic Brick Other

N/A

SKETCH



MH Number

165

PIPE CONNECTIONS

REQUIRED

OPTIONAL

Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.0	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	2	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.1	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17)
 SS (Sanitary)

MH Type (30)
 AS
 CO
 CC
 GD
 GR
 ZZ

Surface Type (28)
 AS
 CO
 CC

Rim to Invert (14) ft 11.1
Wall Diameter (length/width) (77) ft 51 -

Inspection Level (38)
 1
 2

Purpose
 B (Investig.)

Pre-clean (23)
 N
 Y

MH Sealed?
 before: Y
 after: N

Sheet No. (6) 1

MH Number (166 **)**

Time (9) 9:30

24hr SD BM
 NA NI Traffic

Inspection Status (36)
 SI NF
 DI NO

Date (8) 2011/1/17

Additional Inspection Information (27)

Surveyor's Name (1) FM/BK

Penetration/Scratch (ST) Results
 6 o'clock 0 NA
 12 o'clock 0 NA

Cross Street or Location Details (12) Canyon Rd.

Street Address (Number and Name) (30) 23 Tiara Ct.

City (11) Burlingame
 Hills SMD

Location Code (26)
 A G
 F D
 C

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
Size (41/42) in 27 3/4
Material (43) CAS
Shape (40) C
Type (44) Solid
 Vented
Fit (49) G U
 O R
Cover Condition(s) (50)
 Sound Corroded
 Cracked Missing
 Broken Bolts Missing

FRAME
Material (57) CAS
Condition(s) (61) Missing
 Cracked Corroded
 Broken Coated
Offset Distance (63) in 0

CHIMNEY
Material(s) (66) NC
 C
Coat/Liner (70) NC
 C
Depth (69) ft 1.5

CONE
Material(s) (73) NC
 C
Coat/Liner (75) NC
 C
Depth (74) ft 3.7

WALL
Material(s) (78) NC
 C
Coat/Liner (80) NC
 C
Depth (79) ft 10.35

DEFFECTS IN CHIMNEY (For no defects, check "None")
 1/1 (67)
 None
 IW ID
 IR IG
 Stain
Corrosion
 SAM
 SRI
 SSS
 SAV
 SAP
 SRV
 SRP
 SRC
 SMW
Brickwork
 OB
 MB
 MM
 Lugs/Lugs
 Micro/Smooth
Adjustment Ring Type(s) Material(s) (54) Condition(s)
 None
 Solid
 Adjustable
Sound Cracked

DEFFECTS IN CONE (For no defects, check "None")
 1/1
 None
 IW ID
 IR IG
 Stain
Corrosion
 SAM
 SRI
 SSS
 SAV
 SAP
 SRV
 SRP
 SRC
 SMW
Brickwork
 DB
 MB
 MM
 Lugs/Lugs
 Micro/Smooth

DEFFECTS IN WALL (For no defects, check "None")
 1/1
 None
 IW ID
 IR IG
 Stain
Corrosion
 SAM
 SRI
 SSS
 SAV
 SAP
 SRV
 SRP
 SRC
 SMW
Brickwork
 DB
 MB
 MM
 Lugs/Lugs
 Micro/Smooth

BENCH, CHANNEL, STEPS
Bench Present (82) Y N
Channel Installed (85) Y N
Number of Steps (89) 8
Step Material (90)
 Metal Brick Other

Required Photos	Photo #
01 White Board	218
02 Location	217
03 Surf Down Token Above Rim	219
04 Surf Down Token Below Rim	220
05 Drainage Inlet Location/ Path from MH	221

20.9
008

SKETCH

MH Number

166



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (One Drop Up) <input type="checkbox"/> OL (One Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	11.1	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	12		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	11:30	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (One Drop Up) <input type="checkbox"/> OL (One Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	11.1	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	12		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (One Drop Up) <input type="checkbox"/> OL (One Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (One Drop Up) <input type="checkbox"/> OL (One Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (One Drop Up) <input type="checkbox"/> OL (One Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (One Drop Up) <input type="checkbox"/> OL (One Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AMH ACDM AUB

MH Type (30) AS CO CC GD GR ZZ

Surface Type (28) AS CO CC GD GR ZZ

Inspection Level (38) 1 2

Purpose(s) B (In Investigation) N Y

Pre-clean (23) N Y

MH Sealed? before: Y / Y after: Y / Y

Sheet No. (6) 1

MH Number 167

Time (9) 845

24hr

Surveyor's Name (1) Adnan R...

Certificate (2)

Penetration/Scratch (ST) Results

6 o'clock 0 inches

12 o'clock 0 inches

Rating 2 3 4 NA

Inspection Status (36) SI NF SD BM DI NO NA NI Traffic

Additional Inspection Information (27) gas 20.7

Rim to Invert (14) Rim to Grade (16) ft 7.7 ft 0

Wall Diameter (length/width) (77) ft 4 /

Street Address (Number and Name) (10) 3 Tara Ct

Location Code (26) A G F D C

City (11) Tara CT

Burialgame Hills SMD

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER

Size (41/42) in 27 / in

Material (43) CAS

Shape (40) C

Type (44) Solid Vented

Fit (49) G O U R

Cover Condition(s) (50) Sound Corroded Cracked Missing Broken Bolts Missing

Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked

Material (57) CAS

Condition(s) (61) Sound Missing Cracked Corroded Broken Coated

Offset Distance (63) in 0

FRAME

Material (57) CAS

Condition(s) (61) Sound Missing Cracked Corroded Broken Coated

Adjustment Ring Type(s) Material(s) Condition(s) (55) None Solid Adjustable CAS Cracked

CHIMNEY

Material(s) (66) Coat/Liner (70) BR RCP NC C

Depth (69) ft 3.6

Other Defect: Lining None LFDE LFO WF LFB

CONE

Material(s) (73) Coat/Liner (75) BR RCP NC C

Depth (74) ft 7.2

Other Defect: Lining None LFDE LFO WF LFB

WALL

Material(s) (78) Coat/Liner (80) BR RCP NC C

Depth (79) ft No Wall

Other Defect: Lining None LFDE LFO WF LFB

Required Photos

01 White Board 1796

02 Location 1768

03 Surf Down Taken Above Rim 1769

04 Surf Down Taken Below Rim 1776

05 Drainage Inlet Location/ Path from MH 1771

DEFECTS IN CHIMNEY (For no defects, check "None")

I/I (67) None SRI SSS SAV SAP IR ID IG IR ID IG IR ID IG

Corrosion None SAM SRV SRP SRC SMW

Brickwork DB MB MM Limes/ Mortar/Sand

DEFECTS IN CONE (For no defects, check "None")

I/I None SRI SSS SAV SAP IR ID IG IR ID IG

Corrosion None SAM SRV SRP SRC SMW

Brickwork DB MB MM Limes/ Mortar/Sand

DEFECTS IN WALL (For no defects, check "None")

I/I None SRI SSS SAV SAP IR ID IG IR ID IG

Corrosion None SAM SRV SRP SRC SMW

Brickwork DB MB MM Limes/ Mortar/Sand

Step Material (90) Metal Plastic Brick Other

Number of Steps (89) 2

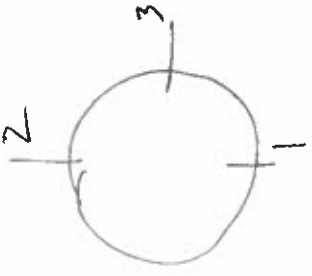
Channel Installed (85) Y N

Bench Present (82) Y N

SK .H

MH Number

167



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	7.3	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	7.2	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	3	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.3	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) MH Type (30) AS CO CC GD GR ZZ

Inspection Level (38) 1 2

Purpose B (MH Invest.) Pre-clean (23) N Y

Surveyor's Name (1) Adhany R. Certificate (21) _____

MH Number (16) 168 Sheet No. (6) 1

Time (9) 9:30 Date (8) 2011-04-17

Rim to Invert (14) 4.4 ft Rim to Grade (16) 0 ft Wall Diameter (length/width) (77) 4 / ft

Penetration/Scratch (ST) Results 0 inches Rating 2 3 4 NA

Location Code (26) A G F D C

City (11) 11 Tiara CT Burringame Hills SMD C

Inspection Status (36) SI NF SD BM DI NO NA NI Traff

Additional Inspection Information (27) gas 20.2

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER	FRAME	CHIMNEY	CONE	WALL
Size (41/42) in <u>25 1/2</u> Material (43) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Shape (40) <u>C</u> Type (44) <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Vented # (46) <u>2</u>	Material (43) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Condition (51) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Missing <input type="checkbox"/> Cracked <input type="checkbox"/> Broken Offset Distance (63) <u>in 2</u> Seal Condition (62) inflow (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> IW <input type="checkbox"/> IR <input type="checkbox"/> IG <input type="checkbox"/> Stain	Material(s) (66) <input type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> Coat/Liner (70) <input type="checkbox"/> NC <input type="checkbox"/> C <input type="checkbox"/> Depth (69) <u>ft</u> Type (72) <u>N/A</u>	Material(s) (73) <input type="checkbox"/> BR <input checked="" type="checkbox"/> RCP <input type="checkbox"/> Coat/Liner (75) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C <input type="checkbox"/> Depth (74) <u>ft 3.9</u> Type (72) <input type="checkbox"/> Flat/Slab <input checked="" type="checkbox"/> Concentric <input type="checkbox"/> Eccentric	Material(s) (78) <input type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> Coat/Liner (80) <input type="checkbox"/> NC <input type="checkbox"/> C <input type="checkbox"/> Depth (79) <u>ft</u> Type (72) <u>N/A</u>
Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Corroded <input type="checkbox"/> Cracked <input type="checkbox"/> Broken <input type="checkbox"/> Missing <input type="checkbox"/> Bolts Missing	Adjustment Ring Type(s) (54) Material(s) (54) Condition (55) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> None <input type="checkbox"/> Solid <input type="checkbox"/> Adjustable	Defects in Chimney (For no defects, check "None") Corrosion <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Lined/ Mixed/Smooth	Defects in Cone (For no defects, check "None") Corrosion <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Lined/ Mixed/Smooth	Defects in Wall (For no defects, check "None") Corrosion <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Lined/ Mixed/Smooth
Insert Type (53) Condition (52) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Poor Fit <input type="checkbox"/> Cracked	Photo #(s) _____	Photo #(s) _____	Photo #(s) _____	Photo #(s) _____
Required Photos 01 White Board <u>1795</u> 02 Location <u>773</u> 03 Surf Down Token Above Rim <u>1774</u> 04 Surf Down Token Below Rim <u>1775</u> 05 Drainage Inlet Location/ Path from MH <u>1776</u>				

BENCH, CHANNEL, STEPS

Bench Present (82) Y N

Channel Installed (85) Y N

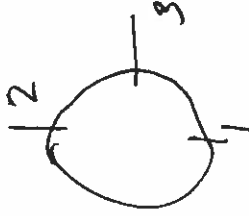
Number of Steps (89) 3

Step Material (90) Metal Plastic Brick Other

SKL H

MH Number

168



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.7	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.5	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	3	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.2	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) MH Type (30) AS CO CC Z

Inspection Level (38) 1 2

Purposes B10 N Y

Pre-clean (23) N Y

MH Sealed? before: Y N after: Y N

Sheet No. (6) 1 MH Number / 170

Surveyor's Name (1) BK/EM Date (8) 2011/1/27 Time (9) 12:55

Certificate (2)

Penetration/Scratch (ST) Results: 1 2 3 4 NA SI NF SD BM
 2 3 4 NA DI NO NA NI Traff

Rim to invert (14) ft 4.1 ft 0 ft 31- inches Rating (12) 2 3 4 NA

Wall Diameter (length/width) (77) ft 31- inches

Street Address (Number and Name) (10) S Tara Ct Canyon Dr.

Location Code (26) A G F D C

City (11) Burlingame Hills SMD

Additional inspection information (27) Fecal Matter on Bench

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 25 1/2 in Material (43) CAS Shape (40) 4c Type (44) Solid Vented # 2 (46)

FRAME
 Material (57) CAS Condition(s) (51) Sound Cracked Broken Offset Distance (53) in 0

CHIMNEY
 Material(s) (66) BR RCP C Coat/Liner (70) NC C Depth (69) ft 1.6

CONE
 Material(s) (73) BR RCP C Coat/Liner (75) NC C Depth (74) ft 3.3

WALL
 Material(s) (78) BR RCP C Coat/Liner (80) NC C Depth (79) ft

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N Channel Installed (85) Y N

Number of Steps (89) 2

Step Material (90) Metal Plastic Brick Other

Required Photos
 01 White Board
 02 Location 880
 03 Surf Down Taken Above Rim 877
 04 Surf Down Taken Below Rim 878
 05 Drainage Inlet Location/ Path from MH 881

DEFECTS IN CHIMNEY (For no defects, check "None")

I/I (67) None SRI SSS SAV SAP
 IR IG IR IG Stain

Corrosion SAM SRV SRP SRC SAW

Brickwork DB MB MM Loose/ Missing

Lining None LFDE LFD WF LFB

Photo #(s) 879

DEFECTS IN CONE (For no defects, check "None")

I/I None SRI SSS SAV SAP
 IR IG IR IG Stain

Corrosion SAM SRV SRP SRC SAW

Brickwork DB MB MM Loose/ Missing

Lining None LFDE LFD WF LFB

Photo #(s)

DEFECTS IN WALL (For no defects, check "None")

I/I None SRI SSS SAV SAP
 IR IG IR IG Stain

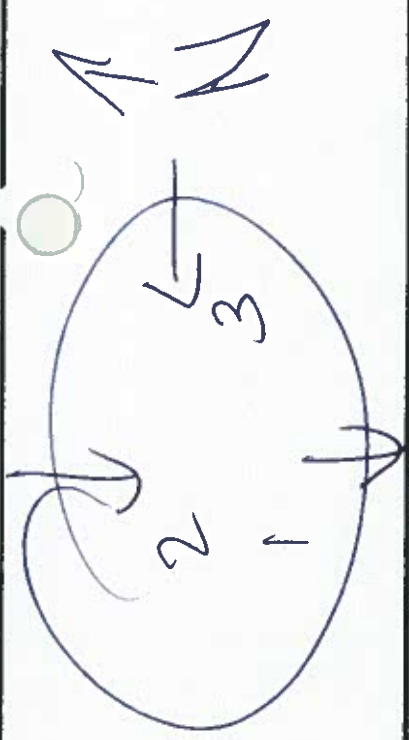
Corrosion SAM SRV SRP SRC SAW

Brickwork DB MB MM Loose/ Missing

Lining None LFDE LFD WF LFB

Photo #(s)

MH Number
170



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.2	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.0	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	3	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.7	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) AS ACOM AIB SS (Sanitary)

MH Type (30) AS CO CC GD GR ZZ

Surface Type (28) AS CO CC GD GR ZZ

Inspection Level (38) 1 2

Purpose B (M Investig.)

Pre-clean? N Y

MH Sealed? before: Y N after: Y N

Sheet No. (6) 1

MH Number (1) 171

Date (8) 2011/1/17

Time (9) 15:15

Inspector's Name (1) BK/PM

Penetration/Scratch (ST) Results 2 3 4 NA NF NO SD BM DI NA NI Traff

Rating 2 3 4 NA

6 o'clock 0

12 o'clock 0

Cross Street or Location Details (12) La Cuesta

Street Address (Number and Name) (10) 2888 Canyon Rd.

Location Code (26) A G F D C

City (11) Burlingame Hills SMD

Rim to Invert (14) Rim to Grade (16) ft 4.75 ft 0

Wall Diameter (length/width) (77) ft 41-

Additional Inspection Information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER	FRAME	CHIMNEY	CONE	WALL
Size (41/42) in 27 1/4 in Material (43) CAS Shape (40) C Type (44) <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Vented # 3 (46) Condition(s) (61) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Missing <input type="checkbox"/> Cracked <input type="checkbox"/> Corroded <input type="checkbox"/> Coated Offset Distance (63) in 0 Seal Condition (62) Inflow (64) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> None <input type="checkbox"/> Solid <input type="checkbox"/> Adjustable <input type="checkbox"/> IG Stain	Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55) CAS Insert Type (51) Condition (52) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Poor Fit <input type="checkbox"/> Cracked <input type="checkbox"/> None <input type="checkbox"/> Plastic <input type="checkbox"/> Metal	Defects in Chimney (For no defects, check "None") I/I (67) <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP <input type="checkbox"/> IR ID <input type="checkbox"/> IR IG <input type="checkbox"/> Stain Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Lining/Slab <input type="checkbox"/> Missing/Slab	Defects in Cone (For no defects, check "None") I/I (67) <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP <input type="checkbox"/> IR ID <input type="checkbox"/> IR IG <input type="checkbox"/> Stain Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Lining/Slab <input type="checkbox"/> Missing/Slab	Defects in Wall (For no defects, check "None") I/I (67) <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP <input type="checkbox"/> IR ID <input type="checkbox"/> IR IG <input type="checkbox"/> Stain Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Lining/Slab <input type="checkbox"/> Missing/Slab
Material (57) CAS Condition(s) (61) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken <input type="checkbox"/> Missing <input type="checkbox"/> Corroded <input type="checkbox"/> Coated Offset Distance (63) in 0	Material (57) CAS Condition(s) (61) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken <input type="checkbox"/> Missing <input type="checkbox"/> Corroded <input type="checkbox"/> Coated Offset Distance (63) in 0	Material(s) (66) Coat/Liner (70) NC C BR <input checked="" type="checkbox"/> RCP <input type="checkbox"/>	Material(s) (73) Coat/Liner (75) NC C BR <input checked="" type="checkbox"/> RCP <input type="checkbox"/>	Material(s) (78) Coat/Liner (80) NC C BR <input checked="" type="checkbox"/> RCP <input type="checkbox"/>
Depth (69) ft 1.5	Depth (74) ft 4.1	Depth (79) ft	Type (72) <input type="checkbox"/> Flat/Slab <input checked="" type="checkbox"/> Concentric <input type="checkbox"/> Eccentric	Type (79)
Photo # (s) 320	Photo # (s) 319	Photo # (s) 319	Photo # (s)	Photo # (s)
Required Photos 01 White Board 02 Location 03 Surf Down Taken Above Rim 04 Surf Down Taken Below Rim 05 Drainage Inlet Location/Path from MH	320 316 317 318 321			

Bench Present (82) Y N

Channel installed (85) Y N

Number of Steps (89)

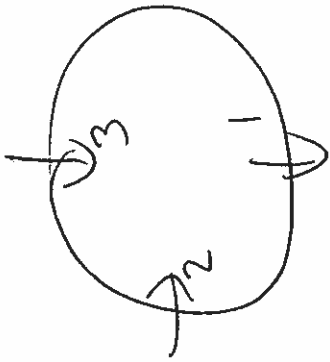
Step Material (90) Metal Plastic Brick Other

N/A

SKL.H

MH Number

171



N →

PIPE CONNECTIONS

REQUIRED

OPTIONAL

Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.75	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.45	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.75	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary)
 MH Type (30) ANH ACOM AIB
 Surface Type (28) AS CO CC GD GR ZZ
 Inspection Level (38) 1 2
 Purpose (4) B (Investigate)
 Pre-clean (23) N Y
 MH Sealed? before: Y N after: Y N
 Sheet No. (6) 1
 MH Number (1) 173
 Date (8) 2011/1/17
 Time (9) 24hr 13:00
 Inspection Status (36) SI DI NF NO SD BM NA NI Traff

Certificate (2)
 Surveyor's Name (3) BK/PM
 Penetration/Scratch (ST) Results
 Rating 2 3 4 NA
 6 o'clock 0
 12 o'clock 0
 Cross Street or Location Details (12) Canyon Rd.
 Street Address (Number and Name) (10) 2920 La Questa

Rim to Invert (14) 8.15 ft
 Wall Diameter (length/width) (77) 41-
 Location Code (26) A G F D C
 City (11) Burlingame Hills SMD
 Material (43) CAS
 Shape (40) C
 Type (44) Solid Vented # 7 (46)
 Condition(s) (61) Sound Missing Corroded Coated
 Offset Distance (63) in 0
 Material (57) CAS
 Coat/Liner (70) NC C
 Depth (69) ft 2.1
 Material(s) (73) BR RCP
 Coat/Liner (75) NC C
 Depth (74) ft 6.2
 Material(s) (78) BR RCP
 Coat/Liner (80) NC C
 Depth (79) ft 8.7

Required Photos
01 White Board 260
02 Location 259
03 Surf Down Taken Above Rim 261
04 Surf Down Taken Below Rim 262
05 Drainage Inlet Location/Path from MH 264

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 21 3/4
 Material (43) CAS
 Shape (40) C
 Type (44) Solid
 Condition(s) (61) Sound Missing Corroded Coated
 Offset Distance (63) in 0
 Material (57) CAS
 Coat/Liner (70) NC C
 Depth (69) ft 2.1

FRAME
 Material (57) CAS
 Coat/Liner (70) NC C
 Depth (69) ft 2.1

CHIMNEY
 Material(s) (66) BR RCP
 Coat/Liner (70) NC C
 Depth (69) ft 2.1

CONE
 Material(s) (73) BR RCP
 Coat/Liner (75) NC C
 Depth (74) ft 6.2

WALL
 Material(s) (78) BR RCP
 Coat/Liner (80) NC C
 Depth (79) ft 8.7

DEFECTS IN CHIMNEY (For no defects, check "None")
 I/I (67) None SRI SSS SAV SAP IR IG Stain
 Corrosion SAM SRV SRP SRC SMW
 Brickwork DB MB MM
 Lining None LFDE LFD WF LFB
 Photo #(s) 263

DEFECTS IN CONE (For no defects, check "None")
 I/I None SRI SSS SAV SAP IR IG Stain
 Corrosion SAM SRV SRP SRC SMW
 Brickwork DB MB MM
 Lining None LFDE LFD WF LFB
 Photo #(s)

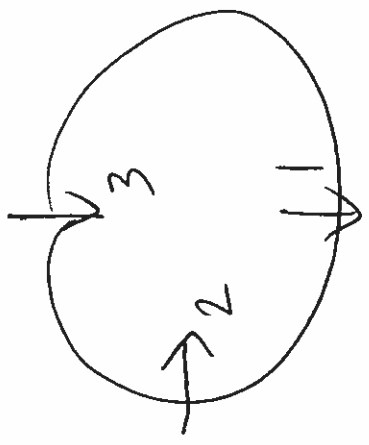
DEFECTS IN WALL (For no defects, check "None")
 I/I None SRI SSS SAV SAP IR IG Stain
 Corrosion SAM SRV SRP SRC SMW
 Brickwork DB MB MM
 Lining None LFDE LFD WF LFB
 Photo #(s)

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 11
 Step Material (90) Metal Plastic Brick Other

SKL-H

MH Number

173



N →

PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	8.6	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	8.02	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	7.8	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) MH Type (30) ANH ACOM AUB Surface Type (28) AS CO CC GD GR ZZ

Inspection Level (38) 1 2 Purpose B (1) Investigate Certificate (2) N Y

Pre-clean (23) N Y MH Sealed? before: Y N after: Y N Sheet No. (6) 1 MH Number (5) 174

Date (8) 2011/1/17 Time (9) 24hr 14:00

Inspector Status (36) SI NF SD BM DI NO NA NI Traff

Penetration/Scratch (ST) Results 2 3 4 NA 2 3 4 NA Rating inches

Surveyor's Name (1) BK/PM Cross Street or Location Details (12) La Cresta Dr.

Rim to Invert (14) ft 0.0 Wall Diameter (length/width) (77) ft 41.0

Location Code (26) A G F D C Burringame Hills SMD

Street Address (Number and Name) (10) Canyon Rd.

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER	FRAME	CHIMNEY	CONE	WALL	BENCH, CHANNEL, STEPS
Size (41/42) in 27 3/4 in Material (43) CAS Shape (40) C Type (44) <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Vented # 7 (46) Fit (49) <input checked="" type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Corroded <input type="checkbox"/> Cracked <input type="checkbox"/> Missing <input type="checkbox"/> Broken <input type="checkbox"/> Bolts Missing Insert Type (53) Condition (52) <input checked="" type="checkbox"/> None <input type="checkbox"/> Plastic <input type="checkbox"/> Metal <input type="checkbox"/> Sound <input type="checkbox"/> Poor Fit <input type="checkbox"/> Cracked Photo #(s)	Material (57) CAS Condition(s) (61) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Missing <input type="checkbox"/> Cracked <input type="checkbox"/> Corroded <input type="checkbox"/> Broken <input type="checkbox"/> Coated Offset Distance (63) in 0 Seal Condition (62) Inflow (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> Cracked <input type="checkbox"/> IG Stain Adjustment Ring Type(s) Material(s) (54) Condition(s) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Adjustable Photo #(s) 288	Material(s) (66) Coat/Liner (70) NC C Depth (69) ft 2.1 Defects in Chimney (For no defects, check "None") I/I (67) <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB Photo #(s)	Material(s) (73) Coat/Liner (75) NC C Depth (74) ft 4.4 Defects in Cone (For no defects, check "None") I/I <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB Photo #(s) 289	Material(s) (78) Coat/Liner (80) NC C Depth (79) ft Defects in Wall (For no defects, check "None") I/I <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB Photo #(s)	Bench Present (82) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Channel Installed (85) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Number of Steps (89) 0 Step Material (90) <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Brick <input type="checkbox"/> Other
Required Photos 01 White Board 287 02 Location 290 03 Surf Down Taken Above Rim 285 04 Surf Down Taken Below Rim 286 05 Drainage Inlet Location/ Path from MH 290					

N/A

SK...H

MH Number

174

N →



PIPE CONNECTIONS

REQUIRED

OPTIONAL

Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.1	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	1	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.0	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

Inspection Level (38) 1 2
Purpose B (9) C D E
Pre-clean (23) N Y
MH Sealed? before: Y N after: Y N
Sheet No. (6) 1 **MH Number 1** 175
Date (8) 2/1-25 **Time (9)** 1130
Inspector's Name (1) AR **Inspection Status (36)** SI NF SD BM
 DI NO NA NI Traff
Penetration/Scratch (ST) Results 2 2 3 4 NA SI NF SD BM
Rating 1 2 3 4 NA DI NO NA NI Traff
Additional Inspection Information (27) Med. Roots in Cone Pic 2118
 year 20.9
Cross Street or Location Details (12) La Avesta
Street Address (Number and Name) (10) 2890 Canyon
City (11) Burlingame Hills SMD
Location Code (26) A G F D C
Rim to Invert (14) Rim to Grade (16) **Wall Diameter (length/width) (77)** 41
R 3.9 **R** 1.5
Surface Type (28) AS CO CC GD GR ZZ
MH Type (30) A/M A/C A/B
Inspection Level (38) 1 2
Surveyor's Name (1) AR
6 o'clock 0 1 2 3 4
12 o'clock 0 1 2 3 4

Required Photos
01 White Board 2113
02 Location 2112
03 Surf Down Taken Above Rim 2114
04 Surf Down Taken Below Rim 2115
05 Drainage Inlet Location/ Path from MH 2117

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

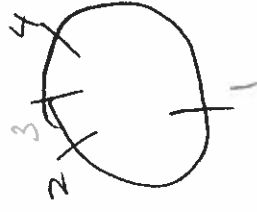
COVER
Size (41/42) in 28 / **Material (43)** CAS **Shape (40)** ABC **Type (44)** Solid **Fit (49)** G U O R **Condition (51) Condition (52)** Sound Corroded Cracked Broken Missing Bolts Missing **Insert Type (51) Condition (52)** None Plastic Metal **Photo #(s)**
FRAME
Material (57) CAS **Condition(s) (61)** Sound Missing Cracked Corroded Coated **Offset Distance (63)** in 3.5 **Seal Condition (62) Inflow (64)** None Solid Adjustable Cracked CAS **Adjustment Ring Type (S3) Material (S4) Condition (S5)** Sound Cracked
CHIMNEY
Material(s) (66) BR RCP NC C **Coat/Liner (70)** NC C **Depth (69)** ft N/A **DEFFECTS IN CHIMNEY (For no defects, check "None")**
Other Defect: Lining None LFDE LFD WF LFB **Brickwork** DB MB MM L M S W L S W L S W
CONE
Material(s) (73) BR RCP NC C **Coat/Liner (75)** NC C **Depth (74)** ft 3.8 **DEFFECTS IN CONE (For no defects, check "None")**
Other Defect: Lining None LFDE LFD WF LFB **Brickwork** DB MB MM L M S W L S W
WALL
Material(s) (78) BR RCP NC C **Coat/Liner (80)** NC C **Depth (79)** ft N/A **DEFFECTS IN WALL (For no defects, check "None")**
Other Defect: Lining None LFDE LFD WF LFB **Brickwork** DB MB MM L M S W L S W

BENCH, CHANNEL, STEPS
Bench Present (82) Y N **Channel Installed (85)** Y N **Number of Steps (89)** 0 **Step Material (90)** Metal Plastic Brick Other

SK

MH Number

175



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OK (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)	3.9	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	10	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OK (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)	3.9	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OK (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)	4.0	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
4	2	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OK (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)	3.9	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OK (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OK (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OK (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AS CO CC GD GR ZZ

MH Type (30) ANH ACOM AIB

Surface Type (28) AS CO CC GD GR ZZ

Inspection Level (38) 1 2

Purpose B (Investigate) N Y

Pre-clean (23) N Y

MH Sealed? before: Y N after: Y N

Sheet No. (6) 1

MH Number (1) 178 Time (9) 4:45

Date (8) 2011/1/17

Certificate (2) BK/EM

Surveyor's Name (1) BK/EM

Penetration/Scratch (ST) Results 2 3 4 NA 1 2 3 4 NA

Inspection Status (36) SI NF DI NO

Rim to Invert (14) Rim to Grade (16) Wall Diameter (length/width) (77) ft 5.85 ft 0 ft 41-

Location Code (26) A G F D R C

City (11) Burlingame Hills SMD

Street Address (Number and Name) (10) 2890 Canyon Rd. La Cuesta Dr.

Cross Street or Location Details (12)

Additional Inspection Information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 27 3/4 in Material (43) CAS Shape (40) C Type (44) Solid Vented # 7 (46)

FRAME
 Material (57) CAS Condition(s) (61) Sound Cracked Broken Offset Distance (63) in 0

CHIMNEY
 Material(s) (66) Coat/Liner (70) BR RCP NC C Depth (69) ft 1.9

CONE
 Material(s) (73) Coat/Liner (75) BR RCP NC C Type (72) Flat/Slab Concentric Eccentric Depth (74) ft 5

WALL
 Material(s) (78) Coat/Liner (80) BR RCP NC C Depth (79) ft

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N Channel Installed (85) Y N Number of Steps (89) 0 Step Material (90) Metal Plastic Brick Other

Required Photos
 01 White Board 306
 02 Location 304
 03 Surf Down Taken Above Rim 307
 04 Surf Down Taken Below Rim 305
 05 Drainage Inlet Location/Path from MH 309

DEFECTS IN CHIMNEY (For no defects, check "None")
 I/I (67) None TW ID IR Stain SRI SSS SAV SAP None SRV SRP SRC SAM SRW None SRI SSS SAV SAP None SRV SRP SRC SAM SRW

DEFECTS IN CONE (For no defects, check "None")
 I/I None TW ID IR Stain SRI SSS SAV SAP None SRV SRP SRC SAM SRW

DEFECTS IN WALL (For no defects, check "None")
 I/I None TW ID IR Stain SRI SSS SAV SAP None SRV SRP SRC SAM SRW

Insert Type (51) Condition (52) Sound Poor Fit Cracked

Cover Condition(s) (50) Sound Cracked Broken Corroded Missing Bolts Missing

Seal Condition (62) Inflow (64) Sound Cracked None FW ID IR IG Stain

Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55) CAS Sound Cracked

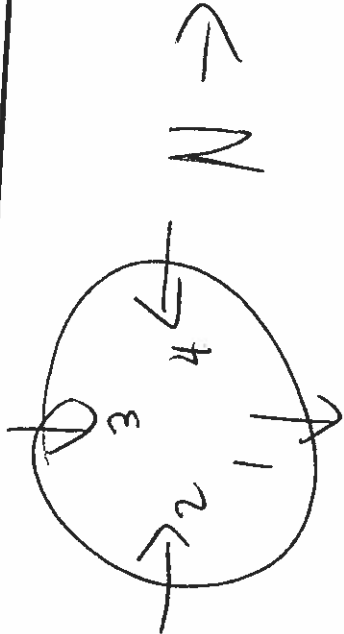
Other Defect: Lining None LFDE LFD WF LFB

Other Defect: Lining None LFDE LFD WF LFB

Other Defect: Lining None LFDE LFD WF LFB

N/A

SKETCH



MH Number
176

PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97)	Width (98)	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.9	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.45	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.83	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
4	3	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.42	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

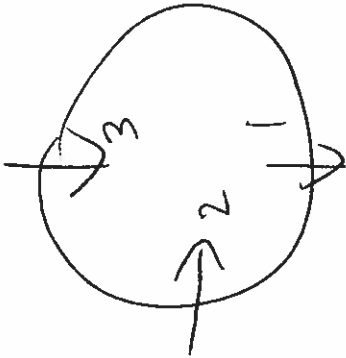
Inspection Level (38) 1 2
 Pre-clean (23) N Y
 Purpose B (N Investig.)
 MH Use (17) SS (Sanitary)
 MH Type (30) AS GD GR ZZ
 Surface Type (28) CO CC
 MH Number (1) 177
 Sheet No. (6) 1
 MH Sealed? before: Y(N) after: Y(N)
 Date (8) 2011/1/17
 Time (9) 24hr 15:00
 Inspector Status (36) SI DI NF NO SD BM NA NI Traff
 Penetration/Scratch (ST) Results 2 3 4 NA
 Rating 2 3 4 NA
 Inspection Status (36) SI DI NF NO SD BM NA NI Traff
 Rim to Invert (14) Rim to Grade (16) Wall Diameter (length/width) (77) 4.65 ft 0 ft 41-
 Location Code (26) A G F D C
 City (11) Burlingame Hills SMD
 Street Address (Number and Name) (10) 2888 Canyon Rd
 Cross Street or Location Details (12) La Cuesta Dr.
 Additional Inspection Information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER	FRAME	CHIMNEY	CONE	WALL	BENCH, CHANNEL, STEPS
Size (41/42) in 27 3/4 Material (43) <input checked="" type="checkbox"/> CAS Shape (40) <input checked="" type="checkbox"/> C Type (44) <input type="checkbox"/> Solid <input type="checkbox"/> Vented # (46)	Condition(s) (61) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Missing <input type="checkbox"/> Cracked <input type="checkbox"/> Corroded <input type="checkbox"/> Coated Offset Distance (63) 0 in Seal Condition (62) inf/ew (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> IW ID IR <input type="checkbox"/> IG Stain Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Adjustable <input type="checkbox"/> Sound <input type="checkbox"/> Cracked	DEFECTS in Chimney (For no defects, check "None") I/I (67) <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB Photo # (s) 314	DEFECTS in Cone (For no defects, check "None") I/I <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB Photo # (s)	DEFECTS in Wall (For no defects, check "None") I/I <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB Photo # (s)	Bench Present (82) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Channel Installed (85) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Number of Steps (89) 0 Step Material (90) <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Brick <input type="checkbox"/> Other
Material (57) <input checked="" type="checkbox"/> CAS Condition(s) (61) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Missing <input type="checkbox"/> Cracked <input type="checkbox"/> Corroded <input type="checkbox"/> Coated Offset Distance (63) 0 in Seal Condition (62) inf/ew (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> IW ID IR <input type="checkbox"/> IG Stain Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Adjustable <input type="checkbox"/> Sound <input type="checkbox"/> Cracked	DEFECTS in Chimney (For no defects, check "None") I/I (67) <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB Photo # (s) 312	DEFECTS in Cone (For no defects, check "None") I/I <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB Photo # (s)	DEFECTS in Wall (For no defects, check "None") I/I <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB Photo # (s)	Bench Present (82) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Channel Installed (85) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Number of Steps (89) 0 Step Material (90) <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Brick <input type="checkbox"/> Other	
Material (57) <input checked="" type="checkbox"/> CAS Condition(s) (61) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Missing <input type="checkbox"/> Cracked <input type="checkbox"/> Corroded <input type="checkbox"/> Coated Offset Distance (63) 0 in Seal Condition (62) inf/ew (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> IW ID IR <input type="checkbox"/> IG Stain Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Adjustable <input type="checkbox"/> Sound <input type="checkbox"/> Cracked	DEFECTS in Chimney (For no defects, check "None") I/I (67) <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB Photo # (s) 313	DEFECTS in Cone (For no defects, check "None") I/I <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB Photo # (s)	DEFECTS in Wall (For no defects, check "None") I/I <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB Photo # (s)	Bench Present (82) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Channel Installed (85) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Number of Steps (89) 0 Step Material (90) <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Brick <input type="checkbox"/> Other	

Required Photos
01 White Board 310
02 Location 311
03 Surf Down Taken Above Rim 312
04 Surf Down Taken Below Rim 313
05 Drainage Inlet Location/Path from MH 315

SKETCH



N →

MH Number

177

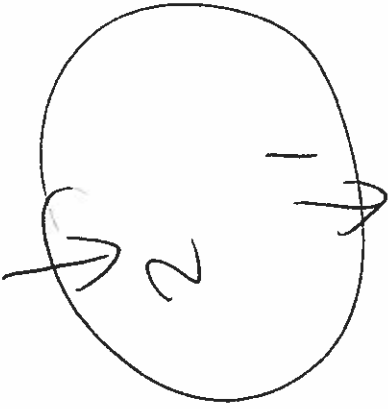
PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.72	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.15	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input checked="" type="checkbox"/> Defective
3	12	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.64	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

SKL-H

MH Number

178



N →

PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	11	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AS CO CC GD GR ZZ

MH Type (30) AMH ACOM AIB

Surface Type (28) AS CO CC GD GR ZZ

Inspection Level (38) 1 2

Purpose B (Investigate) N Y

Pre-clean (23) N Y

Certificate (2) _____

Surveyor's Name (1) BK/RM

MH Number (6) 179

Sheet No. (6) 1

MH Sealed? before: Y N after: Y N

Date (8) 11/17/2011

Time (9) 13:00

Rim to Invert (14) 7.2 ft 0.1 ft Wall Diameter (length/width) (77) 41 ft

Penetration/Scratch (ST) Results 0 2 3 4 NA 0 2 3 4 NA

Inspection Status (36) SI NF SD BM DI NO NA NI Traff

Location Code (26) A G F D C

City (11) Burlingame Hills SMD

Street Address (Number and Name) (10) 2920 La Cuesta Canyon Rd.

Cross Street or Location Details (12) _____

Additional Inspection Information (27) _____

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER	FRAME	CHIMNEY	CONE	WALL
Size (41/42) in <u>25 1/2</u> in Material (43) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> _____ Shape (40) <input checked="" type="checkbox"/> C <input type="checkbox"/> _____ Type (44) <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Vented # <u>2</u> (46) Fit (49) <input checked="" type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Corroded <input type="checkbox"/> Cracked <input type="checkbox"/> Missing <input type="checkbox"/> Broken <input type="checkbox"/> Bolts Missing Insert Type (51) Condition (52) <input checked="" type="checkbox"/> None <input type="checkbox"/> Plastic <input type="checkbox"/> Metal <input type="checkbox"/> Sound <input type="checkbox"/> Poor Fit <input type="checkbox"/> Cracked	Material (57) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> _____ Condition(s) (61) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken <input type="checkbox"/> Missing <input type="checkbox"/> Corroded <input type="checkbox"/> Coated Offset Distance (63) _____ in <u>0</u> Seal Condition (62) Inflow (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> FW <input type="checkbox"/> ID <input type="checkbox"/> IR <input type="checkbox"/> IG <input type="checkbox"/> Stain	Material(s) (66) Coat/Liner (70) <input checked="" type="checkbox"/> BR <input type="checkbox"/> NC <input checked="" type="checkbox"/> C <input type="checkbox"/> _____ Depth (69) _____ ft <u>1.15</u> Defects in Chimney (For no defects, check "None") Lining: <input checked="" type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB Brickwork: <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> L (Level) <input type="checkbox"/> S (Smooth)	Material(s) (73) Coat/Liner (75) <input checked="" type="checkbox"/> BR <input type="checkbox"/> NC <input type="checkbox"/> C <input type="checkbox"/> _____ Depth (74) _____ ft <u>4.7</u> Defects in Cone (For no defects, check "None") Lining: <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB Brickwork: <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> L (Level) <input type="checkbox"/> S (Smooth)	Material(s) (78) Coat/Liner (80) <input checked="" type="checkbox"/> BR <input type="checkbox"/> NC <input type="checkbox"/> C <input type="checkbox"/> _____ Depth (79) _____ ft <u>6.85</u> Defects in Wall (For no defects, check "None") Lining: <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB Brickwork: <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> L (Level) <input type="checkbox"/> S (Smooth)
Photo # (s) _____ Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked	Photo # (s) _____ Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked	Photo # (s) _____ Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked	Photo # (s) _____ Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked	Photo # (s) _____ Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked
Required Photos 01 White Board <u>269</u> 02 Location <u>265</u> 03 Surf Down Taken Above Rim <u>267</u> 04 Surf Down Taken Below Rim <u>268</u> 05 Drainage Inlet Location/ Path from MH <u>266</u>				

BENCH, CHANNEL, STEPS

Bench Present (82) Y N

Channel Installed (85) Y N

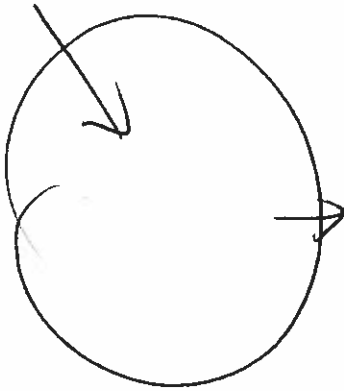
Number of Steps (89) 2

Step Material (90) Metal Brick Plastic Other

SKLCH

MH Number

179



N →

PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (102)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	7.3	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	2	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	7.15	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17)
 SS (Sanitary) AMH ACOM AIB AS CO CC GD GR ZZ

MH Type (30)
 AS CO CC GD GR ZZ

Inspection Level (38)
 1 2

Purpose (4)
 B (M) Investig.

Pre-clean (23)
 N Y

MH Sealed?
 before: Y/ N
 after: Y/ N

Sheet No. (6) 1 **MH Number (1)** 180

Date (8) 2011/1/17 **Time (9)** 24hr 13:40

Inspection Status (36)
 SI SD NF NI NO NI BF

Penetration/Scratch (ST) Results
 6 o'clock 2 3 4 NA
 12 o'clock 2 3 4 NA

Inspection Status (36)
 SI SD NF NI NO NI BF

Additional Inspection Information (27)

Surveyor's Name (3) BK/RM

Certificate (2)

Street Address (Number and Name) (10) Canyon Rd.

City (11) Burlingame Hills SMD

Rim to Invert (14) ft 5.0 **Rim to Grade (16)** ft 41-

Wall Diameter (length/width) (77)

Location Code (26)
 A G F D C

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER	FRAME	CHIMNEY	CONE	WALL	BENCH, CHANNEL, STEPS
Size (41/42) in 27 3/4 in	Material (43) <input checked="" type="checkbox"/> CAS	Material (57) <input checked="" type="checkbox"/> CAS	Material(s) (66) <input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP	Material(s) (78) <input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP	Bench Present (82) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Shape (40) <input checked="" type="checkbox"/> C	Condition(s) (61) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken	Condition(s) (63) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken	Coat/Liner (70) <input type="checkbox"/> NC <input checked="" type="checkbox"/> C	Coat/Liner (75) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C	Channel Installed (85) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Type (44) <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Vented <input type="checkbox"/> # 7 (46)	Fit (49) <input checked="" type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R	Seal Condition (62) Inflow (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> IW <input type="checkbox"/> IR <input type="checkbox"/> IG <input type="checkbox"/> Stain	Depth (69) ft 1.3	Depth (74) ft 4.6	Number of Steps (89) 0
Insert Type (51) Condition (52) <input checked="" type="checkbox"/> None <input type="checkbox"/> Plastic <input type="checkbox"/> Metal	Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Corroded <input type="checkbox"/> Cracked <input type="checkbox"/> Missing <input type="checkbox"/> Broken <input type="checkbox"/> Bolts Missing	Adjustment Ring Type(s) Material(s) (54) Condition(s) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Solid <input type="checkbox"/> Adjustable	Corrosion <input checked="" type="checkbox"/> None <input type="checkbox"/> SR <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP	Corrosion <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP	Step Material (90) <input type="checkbox"/> Metal <input type="checkbox"/> Plastic
Photo # (s)	Photo # (s)	Photo # (s)	Photo # (s)	Photo # (s)	Step Material (90)
284	274	282	283		

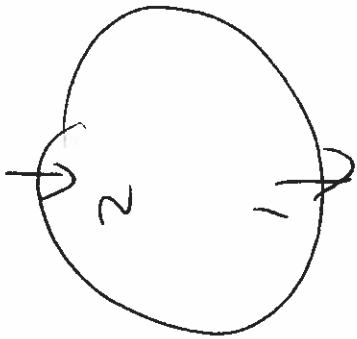
N/A

Required Photos
01 White Board
284
02 Location
274
03 Surf Down Taken Above Rim
275
04 Surf Down Taken Below Rim
276
05 Drainage Inlet Location/ Path from MH
278

SKL-JH

MH Number

180



W →

PIPE CONNECTIONS

REQUIRED

Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	S-1
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	S-0
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	

OPTIONAL

Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary)
 MH Type (30) AS CO CC
 Surface Type (28) GD GR Z
 Rim to Invert (14) Rim to Grade (16) Wall Diameter (length/width) (77)
 ft 8.35 ft 0 ft 41-
 Location Code (26) City (11) Burlingame Hills SMD
 Pre-clean (23) N Y
 Purpose B (Investigate)
 Surveyor's Name (3) BK/AM
 Inspection Level (38) 1 2
 MH Sealed? before: Y/N Y N after: Y/N Y N
 Sheet No. (6) 1 Date (8) 2011/1/17
 MH Number (1) 181 Time (9) 4:10
 Inspection Status (36) SI DI NF NO SD BM NA NI Traff
 Additional Inspection Information (27)
 Penetration/Scratch (ST) Results
 Rating 2 3 4 NA 2 3 4 NA
 Inches 0 0
 Cross Street or Location Details (12) Canyon Rd La Cuesta Dr

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER	FRAME	CHIMNEY	CONE	WALL
Size (41/42) in 27 3/4 in Material (43) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Shape (40) <input checked="" type="checkbox"/> C <input type="checkbox"/> Type (44) <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Vented # 7 (46) Fit (49) <input checked="" type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Corroded <input type="checkbox"/> Cracked <input type="checkbox"/> Missing <input type="checkbox"/> Broken <input type="checkbox"/> Bolts Missing Insert Type (51) Condition (52) <input checked="" type="checkbox"/> None <input type="checkbox"/> Plastic <input type="checkbox"/> Metal Photo #(s) Condition(s) (61) <input type="checkbox"/> Missing <input type="checkbox"/> Corroded <input type="checkbox"/> Coated Offset Distance (63) in 0 Material (57) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Seal Condition (62) (inflow (64)) <input checked="" type="checkbox"/> None <input type="checkbox"/> Solid <input type="checkbox"/> Adjustable Adjustment Ring Type(s) Material(s) Condition(s) Photo #(s) 295	Material(s) (66) Coat/Liner (70) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C <input type="checkbox"/> Depth (69) ft 1.5 Material(s) (73) Coat/Liner (75) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C <input type="checkbox"/> Depth (74) ft 3.7 Material(s) (78) Coat/Liner (80) <input type="checkbox"/> NC <input type="checkbox"/> C <input type="checkbox"/> Depth (79) ft Material(s) (82) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Channel Installed (85) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Number of Steps (89) 0 Step Material (90) <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Brick <input type="checkbox"/> Other	Material(s) (66) Coat/Liner (70) <input type="checkbox"/> NC <input type="checkbox"/> C <input type="checkbox"/> Depth (69) Material(s) (73) Coat/Liner (75) <input type="checkbox"/> NC <input type="checkbox"/> C <input type="checkbox"/> Depth (74) Material(s) (78) Coat/Liner (80) <input type="checkbox"/> NC <input type="checkbox"/> C <input type="checkbox"/> Depth (79) Material(s) (82) <input type="checkbox"/> Y <input type="checkbox"/> N Channel Installed (85) <input type="checkbox"/> Y <input type="checkbox"/> N Number of Steps (89) Step Material (90) <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Brick <input type="checkbox"/> Other	Material(s) (66) Coat/Liner (70) <input type="checkbox"/> NC <input type="checkbox"/> C <input type="checkbox"/> Depth (69) Material(s) (73) Coat/Liner (75) <input type="checkbox"/> NC <input type="checkbox"/> C <input type="checkbox"/> Depth (74) Material(s) (78) Coat/Liner (80) <input type="checkbox"/> NC <input type="checkbox"/> C <input type="checkbox"/> Depth (79) Material(s) (82) <input type="checkbox"/> Y <input type="checkbox"/> N Channel Installed (85) <input type="checkbox"/> Y <input type="checkbox"/> N Number of Steps (89) Step Material (90) <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Brick <input type="checkbox"/> Other	Material(s) (66) Coat/Liner (70) <input type="checkbox"/> NC <input type="checkbox"/> C <input type="checkbox"/> Depth (69) Material(s) (73) Coat/Liner (75) <input type="checkbox"/> NC <input type="checkbox"/> C <input type="checkbox"/> Depth (74) Material(s) (78) Coat/Liner (80) <input type="checkbox"/> NC <input type="checkbox"/> C <input type="checkbox"/> Depth (79) Material(s) (82) <input type="checkbox"/> Y <input type="checkbox"/> N Channel Installed (85) <input type="checkbox"/> Y <input type="checkbox"/> N Number of Steps (89) Step Material (90) <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Brick <input type="checkbox"/> Other

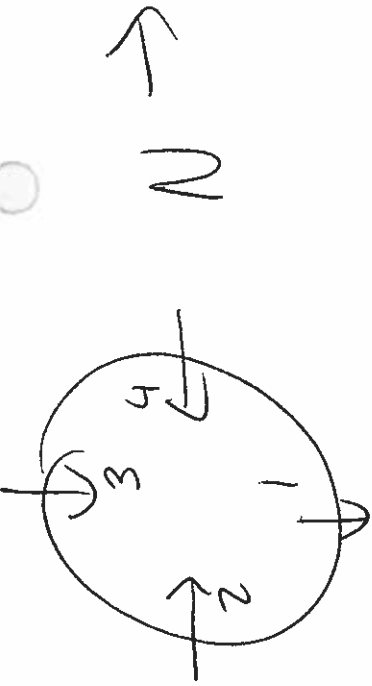
N/A

Required Photos	01 White Board	02 Location	03 Surf Down Taken Above Rim	04 Surf Down Taken Below Rim	05 Drainage Inlet Location/ Path from MH
	298	292	293	294	291

SKL CH

MH Number

181



N →

PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.3	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.2	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
4	3	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.2	<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

Inspection Level [38] 1 2
 Purposes B (Investig.) C (Other)
 Pre-clean [23] N Y
 Certificate [2]

MH Use (17) SS (Sanitary)
 MH Type (30) ANH ACOM AB
 Surface Type (28) AS GD GR Z

Surveyor's Name (1) BK/RM
 Date (8) 2011/1/18
 MH Number 182
 Sheet No. (6) 1
 Time (9) 14:10

Penetration/Scratch (ST) Results
 Rating 8 inches
 6 o'clock 8
 12 o'clock 8

Rim to Invert (14) ft 4.5
 Wall Diameter (length/width) (77) ft 41-

Location Code (26) A G F D C
 City (11) 176 Valdeflores
 Street Address (Number and Name) (10) Cos Robles
 Additional Inspection Information (27) Roots - 573-944

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER	FRAME	CHIMNEY	CONE	WALL
Size (41/42) in <u>27 3/4</u> Material (43) <input checked="" type="checkbox"/> CAS Shape (40) <input checked="" type="checkbox"/> C Type (44) <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Vented # (46) <u>7</u> Include pick holes	Material (57) <input checked="" type="checkbox"/> CAS Condition(s) (61) <input type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken Offset Distance (63) <u>in 0</u>	Material(s) (66) <input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP Coat/Liner (70) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C Depth (69) <u>ft 2</u>	Material(s) (73) <input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP Coat/Liner (75) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C Depth (74) <u>ft 4</u>	Material(s) (78) <input type="checkbox"/> BR <input type="checkbox"/> RCP Coat/Liner (80) <input type="checkbox"/> NC <input type="checkbox"/> C Depth (79) <u>ft</u>
Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken Fit (49) <input checked="" type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R Insert Type (51) Condition (52) <input checked="" type="checkbox"/> None <input type="checkbox"/> Plastic <input type="checkbox"/> Metal Sound <input type="checkbox"/> Poor Fit <input type="checkbox"/> Cracked	Seal Condition (62) Inflow (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> IW <input type="checkbox"/> IR <input type="checkbox"/> IG Stain Adjustment Ring Types (53) Material(s) Condition(s) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Sound <input type="checkbox"/> Cracked <input checked="" type="checkbox"/> Other	DEFECTS IN CHIMNEY (For no defects, check "None") 1/1 (67) <input type="checkbox"/> None <input checked="" type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB	DEFECTS IN CONE (For no defects, check "None") 1/1 <input type="checkbox"/> None <input checked="" type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMW Brickwork <input type="checkbox"/> OB <input type="checkbox"/> MB <input type="checkbox"/> MM Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB	DEFECTS IN WALL (For no defects, check "None") 1/1 <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMW Brickwork <input type="checkbox"/> OB <input type="checkbox"/> MB <input type="checkbox"/> MM Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB
Photo # (s) <u>575</u>	Photo # (s) <u>940</u> <u>508</u>	Photo # (s) <u>506</u> <u>941</u> <u>507</u> <u>943</u>	Photo # (s) <u>947</u> <u>509</u>	Photo # (s) <u>577</u> <u>941</u>
01 White Board	02 Location	03 Surf Down Taken Above Rim	04 Surf Down Taken Below Rim	05 Drainage Inlet Location/ Path from MH

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 0
 Step Material (90) Metal Plastic Brick Other

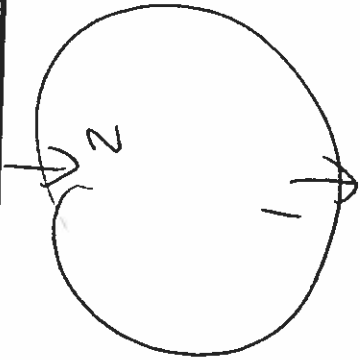
N/A

945

Sheet

MH Number

182



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3 ft.	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

OLE INSPECTION FORM

Inspection Level (38) 1 2

Purpose: B (R) C

Pre-clean (23) N Y

Certificate (2) _____

Surveyor's Name (1) **BC / AR**

Inspection Status (36) SI DI NF NO

Date (8) **2011 / 09 / 25**

MH Number / 24hr **1837 / 10:30**

MH Sealed? before: Y N after: Y N

Inspection Status (36) SI DI NF NO

Additional Inspection Information (27) **Structure not in location on map - may not be correct**

Penetration/Scratch (ST) Results

1 2 3 4 NA NA

1 2 3 4 NA NA

Inches Rating

Cross Street or Location Details (12) **Sable Flores**

Street Address (Number and Name) (10) **175 Los Robles**

City (11) _____

Buriname Hills SMD

Location Code (26) A G F D C

Rim to Invert (14) Rim to Grade (16) Wall Diameter (Length/Width) (77) **8 / 16**

MH Use (17) SS (Sanitary) AWM ACOM AUB B

MH Type (30) AS GD CO GR CC Z

Surface Type (28) _____

Material (43) CAS Cement

Shape (40) C Rect

Type (44) Solid Vented

Fit (49) G U O R

Cover Condition(s) (50) Sound Corroded Missing Broken

Insert Type (51) Condition (52) None Plastic Metal

Location Code (26) A G F D C

City (11) _____

Buriname Hills SMD

Location Code (26) A G F D C

Rim to Invert (14) Rim to Grade (16) Wall Diameter (Length/Width) (77) **8 / 16**

MH Use (17) SS (Sanitary) AWM ACOM AUB B

MH Type (30) AS GD CO GR CC Z

Surface Type (28) _____

Material (43) CAS Cement

Shape (40) C Rect

Type (44) Solid Vented

Fit (49) G U O R

Cover Condition(s) (50) Sound Corroded Missing Broken

Insert Type (51) Condition (52) None Plastic Metal

Material (57) CAS Cement Broken

Condition(s) (61) Missing Corroded Coated

Offset Distance (63) _____ in

Seal Condition (62) Inflow (64) None IW ID IR IS Stain

Adjustment Ring Type(s) Material(s) (4) Condition(s) Sound Cracked

Photo #(s) _____

Material (57) CAS Cement Broken

Condition(s) (61) Missing Corroded Coated

Offset Distance (63) _____ in

Seal Condition (62) Inflow (64) None IW ID IR IS Stain

Adjustment Ring Type(s) Material(s) (4) Condition(s) Sound Cracked

Photo #(s) _____

Material(s) (66) Coat/Liner (70) BR RCP NC C

Depth (69) _____ ft

Material(s) (73) Coat/Liner (75) BR RCP NC C

Depth (74) _____ ft

Material(s) (78) Coat/Liner (80) BR RCP NC C

Depth (79) _____ ft

Material(s) (66) Coat/Liner (70) BR RCP NC C

Depth (69) _____ ft

Material(s) (73) Coat/Liner (75) BR RCP NC C

Depth (74) _____ ft

Material(s) (78) Coat/Liner (80) BR RCP NC C

Depth (79) _____ ft

Material(s) (66) Coat/Liner (70) BR RCP NC C

Depth (69) _____ ft

Material(s) (73) Coat/Liner (75) BR RCP NC C

Depth (74) _____ ft

Material(s) (78) Coat/Liner (80) BR RCP NC C

Depth (79) _____ ft

Material(s) (66) Coat/Liner (70) BR RCP NC C

Depth (69) _____ ft

Material(s) (73) Coat/Liner (75) BR RCP NC C

Depth (74) _____ ft

Material(s) (78) Coat/Liner (80) BR RCP NC C

Depth (79) _____ ft

Material(s) (66) Coat/Liner (70) BR RCP NC C

Depth (69) _____ ft

Material(s) (73) Coat/Liner (75) BR RCP NC C

Depth (74) _____ ft

Material(s) (78) Coat/Liner (80) BR RCP NC C

Depth (79) _____ ft

Material(s) (66) Coat/Liner (70) BR RCP NC C

Depth (69) _____ ft

Material(s) (73) Coat/Liner (75) BR RCP NC C

Depth (74) _____ ft

Material(s) (78) Coat/Liner (80) BR RCP NC C

Depth (79) _____ ft

Material(s) (66) Coat/Liner (70) BR RCP NC C

Depth (69) _____ ft

Material(s) (73) Coat/Liner (75) BR RCP NC C

Depth (74) _____ ft

Material(s) (78) Coat/Liner (80) BR RCP NC C

Depth (79) _____ ft

Material(s) (66) Coat/Liner (70) BR RCP NC C

Depth (69) _____ ft

Material(s) (73) Coat/Liner (75) BR RCP NC C

Depth (74) _____ ft

Material(s) (78) Coat/Liner (80) BR RCP NC C

Depth (79) _____ ft

Bench Present (82) Y N

Channel Installed (85) Y N

Number of Steps (89) _____

Step Material (90) Metal Plastic Brick Other

Material(s) (66) Coat/Liner (70) BR RCP NC C

Depth (69) _____ ft

Material(s) (73) Coat/Liner (75) BR RCP NC C

Depth (74) _____ ft

Material(s) (78) Coat/Liner (80) BR RCP NC C

Depth (79) _____ ft

Material(s) (66) Coat/Liner (70) BR RCP NC C

Depth (69) _____ ft

Material(s) (73) Coat/Liner (75) BR RCP NC C

Depth (74) _____ ft

Material(s) (78) Coat/Liner (80) BR RCP NC C

Depth (79) _____ ft

Material(s) (66) Coat/Liner (70) BR RCP NC C

Depth (69) _____ ft

Material(s) (73) Coat/Liner (75) BR RCP NC C

Depth (74) _____ ft

Material(s) (78) Coat/Liner (80) BR RCP NC C

Depth (79) _____ ft

Material(s) (66) Coat/Liner (70) BR RCP NC C

Depth (69) _____ ft

Material(s) (73) Coat/Liner (75) BR RCP NC C

Depth (74) _____ ft

Material(s) (78) Coat/Liner (80) BR RCP NC C

Depth (79) _____ ft

Bench Present (82) Y N

Channel Installed (85) Y N

Number of Steps (89) _____

Step Material (90) Metal Plastic Brick Other

Material(s) (66) Coat/Liner (70) BR RCP NC C

Depth (69) _____ ft

Material(s) (73) Coat/Liner (75) BR RCP NC C

Depth (74) _____ ft

Material(s) (78) Coat/Liner (80) BR RCP NC C

Depth (79) _____ ft

Material(s) (66) Coat/Liner (70) BR RCP NC C

Depth (69) _____ ft

Material(s) (73) Coat/Liner (75) BR RCP NC C

Depth (74) _____ ft

Material(s) (78) Coat/Liner (80) BR RCP NC C

Depth (79) _____ ft

Material(s) (66) Coat/Liner (70) BR RCP NC C

Depth (69) _____ ft

Material(s) (73) Coat/Liner (75) BR RCP NC C

Depth (74) _____ ft

Material(s) (78) Coat/Liner (80) BR RCP NC C

Depth (79) _____ ft

Material(s) (66) Coat/Liner (70) BR RCP NC C

Depth (69) _____ ft

Material(s) (73) Coat/Liner (75) BR RCP NC C

Depth (74) _____ ft

Material(s) (78) Coat/Liner (80) BR RCP NC C

Depth (79) _____ ft

Bench Present (82) Y N

Channel Installed (85) Y N

Number of Steps (89) _____

Step Material (90) Metal Plastic Brick Other

Material(s) (66) Coat/Liner (70) BR RCP NC C

Depth (69) _____ ft

Material(s) (73) Coat/Liner (75) BR RCP NC C

Depth (74) _____ ft

Material(s) (78) Coat/Liner (80) BR RCP NC C

Depth (79) _____ ft

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AMH ACOM AIB

MH Type (30) AS CO CC GD GR ZZ

Surface Type (28) AS CO CC GD GR ZZ

Inspection Level (38) 1 2

Purpose B (Investigate)

Pre-clean (23) N Y

MH Sealed? before: Y N after: Y N

Sheet No. (6) 1

MH Number (5) 185

Date (8) 2011/1/14

Time (9) 12:30

Penetration/Scratch (ST) Results 2 3 4 NA NF NO SD BM DI NI Traff

Inspection Status (36)

Surveyor's Name (3) BK/RM

Certificate (2)

Rim to Invert (14) 4.2 ft

Wall Diameter (length/width) (77) 41"

Rim to Invert (14) ft

Wall Diameter (length/width) (77) ft

Location Code (26) A G F D C

City (11) 175 Tiptoe Ln.

Street Address (Number and Name) (10) Canyon Rd.

Cross Street or Location Details (12)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 21 1/8 in
 Material (43) CAS
 Shape (40) C
 Type (44) Solid Vented # 7 (45)

FRAME
 Material (57) CAS
 Condition(s) (61) Sound Missing Cracked Corroded Broken Coated
 Offset Distance (63) in \emptyset

CHIMNEY
 Material(s) (66) BR RCP C
 Coat/Liner (70) NC C
 Depth (69) ft 1

CONE
 Material(s) (73) BR RCP
 Coat/Liner (75) NC C
 Depth (74) ft 4

WALL
 Material(s) (78) BR RCP
 Coat/Liner (80) NC C
 Depth (79) ft

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) \emptyset

DEFFECTS IN CHIMNEY (For no defects, check "None")
 1/1 (67) None IW ID IR IG Stain
 Corrosion SAM SRV SRP SRC SAV SAP SWW
 Brickwork DB MB MM Large/ Loose/ Missing
 Lining None LFDE LFD WF LFB

DEFFECTS IN CONE (For no defects, check "None")
 1/1 None IW ID IR IG Stain
 Corrosion SAM SRV SRP SRC SAV SAP SWW
 Brickwork DB MB MM Large/ Loose/ Missing
 Lining None LFDE LFD WF LFB

DEFFECTS IN WALL (For no defects, check "None")
 1/1 None IW ID IR IG Stain
 Corrosion SAM SRV SRP SRC SAV SAP SWW
 Brickwork DB MB MM Large/ Loose/ Missing
 Lining None LFDE LFD WF LFB

Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked

Cover Condition(s) (50) Sound Cracked Broken Corroded Missing Bolts Missing

Adjustment Ring Type(s) Material(s) Condition(s) None Solid Adjustable Sound Cracked

Photo #(s)

Required Photos	01 White Board	1689
02 Location		1690
03 Surf Down Taken Above Rim		1691
04 Surf Down Taken Below Rim		1692
05 Drainage Inlet Location/ Path from MH		1693

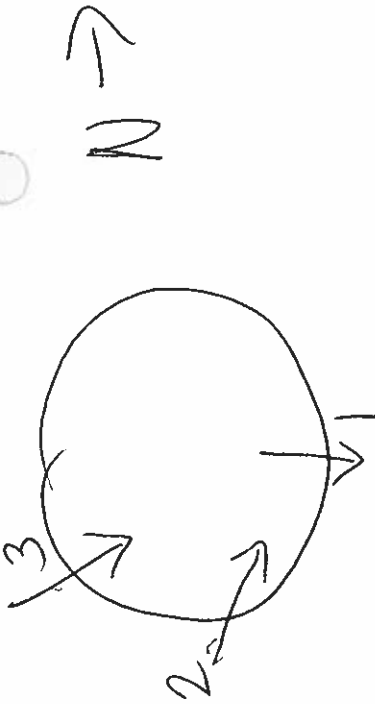
21.1
000

21A

SKL-JH

MH Number

185



PIPE CONNECTIONS

Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	OPTIONAL					
					Material (95)	Shape (96)	Diameter inches (97)	Width inches (98)	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.2	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3 25	10:30	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.1	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	8	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.85	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) **MH Type (30)** ANH ACOM AIB
Surface Type (28) AS CO CC GD GR ZZ
Inspection Level (38) 1 2 **Purpose** B (Investig.)
Pre-clean (23) N Y **Certificate (2)** BK/RM
Inspection Level (38) 1 2 **Purpose** B (Investig.)
Pre-clean (23) N Y **Certificate (2)** BK/RM
MH Number (1) 186 **Sheet No. (6)** 1 **MH Sealed?** before: Y N after: Y N
Time (9) 24hr 14:00 **Date (8)** 11/1/14 **Inspection Status (36)** SI NF SD BM DI NO NA NI Traff
Rim to invert (14) 3.8 ft **Rim to Grade (16)** 4.1 ft **Wall Diameter (length/width) (77)** 4.1 ft
Location Code (26) A G F D C
City (11) Burlingame Hills SMD
Street Address (Number and Name) (10) 3052 Canyon Rd. **Cross Street or Location Details (12)** Tiptoe Ln.
Penetration/Scratch (ST) Results 2 3 4 NA 2 3 4 NA
Additional inspection information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS
COVER Size (41/42) in 27 1/4 in **Material (43)** CAS **Shape (40)** C **Type (44)** Solid **Fit (49)** G U O R **Cover Condition(s) (50)** Sound Corroded Cracked Broken **Insert Type (51) Condition (52)** None Plastic Metal **Photo #(s)** N/A
FRAME **Material (57)** CAS **Condition(s) (61)** Sound Missing Cracked Broken **Offset Distance (63)** in 0 **Seal Condition (62) (inflow) (64)** None Cracked Stain **Adjustment Ring Type(s) Material(s) Condition(s)** CAS Adjustable **Photo #(s)**
CHIMNEY **Material(s) (66)** BR NC C **Coat/Liner (70)** NC C **Depth (69)** ft 1.25 **Corrosion** None SRI SSS SAV SAP SAM SRV SRP SRC SMW **Brickwork** DB MB MM Liness/ MicroSlab **Photo #(s)**
CONE **Material(s) (73)** BR NC C **Coat/Liner (75)** NC C **Depth (74)** ft 3.7 **Corrosion** None SRI SSS SAV SAP SAM SRV SRP SRC SMW **Brickwork** DB MB MM Liness/ MicroSlab **Photo #(s)**
WALL **Material(s) (78)** BR NC C **Coat/Liner (80)** NC C **Depth (79)** ft **Corrosion** None SRI SSS SAV SAP SAM SRV SRP SRC SMW **Brickwork** DB MB MM Liness/ MicroSlab **Photo #(s)**
DEFFECTS in Chimney (For no defects, check "None") **DEFFECTS in Cone (For no defects, check "None")** **DEFFECTS in Wall (For no defects, check "None")**
Other Defect: Lining None LFDE LFD WF LFB
Other Defect: Lining None LFDE LFD WF LFB
Other Defect: Lining None LFDE LFD WF LFB
Required Photos
01 White Board 1711
02 Location 1714
03 Surf Down Taken Above Rim 1712
04 Surf Down Taken Below Rim 1713
05 Drainage Inlet Location/ Path from MH 1715/1716

BENCH, CHANNEL, STEPS
Bench Present (82) Y N **Channel Installed (85)** Y N **Number of Steps (89)** 2 **Step Material (90)** Metal Plastic Brick Other

N/A

SKL. JH

MH Number

186



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.9	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	10	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.8	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.92	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary)
MH Type (18) AS CO CC GD GR ZZ
Surface Type (28) AS CO CC GD GR ZZ
Inspection Level (38) 1 2
Purpose B (W/ Invert)
Pre-clean (23) N Y
MH Sealed? before: Y N after: Y N
Sheet No. (6) 1
MH Number (1) 187
Date (8) 2011/1/14
Time (9) 14:20
Inspection Status (36) SI NF SD BM DI NO NA NI Traff
Penetration/Scratch (ST) Results 2 3 4 NA
Rating 2 3 4 NA
Additional Inspection Information (27)
Surveyor's Name (1) Bk/RM
Cross Street or Location Details (12) Tiptoe Ln
Street Address (Number and Name) (10) 3052 Canyon Rd.
City (11) Burlingame
Hills SMD
Rim to Invert (14) ft 2.25
Rim to Grade (16) ft 41
Wall Diameter (length/width) (27) 6 o'clock 12 o'clock
Location Code (26) A G F D C

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER	FRAME	CHIMNEY	CONE	WALL	BENCH, CHANNEL, STEPS
Size (41/42) in 25 1/2 in Shape (40) C Type (44) Solid Material (43) CAS Condition(s) (61) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Missing <input type="checkbox"/> Cracked <input type="checkbox"/> Broken Offset Distance (63) in \emptyset Seal Condition (62) Inflow (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> circle one: TW ID IR IG Stain Fit (49) <input checked="" type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Corroded <input type="checkbox"/> Cracked <input type="checkbox"/> Missing <input type="checkbox"/> Broken <input type="checkbox"/> Bolts Missing Insert Type (51) Condition (52) <input checked="" type="checkbox"/> None <input type="checkbox"/> Plastic <input type="checkbox"/> Metal <input type="checkbox"/> Sound <input type="checkbox"/> Poor Fit <input type="checkbox"/> Cracked Photo #(s) N/A	Material (57) CAS Condition(s) (61) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Missing <input type="checkbox"/> Cracked <input type="checkbox"/> Broken Adjustment Ring Type(s) Material(s) Condition(s) (54) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Adjustable Photo #(s)	Material(s) (66) Coat/Liner (70) <input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP <input checked="" type="checkbox"/> C Depth (69) ft .5 Other Defect: Lining <input checked="" type="checkbox"/> None <input type="checkbox"/> LFOE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Liness/ MicroSlime	Material(s) (73) Coat/Liner (75) <input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP <input checked="" type="checkbox"/> C Depth (74) ft 1.9 Other Defect: Lining <input checked="" type="checkbox"/> None <input type="checkbox"/> LFOE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Liness/ MicroSlime	Material(s) (78) Coat/Liner (80) <input type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> C Depth (79) ft Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LFOE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Liness/ MicroSlime	Bench Present (82) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Channel Installed (85) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Number of Steps (89) 0 Step Material (90) <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Brick <input type="checkbox"/> Other

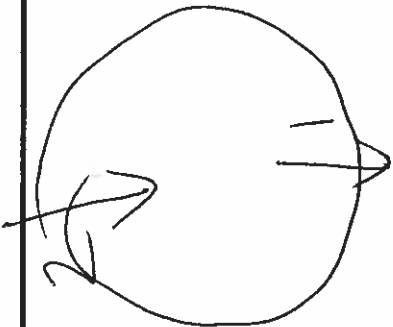
N/A

SKL-4

MH Number

187

N →



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.28	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	11:30	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.25	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) MH Type (30) ANH ACOM AIB Surface Type (28) AS CO CC Z

Inspection Level (38) 1 2 Purpos B (N) Certificate (2) N Y

Pre-clean (23) N Y MH Sealed? before: Y (N) after: Y (N) Sheet No. (6) 1 MH Number 188

Surveyor's Name (1) Bk/RA Date (8) 2011/1/28 Time (9) 11:40

Penetration/Scratch (ST) Results 0 2 3 4 NA 0 2 3 4 NA

Rim to Invert (14) ft 0 Wall Diameter (length/width) (77) ft 1-8

Location Code (26) A G F D C City (11) 3059 Canyon Rd.

Street Address (Number and Name) (10) Tiptoe Ln.

Additional Inspection Information (27) Material on bench 932 is spilling

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS ~~OPEN~~ vent next to MH

COVER
 Size (41/42) in 27 3/4 Material (43) CAS Shape (40) C Type (44) Solid Vented # 3 (46) Sound Corroded Missing Cracked Broken Coated
 Condition(s) (61) Sound Missing Corroded Cracked Broken Coated
 Offset Distance (63) 0 in

FRAME
 Material (57) CAS Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55) Sound Cracked None Solid Adjustable
 Seal Condition (62) Inflow (64) None chok one: IW ID IR IG Stair

CHIMNEY
 Material(s) (66) BR RCP NC C Coat/Liner (70) NC C Depth (69) N/A ft
 DEFECTS in Chimney (For no defects, check "None")
 I/I (67) None SRI SSS SAV SAP SAM SRV SRP SRC SRW
 Corrosion None SRI SSS SAV SAP SAM SRV SRP SRC SRW
 Brickwork DB MB MM Liner/L
 Other Defect: Lining None LFDE LFD WF LFB

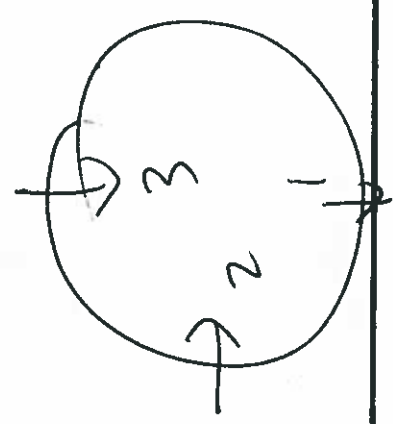
CONE
 Material(s) (73) BR RCP NC C Coat/Liner (75) NC C Depth (74) N/A ft
 DEFECTS in Cone (For no defects, check "None")
 I/I None SRI SSS SAV SAP SAM SRV SRP SRC SRW
 Corrosion None SRI SSS SAV SAP SAM SRV SRP SRC SRW
 Brickwork DB MB MM Liner/L
 Other Defect: Lining None LFDE LFD WF LFB

WALL
 Material(s) (78) BR RCP NC C Coat/Liner (80) NC C Depth (79) N/A ft
 DEFECTS in Wall (For no defects, check "None")
 I/I None SRI SSS SAV SAP SAM SRV SRP SRC SRW
 Corrosion None SRI SSS SAV SAP SAM SRV SRP SRC SRW
 Brickwork DB MB MM Liner/L
 Other Defect: Lining None LFDE LFD WF LFB

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N Channel Installed (85) Y N Number of Steps (89) 0 Step Material (90) Metal Plastic Brick Other

Required Photos
 01 White Board 933
 02 Location 934
 03 Surf Down Taken Above Rim 930
 04 Surf Down Taken Below Rim 931
 05 Drainage Inlet Location/ Path from MH 934

MH Number
188



REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	1.9	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	1	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	1.5	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

PIPE CONNECTIONS

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AMH ACOM AIB GD GR ZZ

Surface Type (28) AS CO CC

Inspection Level (38) 1 2

Purpose B (Investig.) I (Investig.)

Pre-clean (23) N Y

Certificate (21) 100802

MH Number (6) 189

Sheet No. (6) 1

Date (8) 2011-01-14

Time (9) 14:40

MH Sealed? before: Y N after: Y N

Inspection Status (36) SI NF SD BM DI NO NA NI Traff

Surveyor's Name (1) Sanket Sagar

Penetration/Scratch (ST) Results 0 2 3 4 NA

Inches Rating 1 2 3 4 NA

6 o'clock 12 o'clock

Cross Street or Location Details (12)

Street Address (Number and Name) (10) 3053, Canyon Rd

City (11) Burlingame Hills SMD

Location Code (26) A G F D C Y

Rim to Grade (16) ft 0.2

Wall Diameter (length/width) (17) ft 4/1

Additional Inspection Information (27) In the front yard

Required Photos
01 White Board 1739
02 Location 1738
03 Surf Down Taken Above Rim 1729
04 Surf Down Taken Below Rim 1730
05 Drainage Inlet Location/Path from MH 1731

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER

Size (41/42) in 25 1/3/4

Material (43) CAS NC C

Shape (40) C U R

Type (44) Solid Vented # 2

Fit (49) G U O R

Cover Condition(s) (50) Sound Corroded Cracked Missing Broken Bolts Missing

Insert Type (51) Condition (52) None Plastic Metal

Photo #(s)

FRAME

Material (57) CAS NC C

Condition(s) (61) Sound Missing Cracked Corroded Broken Coated

Offset Distance (63) in 0

CHIMNEY

Material(s) (66) Coat/Liner (70) BR RCP NC C

Depth (69) ft

Other Defect: Lining None LFDE LFD WF LFB

CONE

Material(s) (73) Coat/Liner (75) BR RCP NC C

Depth (74) ft 17.08

Other Defect: Lining None LFDE LFD WF LFB

WALL

Material(s) (78) Coat/Liner (80) BR RCP NC C

Depth (79) ft

Other Defect: Lining None LFDE LFD WF LFB

BENCH, CHANNEL, STEPS

Material (82) Y N

Channel Installed (85) Y N

Number of Steps (89) 2

Step Material (90) Metal Plastic Brick Other

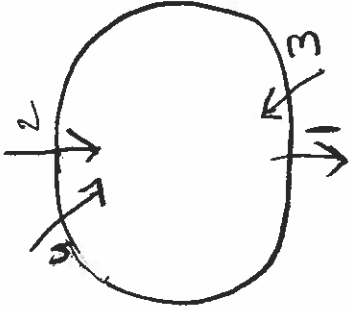
20.9
000

Roots under every brick

SK...H

MH Number

189



PIPE CONNECTIONS

REQUIRED

OPTIONAL

Pipe Number (93)	Clock Position (92)	Direction (94)	Special Condition (103)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	7.46	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.80	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	5	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.40	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input checked="" type="checkbox"/> Defective
4	11	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.76	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

Roots

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary)
MH Type (30) AMH ACDM AUB

Surface Type (28) AS CO CC GD GR ZZ

Inspection Level (38) 1 2

Purpose B (I/I Investig.)
Pre-clean (23) N Y

MH Sealed? before: Y N after: Y N

Sheet No. (6) 1

MH Number (1) 190

Time (9) 14:40

Surveyor's Name (1) BK/RH

Date (8) 2011/1/14

Penetration/Scratch (ST) Results: 0 2 3 4 NA SI NF SD BM DI NO NA NI Traff

6 o'clock 0 inches Rating 2 2 3 4 NA

12 o'clock 0 inches Rating 2 2 3 4 NA

Location Code (26) A G F D C

City (11) Burlingame Hillis SMD

Street Address (Number and Name) (10) 3053 Canyon Rd. Tiptoe Ln.

Cross Street or Location Details (12)

Inspection Status (36) SI NF SD BM DI NO NA NI Traff

Additional Inspection Information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

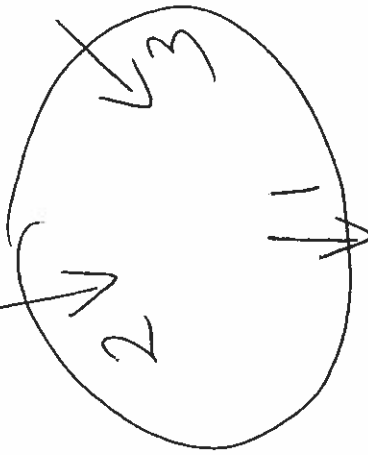
COVER Size (41/42) in 22 3/4 in	Material (43) <input checked="" type="checkbox"/> CAS <input type="checkbox"/>	Shape (40) <input checked="" type="checkbox"/> C <input type="checkbox"/>	Type (44) <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Vented # 7	Ft (49) <input checked="" type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R	Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Corroded <input type="checkbox"/> Cracked <input type="checkbox"/> Broken <input type="checkbox"/> Bolts Missing	Insert Type (51) Condition (52) <input checked="" type="checkbox"/> None <input type="checkbox"/> Plastic <input type="checkbox"/> Metal	Photo #(s)
FRAME Material (57) <input checked="" type="checkbox"/> CAS <input type="checkbox"/>	Condition(s) (61) <input type="checkbox"/> Sound <input type="checkbox"/> Missing <input type="checkbox"/> Cracked <input type="checkbox"/> Corroded <input type="checkbox"/> Broken <input type="checkbox"/> Coated	Offset Distance (63) in 0	Seal Condition (62) Inflow (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> IW ID IR IG Stain	Adjustment Ring Type(s); Material(s) (54) Condition(s) (55) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> CAS <input type="checkbox"/> None <input type="checkbox"/> Solid <input type="checkbox"/> Adjustable	Photo #(s)		
CHIMNEY Material(s) (66) Coat/Liner (70) <input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> NC <input type="checkbox"/> C	Depth (69) ft 1.4	DEFFECTS in Chimney (For no defects, check "None") I/I (67) <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> IR IG <input type="checkbox"/> SAP <input type="checkbox"/> Stain	Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SWW	Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Large/Small	Photo #(s)		
CONE Material(s) (73) Coat/Liner (75) <input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> NC <input type="checkbox"/> C	Depth (74) ft 5.1	DEFFECTS in Cone (For no defects, check "None") I/I <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> IR IG <input type="checkbox"/> SAP <input type="checkbox"/> Stain	Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SWW	Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Large/Small	Photo #(s)		
WALL Material(s) (78) Coat/Liner (80) <input type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> NC <input type="checkbox"/> C	Depth (79) ft	DEFFECTS in Wall (For no defects, check "None") I/I <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> IR IG <input type="checkbox"/> Stain	Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SWW	Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Large/Small	Photo #(s)		
BENCH, CHANNEL, STEPS Bench Present (82) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Channel Installed (85) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Number of Steps (89) 9	Step Material (90) <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Brick <input type="checkbox"/> Other				

Required Photos
01 White Board 1733
02 Location 1734
03 Surf Down Taken Above Rim 1735
04 Surf Down Taken Below Rim 1736
05 Drainage Inlet Location/ Path from MH 1737

SKL-JH

MH Number

190



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width 198 inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	11:30	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.25	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	2:30	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.22	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AMH ACOM AUB Surface Type (28) AS CO CC GD GR ZZ
 Inspection Level (38) 1 2 Purpose B (I/I Investig.) N Y Pre-clean (23) N Y
 MH Number (1) 191 Sheet No. (6) 1
 Time (9) 13:00 Date (8) 2011/1/14
 Inspector Status (36) SI NF SD BM DI NO NA NI Traff
 Surveyor's Name (1) BK/RM Penetration/Scratch (ST) Results 0 2 3 4 NA 0 2 3 4 NA
 6 o'clock 12 o'clock
 Rating
 Cross Street or Location Details (12) Tiptoe Ln.
 Street Address (Number and Name) (10) Canyon Rd.
 Location Code (26) A G F D C City (11) Burlingame Hills SMD
 Rim to Invert (14) ft 5.05 ft 0 Rim to Grade (16) ft 41- Wall Diameter (length/width) (77) ft 41-
 Additional Inspection Information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 27 1/8 Material (43) CAS Shape (40) C Type (44) Solid Vented # 7 (46) Fit (49) G U O R
 Condition(s) (61) Sound Missing Corroded Coated
 Offset Distance (63) in \emptyset
 Seal Condition (62) Inflow (64) None IR IG Stain
 Adjustment Ring Type(s) (53) Material(s) (54) Condition (55) Sound Cracked
 Insert Type (51) Condition (52) *N/A* Sound Poor Fit Cracked
 Photo # (s) 1694
FRAME
 Material (57) CAS Condition(s) (61) Sound Missing Corroded Coated
 Seal Condition (62) Inflow (64) None IR IG Stain
 Adjustment Ring Type(s) (53) Material(s) (54) Condition (55) Sound Cracked
 Insert Type (51) Condition (52) *N/A* Sound Poor Fit Cracked
 Photo # (s) 1698
CHIMNEY
 Material(s) (66) Coat/Liner (70) BR RCP NC C Depth (69) ft 1.7
 DEFFECTS in Chimney (For no defects, check "None")
 I/I (67) None IR IG Stain
 Corrosion SAM SRV SRP SRC SWW
 Brickwork DB MB MM Large/ Micro/Smooth
 Lining None UFDE UFD WF UFB
 Photo # (s) 1699
CONE
 Material(s) (73) Coat/Liner (75) BR RCP NC C Depth (74) ft 4.75
 DEFFECTS in Cone (For no defects, check "None")
 I/I None IR IG Stain
 Corrosion SAM SRV SRP SRC SWW
 Brickwork DB MB MM Large/ Micro/Smooth
 Lining None UFDE UFD WF UFB
 Photo # (s)
WALL
 Material(s) (78) Coat/Liner (80) BR RCP NC C Depth (79) ft
 DEFFECTS in Wall (For no defects, check "None")
 I/I None IR IG Stain
 Corrosion SAM SRV SRP SRC SWW
 Brickwork DB MB MM Large/ Micro/Smooth
 Lining None UFDE UFD WF UFB
 Photo # (s)
BENCH, CHANNEL, STEPS
 Bench Present (82) Y N Channel Installed (85) Y N
 Number of Steps (89) 0 Step Material (90) Metal Plastic Brick Other

Required Photos
01 White Board 1694
02 Location 1695
03 Surf Down Taken Above Rim 1696
04 Surf Down Taken Below Rim 1697
05 Drainage Inlet Location/ Path from MH 1699

Note: No manhole
 deteriorated

N/A

SKL-H

MH Number

191



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.05ft	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	7:30	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.08	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	3	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.98	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

Inspection Level (38) 1 2
 Purpose B (N Investig.) C
 Pre-clean (23) N Y
 MH Sealed? before: Y N after: Y N
 Sheet No. (6) 1
 MH Number (1) 192
 Date (8) 2014-01-14
 Time (9) 13:50
 Certificate (2) 100802
 Inspection Status (36) SI NF SD BM
 DI NO NA NI Traff
 Surveyor's Name (1) Sanket
 Penetration/Scratch (ST) Results 2 3 4 NA
 Rating 2 3 4 NA
 Inches 0
 6 o'clock 0
 12 o'clock 0
 Rim to Invert (14) ft 4.40
 Wall Diameter (length/width) (77) ft 4 /
 Street Address (Number and Name) (10) 3059 Canyon Rd
 Location Code (26) A G F D C
 City (11) Burlingame Hills SMD
 Surface Type (28) AS CO CC GD GR ZZ
 MH Type (30) AMH ACOM AIB
 MH Use (17) SS (Sanitary)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 25 /
 Shape (40) C
 Type (44) Solid Vented
 Material (43) CAS
 Condition(s) (61) Sound Missing Cracked Corroded Coated
 Offset Distance (63) in 0
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Missing Broken Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal
 Photo #(s)
FRAME
 Material (57) CAS
 Condition(s) (61) Sound Missing Cracked Corroded Coated
 Seal Condition (62) Inflow (64) None IW ID IR IG Stain
 Adjustment Ring Type(s) Material(s) (54) Condition(s) Sound Cracked
 Photo #(s)
CHIMNEY
 Material(s) (66) Coat/Liner (70) NC C
 BR RCP
 Depth (69) ft
 DEFECTS in Chimney (For no defects, check "None")
 I/I (67) None SRI SSS SAV SAP
 Corrosion SAM SRV SRP SRC SANW
 Brickwork DB MB MM Lurelay Misc/Smooth
 Other Defect: Lining None EFDE LFD WF LFB
 Photo #(s)
CONE
 Material(s) (73) Coat/Liner (75) NC C
 BR RCP
 Depth (74) ft 3.56
 DEFECTS in Cone (For no defects, check "None")
 I/I None SRI SSS SAV SAP
 Corrosion SAM SRV SRP SRC SANW
 Brickwork DB MB MM Lurelay Misc/Smooth
 Other Defect: Lining None EFDE LFD WF LFB
 Photo #(s)
WALL
 Material(s) (78) Coat/Liner (80) NC C
 BR RCP
 Depth (79) ft
 DEFECTS in Wall (For no defects, check "None")
 I/I None SRI SSS SAV SAP
 Corrosion SAM SRV SRP SRC SANW
 Brickwork DB MB MM Lurelay Misc/Smooth
 Other Defect: Lining None EFDE LFD WF LFB
 Photo #(s)
BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 3
 Step Material (90) Metal Plastic Brick Other

02-20.9
8
8

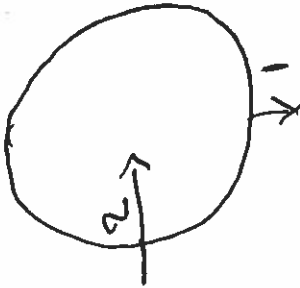
Next to the creek

Required Photos	01 White Board	1700
	02 Location	1701
	03 Surf Down Taken Above Rim	1702
	04 Surf Down Taken Below Rim	1703
	05 Drainage Inlet Location/ Path from MH	1704

SK...H

MH Number

192



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.36	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.36	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AMH ACOM AUB

MH Type (30) AS CO CC GD GR ZZ

Surface Type (28)

Surveyor's Name (1) Skated

Purpose B (W/ Investg.)

Pre-clean (23) N Y

MH Sealed? before: Y/W after: Y/W

Sheet No. (6) 1

MH Number (1) 194

Date (8) 11/11/2011

Time (9) 13:30

Inspection Status (36) SI NF NO SD BM DI NA NI Traffic

Penetration/Scratch (ST) Results 2 3 4 NA

Rating 2 3 4 NA

Rim to Invert (14) 4.70 ft Rim to Grade (16) 0 ft Wall Diameter (length/width) (77) 31 inches

Location Code (26) A G F D C

City (11) Burlingame Hills SMD

Street Address (Number and Name) (10) 3059 Canyon Rd

Cross Street or Location Details (12) Right before Drive way

Additional Inspection Information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 27 1/4 in Material (43) CAS Shape (40) C Type (44) Solid Vented # 2 (46) include pick holes

FRAME
 Material (57) CAS Condition(s) (61) Sound Missing Cracked Corroded Broken Coated

CHIMNEY
 Material(s) (66) BR RCP Coat/Liner (70) NC C Depth (69) N/A ft

CONCRETE
 Material(s) (73) BR RCP Coat/Liner (75) NC C Depth (74) 4.44 ft Type (72) Flat/Slab Concentric Eccentric

WALL
 Material(s) (78) BR RCP Coat/Liner (80) NC C Depth (79) N/A ft

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N Channel Installed (85) Y N Number of Steps (89) 0 Step Material (90) Metal Plastic Brick Other

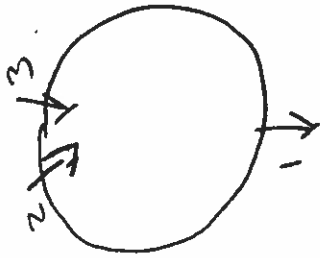
Required Photos	Photo #
01 White Board	1705
02 Location	1706
03 Surf Down Taken Above Rim	1707
04 Surf Down Taken Below Rim	1709
05 Drainage Inlet Location/Path from MH	1710

02-20-9
0
0
0

SKL.H

MH Number

194



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.48	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
2	11	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.60	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.64	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AMH ACOM AIB

MH Type (28) AS GD GR ZZ

Inspection Level (38) 1 2

Purpose B/M

Pre-clean (23) N Y

MH Sealed? before: Y N after: Y N

Sheet No. (6) 1

MH Number 199

Time (9) 24hr 11-10

Inspector's Name (1) Bk/EM

Date (8) 2011/1/28

Inspection Status (36) S NF NO NA Ni Traffic

Penetration/Scratch (ST) Results 2 3 4 NA

Rating 2 3 4 NA

Additional inspection information (27)

Gross Street or Location Details (12) Canyon Rd.

Street Address (Number and Name) (10) 130 Tiptoe Ln

City (11) Burlingame Hills SMD

Location Code (26) A G F D C

Rim to Invert (14) Rim to Grade (16) ft 3.9 ft - .1

Wall Diameter (length/w/dth) (77) ft 3 / -

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER

Size (41/42) in 25 1/4

Material (43) CAS

Shape (40) C

Type (44) Solid Vented

Fit (49) G U O R

Cover Condition(s) (50) Sound Corroded Cracked Broken

Insert Type (51) Condition (52) None Plastic Metal

Photo # (s)

FRAME

Material (57) CAS

Condition(s) (61) Sound Missing Cracked Broken

Offset Distance (63) in 0

Seal Condition (62) Inflow (64) None check one: IW ID IR IG Stain

Adjustment Ring Type(s) Material(s) (54) Condition(s) CAS

Photo # (s)

CHIMNEY

Material(s) (66) BR RCP NC C

Coat/Liner (70) NC C

Depth (68) ft 1.2

Other Defect: Lining None LFO LFD WF LFB

Photo # (s) 922

CONE

Material(s) (73) BR RCP NC C

Coat/Liner (75) NC C

Depth (74) ft 3.1

Other Defect: Lining None LFO LFD WF LFB

Photo # (s)

WALL

Material(s) (78) BR RCP NC C

Coat/Liner (80) NC C

Depth (79) ft

Other Defect: Lining None LFO LFD WF LFB

Photo # (s)

Required Photos

01 White Board 923

02 Location 921

03 Surf Down Taken Above Rim 918

04 Surf Down Taken Below Rim 919

05 Drainage Inlet Location/ Path from MH 920

BENCH, CHANNEL, STEPS

Bench Present (82) Y N

Channel Installed (85) Y N

Number of Steps (89) 0

Step Material (90) Metal Plastic Brick Other

N/A

MH Number
199



N →

PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97)	Width (98)	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.0	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	10	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.7	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17)
 SS (Sanitary)
 Other

MH Type (30)
 ANM
 ACOM
 AIB

Surface Type (28)
 AS
 CO
 CC
 GD
 GR
 ZZ

Inspection Level (38)
 1
 2

Purpose (39)
 B (N)
 Other

Pre-clean (23)
 N
 Y

MH Sealed?
 before: Y/ N
 after: Y/ N

Sheet No. (6) 1

MH Number (1) 202

Date (8) 2/11/28

Time (9) 9:30

Inspection Status (36)
 SI
 NF
 DI
 NO
 NA
 NI Traffic

Penetration/Scratch (ST) Results
 6 o'clock: 2
 12 o'clock: 3

Additional Inspection Information (27)
 Canyon Rd.

Surveyor's Name (1) BK/RM

City (11) Burlingame Hills SMD

Street Address (Number and Name) (10) 140 Tiptoe

Rim to Invert (14) ft 7.8
Wall Diameter (length/width) (77) ft 51-

Location Code (26)
 A
 F
 C

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 25 1/4
 Material (43) CAS
 Shape (40) SC
 Type (44) Solid
 Fit (49) G U
 Cover Condition(s) (50) Corroded
 Insert Type (51) Condition (52) Sound
 Photo # (s)

FRAME
 Material (57) CAS
 Condition(s) (61) Missing
 Offset Distance (63) in 0
 Seal Condition (62) Inflow (64) None
 Adjustment Ring Type(s) Material(s) Condition(s) (55) CAS
 Photo # (s)

CHIMNEY
 Material(s) (66) Coat/Liner (70) NC
 Depth (69) ft
 DEFECTS IN CHIMNEY (For no defects, check "None")
 Corrosion: None, SRI, SSS, SAV, SAP
 Brickwork: OB, MB, MM, Lined/Manufactured

CONE
 Material(s) (73) Coat/Liner (75) NC
 Depth (74) ft
 DEFECTS IN CONE (For no defects, check "None")
 Corrosion: None, SRI, SSS, SAV, SAP
 Brickwork: DB, MB, MM, Lined/Manufactured

WALL
 Material(s) (78) Coat/Liner (80) NC
 Depth (79) ft 6.2
 DEFECTS IN WALL (For no defects, check "None")
 Corrosion: None, SRI, SSS, SAV, SAP
 Brickwork: DB, MB, MM, Lined/Manufactured

BENCH, CHANNEL, STEPS
 Bench Present (82) Y
 Channel Installed (85) Y
 Number of Steps (89) 0
 Step Material (90) Metal, Plastic, Brick, Other

Required Photos
 01 White Board 897
 02 Location 898, 904
 03 Surf Down Taken Above Rim 895
 04 Surf Down Taken Below Rim 896
 05 Drainage Inlet Location/Path from MH 898

MH Number
202



PIPE CONNECTIONS										
REQUIRED					OPTIONAL					
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	7.8	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	7.8	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AS CO CC ANR ACOM AIB ZZ
MH Type (30) GD GR ZZ
Surface Type (28) AS CO CC
Inspection Level (38) 1 2
Purpose (39) 6 (in) 12 (in)
Pre-clean (23) N Y
MH Sealed? before: Y/ N after: Y/ N
Sheet No. (6) 1
MH Number (1) 203
Date (8) 11/28
Time (9) 11:20
Inspection Status (36) SI NF SD BM DI NO NA NI Traff
Penetration/Scratch (ST) Results Rating: 2 3 4 NA 2 3 4 NA
Additional Inspection Information (27) Canyon Rd.
Street Address (Number and Name) (10) 130 Tipton Ln
City (11) Burlingame Hills SMD
Location Code (26) A G F D C C
Rim to Invert (14) Rim to Grade (16) ft 0
Wall Diameter (length/width) (72) ft 31-
Rim to Invert (14) ft 2-5
Surveys Name (1) BK/EM
Certificate (2)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS
COVER
 Size (41/42) in 25 1/4
 Material (43) CAS
 Shape (40) C
 Type (44) Solid Vented # 2 (46)
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Cracked Missing Broken Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal
 Photo #(s)

FRAME
 Material (57) CAS
 Condition(s) (61) Sound Missing Cracked Corroded Broken Coated
 Seal Condition (62) Inflow (64) None Inflow Stain
 Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55) CAS Sound Cracked Adjustable
 Photo #(s)

CHIMNEY
 Material(s) (66) Coat/Liner (70) NC C
 Depth (69) ft .8
 DEFECTS in Chimney (For no defects, check "None")
 I/I (67) None Inflow Stain
 Corrosion SAM SRV SRP SRC SRW
 Brickwork DB MB MM
 Lining None LFDE LFD WF LFB
 Photo #(s) 927, 926

COME
 Material(s) (73) Coat/Liner (75) NC C
 Depth (74) ft 2.1
 DEFECTS in Cone (For no defects, check "None")
 I/I None Inflow Stain
 Corrosion SAM SRV SRP SRC SRW
 Brickwork DB MB MM
 Lining None LFDE LFD WF LFB
 Photo #(s)

WALL
 Material(s) (78) Coat/Liner (80) NC C
 Depth (79) ft
 DEFECTS in Wall (For no defects, check "None")
 I/I None Inflow Stain
 Corrosion SAM SRV SRP SRC SRW
 Brickwork DB MB MM
 Lining None LFDE LFD WF LFB
 Photo #(s)

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 0
 Step Material (90) Metal Plastic Brick Other

Required Photos
 01 White Board 929
 02 Location 928
 03 Surf Down Taken Above Rim 924
 04 Surf Down Taken Below Rim 925
 05 Drainage Inlet Location/ Path from MH 928

MH Number

203



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97)	Width (98)	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.7	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	1.8	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	3	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.3	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) MH Type (30) CAS CO CC GD GR ZZ
 Surface Type (28) CAS CO CC GD GR ZZ
 Rim to Invert (14) 5.4 ft R to Grade (16) 4.1 ft W Diameter (length/width) (77) 41-
 Location Code (26) A G F D C City (11) Burlingame Hills SMD Buringame Hills SMD
 Street Address (Number and Name) (10) 155 Tiptoe Ln Canyon Rd.
 Penetration/Scratch (ST) Results 2 3 4 NA 2 3 4 NA
 Inspection Status (36) SI NF NO SD BM NA NI Traff
 Pre-clean (23) N Y Certificate (2) _____
 Purpose B (M) _____
 Inspection Level (38) 1 2
 Surveyor's Name (1) BK/PM
 Pre-cleaned? Y N before: _____ after: _____
 Date (8) 2011/1/28 Time (9) 9:50
 Sheet No. (6) 1 MH Number (7) 205
 Additional Inspection Information (27) _____

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

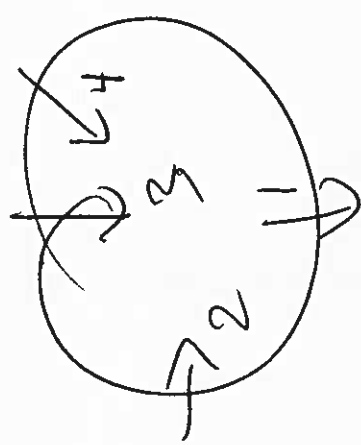
COVER
 Size (41/42) in 25 1/4 Material (43) CAS Shape (40) C Type (44) Solid Vented # (46) _____
 Condition(s) (61) Sound Missing Corroded Coated
 Offset Distance (63) in 0
FRAME
 Material (57) CAS Condition(s) (51) Sound Poor Fit Cracked
 Insert Type (51) None Plastic Metal
 Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55) CAS Cracked
 Seal Condition (62) Inflow (64) None Inflow Stain
CHIMNEY
 Material(s) (66) Coat/Liner (70) NC C Depth (69) 1.8
 Material(s) (73) Coat/Liner (75) NC C Depth (74) 4.6
CONE
 Material(s) (78) Coat/Liner (80) NC C Depth (79) _____
 Material(s) (178) Coat/Liner (80) NC C Depth (79) _____
WALL
 Material(s) (178) Coat/Liner (80) NC C Depth (79) _____
 Material(s) (178) Coat/Liner (80) NC C Depth (79) _____
DEFECTS IN CHIMNEY (For no defects, check "None")
 I/I (67) None SRI SSS SAV SAP
 Corrosion SAM SRV SRP SRC SRW
 Brickwork DB MB MM Lumpy/Manufactured
 Lining None UFDE UFD WF UFB
DEFECTS IN CONE (For no defects, check "None")
 I/I None SRI SSS SAV SAP
 Corrosion SAM SRV SRP SRC SRW
 Brickwork DB MB MM Lumpy/Manufactured
 Lining None UFDE UFD WF UFB
DEFECTS IN WALL (For no defects, check "None")
 I/I None SRI SSS SAV SAP
 Corrosion SAM SRV SRP SRC SRW
 Brickwork DB MB MM Lumpy/Manufactured
 Lining None UFDE UFD WF UFB
Required Photos
 01 White Board 903
 02 Location 902
 03 Surf Down Taken Above Rim 899
 04 Surf Down Taken Below Rim 900
 05 Drainage Inlet Location/ Path from MH 901

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N Channel Installed (85) Y N
 Number of Steps (89) 3 Step Material (90) Metal Brick Plastic Other

NA

MH Number

205



U →

PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Floor Main) <input type="checkbox"/> LB (Lateral)	5.6	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Floor Main) <input type="checkbox"/> LB (Lateral)	5.1	<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input checked="" type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Floor Main) <input type="checkbox"/> LB (Lateral)	5.3	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
4	2	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Floor Main) <input type="checkbox"/> LB (Lateral)	5.4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Floor Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Floor Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Floor Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

Inspection Level (38)
 1 2

Purpose
 B (V) C

Pre-clean (23)
 N Y

MH Sealed?
 before: Y N
 after: Y N

MH Use (17)
 SS (Sanitary) Other

MH Type (30)
 AS CO CC GD GR ZZ

Surface Type (28)
 AS CO CC GD GR ZZ

Inspection No. (6) 1 **Sheet No. (6)** 1 **MH Number (1)** 206

Date (8) 2011/1/28 **Time (9)** 10:00

Surveyor's Name (1) Bk/KM

Inspection Status (36)
 SI NF SD BM
 DI NO NA NI Traff

Penetration/Scratch (ST) Results
 6 o'clock: 2 3 4 NA
 12 o'clock: 2 3 4 NA

Additional Inspection Information (27)

Street Address (Number and Name) (10) 140 Tiptoe Ln. Canyon Rd.

City (11) Burlingame Hills SMD

Location Code (26)

Rim to Invert (14) Rim to Grade (16) ft 4.5 ft 0

Wall Diameter (length/width) (77) ft 31-

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 28 1/4 in Material (43) CAS Shape (40) C Type (44) Solid Vented # 2 (46) through post holes

FRAME
 Material (57) CAS Condition(s) (61) Missing Corroded Coated Offset Distance (63) in 0 Seal Condition (62) Inflow (64) None check one: IW ID IR IG / Slab

CHIMNEY
 Material(s) (66) Coat/Liner (70) NC C Depth (69) ft 1.0

CONE
 Material(s) (73) Coat/Liner (75) NC C Depth (74) ft 3.9

WALL
 Material(s) (78) Coat/Liner (80) NC C Depth (79) ft

DEFFECTS IN CHIMNEY (For no defects, check "None")
 1/1 (67) None check one: IW ID IR IG / Slab
 Corrosion: None SAM SRV SRP SRC SRW
 Brickwork: DB MB MM Lining/ Manholes
 Lining: None LFDE LFD WF LFB

DEFFECTS IN CONE (For no defects, check "None")
 1/1 None check one: IW ID IR IG / Slab
 Corrosion: None SAM SRV SRP SRC SRW
 Brickwork: DB MB MM Lining/ Manholes
 Lining: None LFDE LFD WF LFB

DEFFECTS IN WALL (For no defects, check "None")
 1/1 None check one: IW ID IR IG / Slab
 Corrosion: None SAM SRV SRP SRC SRW
 Brickwork: DB MB MM Lining/ Manholes
 Lining: None LFDE LFD WF LFB

Required Photos
 01 White Board 908
 02 Location 909
 03 Surf Down Taken Above Rim 905
 04 Surf Down Taken Below Rim 906
 05 Drainage Inlet Location/ Path from MH 909

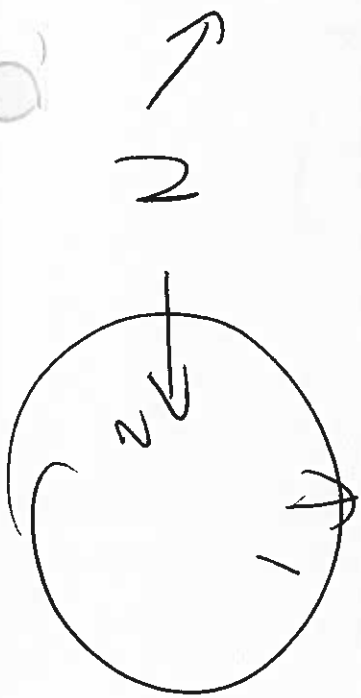
BENCH, CHANNEL, STEPS
 Bench Present (82) Y N Channel Installed (85) Y N

Number of Steps (89) 3

Step Material (90) Metal Plastic Brick Other

MH Number

206



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.6	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input checked="" type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	3	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.4	<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input checked="" type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

Inspection Level (38)
 1
 2

Pre-clean (23)
 N
 Y

MH Sealed?
 before: Y/ N
 after: Y/ N

MH Use (17)
 SS (Sanitary)
 Other

MH Type (30)
 AS
 CO
 CC
 GD
 GR
 ZZ

Surface Type (28)
 AS
 CO
 CC
 GD
 GR
 ZZ

Rim to Invert (14) Rim to Grade (16) Wall Diameter (length/width) (77)
 ft - / ft

Penetration/Scratch (ST) Results
 6 o'clock: 1 2 3 4 NA
 12 o'clock: 1 2 3 4 NA

Inspection Status (36)
 SI
 DI
 SD
 NA
 NI Traff

Location Code (26)
 A
 F
 C

City (11)
 Burlingame Hills SMD

Street Address (Number and Name) (10)
 96 Tiptoe Ln. Canyon Rd.

Inspection Level (38)
 1
 2

Pre-clean (23)
 N
 Y

MH Sealed?
 before: Y/ N
 after: Y/ N

MH Use (17)
 SS (Sanitary)
 Other

MH Type (30)
 AS
 CO
 CC
 GD
 GR
 ZZ

Surface Type (28)
 AS
 CO
 CC
 GD
 GR
 ZZ

Rim to Invert (14) Rim to Grade (16) Wall Diameter (length/width) (77)
 ft - / ft

Penetration/Scratch (ST) Results
 6 o'clock: 1 2 3 4 NA
 12 o'clock: 1 2 3 4 NA

Inspection Status (36)
 SI
 DI
 SD
 NA
 NI Traff

Location Code (26)
 A
 F
 C

City (11)
 Burlingame Hills SMD

Street Address (Number and Name) (10)
 96 Tiptoe Ln. Canyon Rd.

Inspection Level (38)
 1
 2

Pre-clean (23)
 N
 Y

MH Sealed?
 before: Y/ N
 after: Y/ N

MH Use (17)
 SS (Sanitary)
 Other

MH Type (30)
 AS
 CO
 CC
 GD
 GR
 ZZ

Surface Type (28)
 AS
 CO
 CC
 GD
 GR
 ZZ

Rim to Invert (14) Rim to Grade (16) Wall Diameter (length/width) (77)
 ft - / ft

Penetration/Scratch (ST) Results
 6 o'clock: 1 2 3 4 NA
 12 o'clock: 1 2 3 4 NA

Inspection Status (36)
 SI
 DI
 SD
 NA
 NI Traff

Location Code (26)
 A
 F
 C

City (11)
 Burlingame Hills SMD

Street Address (Number and Name) (10)
 96 Tiptoe Ln. Canyon Rd.

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in: 21/16 in
 Material (43): CAS
 Shape (40): C Rect
 Type (44): Solid Vented
 Fit (49): G U O R
 Cover Condition(s) (50): Sound Corroded Missing Bolts Missing
 Insert Type (51) Condition (52): None Plastic Metal
 Photo #(s):

FRAME
 Material (57): CAS
 Condition(s) (61): Sound Missing Corroded Coated
 Seal Condition (62) Inflow (64): None Inflow to IR Inflow to IG Inflow to Stain
 Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55): CAS Sound Cracked Adjustable
 Photo #(s):

CHIMNEY
 Material(s) (66) Coat/Liner (70): BR RCP NC C
 Depth (69): ft
 I/I (67): None SRI SSS SAV SAP
 Corrosion: SAM SRV SRP SRC SRW
 Brickwork: DB MB MM
 Other Defect: Lining: None LFOE LFD WF LFB
 Photo #(s):

CONE
 Material(s) (73) Coat/Liner (75): BR RCP NC C
 Depth (74): ft
 I/I: None SRI SSS SAV SAP
 Corrosion: SAM SRV SRP SRC SRW
 Brickwork: DB MB MM
 Other Defect: Lining: None LFOE LFD WF LFB
 Photo #(s):

WALL
 Material(s) (78) Coat/Liner (80): BR RCP NC C
 Depth (79): ft
 I/I: None SRI SSS SAV SAP
 Corrosion: SAM SRV SRP SRC SRW
 Brickwork: DB MB MM
 Other Defect: Lining: None LFOE LFD WF LFB
 Photo #(s):

DEFFECTS IN CHIMNEY (For no defects, check "None")
 I/I (67): None SRI SSS SAV SAP
 Corrosion: SAM SRV SRP SRC SRW
 Brickwork: DB MB MM
 Other Defect: Lining: None LFOE LFD WF LFB
 Photo #(s):

DEFFECTS IN CONE (For no defects, check "None")
 I/I: None SRI SSS SAV SAP
 Corrosion: SAM SRV SRP SRC SRW
 Brickwork: DB MB MM
 Other Defect: Lining: None LFOE LFD WF LFB
 Photo #(s):

DEFFECTS IN WALL (For no defects, check "None")
 I/I: None SRI SSS SAV SAP
 Corrosion: SAM SRV SRP SRC SRW
 Brickwork: DB MB MM
 Other Defect: Lining: None LFOE LFD WF LFB
 Photo #(s):

BENCH, CHANNEL, STEPS
 Bench Present (82): Y N
 Channel Installed (85): Y N
 Number of Steps (89):
 Step Material (90): Metal Plastic Brick Other

Required Photos
01 White Board 917
02 Location 914
03 Surf Down Taken Above Rim 915
04 Surf Down Taken Below Rim 913
05 Drainage Inlet Location/ Path from MH 914

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AMH ACOM AIB GD GR ZZ AS CO CC

Inspection Level (38) 1 2 N Y

Purpose: B/W Pre-clean (23) N Y

MH Sealed? before: Y N after: Y N

Sheet No. (6) 1 MH Number I 210

Date (8) 11/1/28 Time (9) 10:40

Inspector Status (36) SI NF NO NI DI BM NA NI Traff

Penetration/Scratch (ST) Results: 1 2 3 4 NA 1 2 3 4 NA

Surveyor's Name (1) RM/BK

Certificate (2)

Rim to Invert (14) ft -2 ft Wall Diameter (length/width) (77) ft - f

Location Code (26) A G F D C

City (11) 96 Tiptoe Ln

Street Address (Number and Name) (10) 96 Tiptoe Ln

Cross Street or Location Details (12) Canyon Rd.

Additional Inspection Information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 41 in Material (43) CAS Shape (40) C Type (44) Solid Vented # (46) Fit (49) G O U O O R Cover Condition(s) (50) Sound Corroded Cracked Broken Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked Photo #(s)

FRAME
 Material (57) CAS Condition(s) (61) Sound Cracked Broken Offset Distance (63) in Seal Condition (62) Inflow (64) None check one: IW ID IR IG Stain Adjustment Ring Type(s) Material(s) Condition(s) CAS Sound Cracked Photo #(s)

CHIMNEY
 Material(s) (66) Coat/Liner (70) BR RCP NC C Depth (69) ft Defects in Chimney (For no defects, check "None") I/I (67) None check one: IW ID IR IG Stain Corrosion SAM SRV SSS SRP SRC SAW Brickwork DB MB MM Liner/Manhole Other Defect: Lining None LPDE LFD WF LPB Photo #(s)

CONE
 Material(s) (73) Coat/Liner (75) BR RCP NC C Depth (74) ft Defects in Cone (For no defects, check "None") I/I (76) None check one: IW ID IR IG Stain Corrosion SAM SRV SSS SRP SRC SAW Brickwork DB MB MM Liner/Manhole Other Defect: Lining None LPDE LFD WF LPB Photo #(s)

WALL
 Material(s) (78) Coat/Liner (80) BR RCP NC C Depth (79) ft Defects in Wall (For no defects, check "None") I/I (81) None check one: IW ID IR IG Stain Corrosion SAM SRV SSS SRP SRC SAW Brickwork DB MB MM Liner/Manhole Other Defect: Lining None LPDE LFD WF LPB Photo #(s)

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N Channel Installed (85) Y N Step Material (90) Metal Plastic Brick Other

Required Photos
01 White Board 9/6
02 Location 9/2
03 Surf Down Taken Above Rim 9/1
04 Surf Down Taken Below Rim 9/1
05 Drainage Inlet Location/ Path from MH 9/2

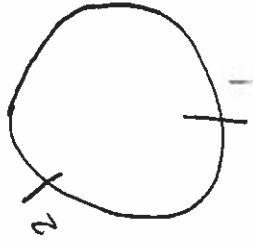
MANHOLE INSPECTION FORM

Inspection Level (38) 1 2
Purpose B (1) Inves N Y
Pre-clean (23) N Y
Inspection Level (38) 1 2
Surveyor's Name (1) Adrian R.
Certificate (2) _____
MH Use (17) SS (Sanitary) _____
MH Type (30) AWH ACOM AUB _____
Surface Type (28) AS CO CC GD GR TZ
Rim to Invert (14) ft 4.1
Rim to Grade (16) ft 1.5
Wall Diameter (length/width) (77) 6 o'clock 0 inches Rating 2 3 4 NA
Penetration/Scratch (ST) Results SI NF SD 8M
 D NO NA NI Traff
Location Code (26) A G F D C
City (11) Burlingame Hills SMD
Street Address (Number and Name) (10) 916 TITRAE LN Canyon Rd
Additional Inspection Information (27) gas 2019
Inspection Status (36) SI NF SD 8M
 D NO NA NI Traff
Inspection Level (38) 1 2
Purpose B (1) Inves N Y
Pre-clean (23) N Y
Inspection Level (38) 1 2
Surveyor's Name (1) Adrian R.
Certificate (2) _____
MH Use (17) SS (Sanitary) _____
MH Type (30) AWH ACOM AUB _____
Surface Type (28) AS CO CC GD GR TZ
Rim to Invert (14) ft 4.1
Rim to Grade (16) ft 1.5
Wall Diameter (length/width) (77) 6 o'clock 0 inches Rating 2 3 4 NA
Penetration/Scratch (ST) Results SI NF SD 8M
 D NO NA NI Traff
Location Code (26) A G F D C
City (11) Burlingame Hills SMD
Street Address (Number and Name) (10) 916 TITRAE LN Canyon Rd
Additional Inspection Information (27) gas 2019
Inspection Status (36) SI NF SD 8M
 D NO NA NI Traff

MANHOLE INSPECTION FORM
COVER
Size (41/42) in 15.1 in
Material (43) CAS
Shape (40) C
Type (44) Solid
Fit (49) G O U
 G O U
 Cracked Missing Bolts Missing
Insert Type (51) Condition (52) None Plastic Metal
 Sound Poor Fit Cracked
Photo # (s) _____
FRAME
Material (57) CAS
Condition (s) (63) Sound Missing Corroded Coated
 Cracked Broken
Seal Condition (62) Inflow (64) None Solid Adjustable
 IV ID IR IG Stain
Adjustment Ring Type (53) Material (54) Condition (55) CAS Sound Cracked
 None Adjustable
Photo # (s) _____
CHIMNEY
Material (s) (66) NC C
Coat/Liner (70) NC C
Depth (69) ft N/A
DEFFECTS IN CHIMNEY (For no defects, check "None")
1/1 (67) None SAM SRV SRP SRC SANV
 SRI SSS SAV SAP
 IR IG Stain
Corrosion None SAM SRV SRP SRC SANV
 SRI SSS SAV SAP
 IR IG Stain
Brickwork DB MB MM Lugs/Small
 None LFDE LFD WF LFB
Other Defect: Lining
 None LFDE LFD WF LFB
Photo # (s) _____
CONE
Material (s) (73) NC C
Coat/Liner (75) NC C
Depth (74) ft 3.5
DEFFECTS IN CONE (For no defects, check "None")
1/1 None SAM SRV SRP SRC SANV
 SRI SSS SAV SAP
 IR IG Stain
Corrosion None SAM SRV SRP SRC SANV
 SRI SSS SAV SAP
 IR IG Stain
Brickwork DB MB MM Lugs/Small
 None LFDE LFD WF LFB
Other Defect: Lining
 None LFDE LFD WF LFB
Photo # (s) _____
WALL
Material (s) (78) NC C
Coat/Liner (80) NC C
Depth (79) ft N/A
DEFFECTS IN WALL (For no defects, check "None")
1/1 None SAM SRV SRP SRC SANV
 SRI SSS SAV SAP
 IR IG Stain
Corrosion None SAM SRV SRP SRC SANV
 SRI SSS SAV SAP
 IR IG Stain
Brickwork DB MB MM Lugs/Small
 None LFDE LFD WF LFB
Other Defect: Lining
 None LFDE LFD WF LFB
Photo # (s) _____
BENCH, CHANNEL, STEPS
Material (81) _____
Channel Installed (85) Y N
Bench Present (82) Y N
Number of Steps (89) 0
Step Material (90) Metal Plastic Brick Other

Required Photos
01 White Board 2040
02 Location 2041
03 Surf Down Taken Above Rim 2042
04 Surf Down Taken Below Rim 2043
05 Drainage Inlet Location/ Path from MH 2044

MH Number
211



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition [101]	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.3	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	10	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.3	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

Inspection Level (38) 1 2
 Purpose B (In Lines) C
 Pre-clean (23) N Y
 MH Sealed? before: Y N after: Y N
 Sheet No. (6) 1
 MH Number (7) 212
 Time (9) 1230
 Date (8) 11/01/20
 Inspection Status (36) SI NF SD BM DI NO NA NI Traff
 Surveyor's Name (1) AIR
 Certificate (2)
 Penetration/Scratch (ST) Results: 2 3 4 NA
 Rating: 2 3 4 NA
 Inches: 0 0
 6 o'clock: 0
 12 o'clock: 0
 Rim to Invert (14) ft 0
 Wall Diameter (length/width) (77) r N/A
 Location Code (26) A G F D C
 City (11) Burlingame Hills SMD
 Street Address (Number and Name) (10) 25 Tulip Ct
 Cross Street or Location Details (12) Tiptoe Ln
 Additional Inspection Information (27) Fence over MH, unable to open
 20 20.9

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in /
 Shape (40) N/A
 Type (44) Solid Vented
 # (46)
 Material (43) CAS
 Condition (s) (61) Sound Missing Cracked Corroded Broken Coated
 Offset Distance (63) in
FRAME
 Material (57) CAS
 Condition (s) (61) Sound Missing Cracked Corroded Broken Coated
 Inflow (64) None IR IG Stain
 Seal Condition (62) Sound Cracked
 Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55) CAS
CHIMNEY
 Material(s) (66) Coat/Liner (70) BR RCP NC C
 Depth (69) ft
CONE
 Material(s) (73) Coat/Liner (75) BR RCP NC C
 Depth (74) ft
WALL
 Material(s) (78) Coat/Liner (80) BR RCP NC C
 Depth (79) ft

DEFECTS IN CHIMNEY (For no defects, check "None")
 I/I (67) None SRI SRV SSS SAV SAP
 IR IG Stain
 Corrosion SAM SRV SRP SRC SRAW
 Brickwork DB MB MM MMS
 Lining None LFDE LFD WF LFB
 Photo #(s)
DEFECTS IN CONE (For no defects, check "None")
 I/I None SRI SRV SSS SAV SAP
 IR IG Stain
 Corrosion SAM SRV SRP SRC SRAW
 Brickwork DB MB MM MMS
 Lining None LFDE LFD WF LFB
 Photo #(s)
DEFECTS IN WALL (For no defects, check "None")
 I/I None SRI SRV SSS SAV SAP
 IR IG Stain
 Corrosion SAM SRV SRP SRC SRAW
 Brickwork DB MB MM MMS
 Lining None LFDE LFD WF LFB
 Photo #(s)

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel installed (85) Y N
 Number of Steps (89)
 Step Material (90) Metal Plastic Brick Other
 N/A

Required Photos

01 White Board	
02 Location	2055, 2056
03 Surf Down Taken Above Rim	
04 Surf Down Taken Below Rim	
05 Drainage Inlet Location/ Path from MH	

M. HOLE INSPECTION FORM

Inspection Level (38) 1 2
 Purpose B (1) Ins N Y
 Pre-clean (23) N Y
 MH Sealed? Y N
 Sheet No. (6) 1
 MH Number 1 213
 Time (9) 24hr 1045
 before: Y N Y
 after: Y N Y
 Date (8) 2011-01-20
 Inspection Status (36) SI NF SD BM
 DI NO NA Ni Traff
 Penetration/Scratch (ST) Results 2 3 4 NA
 Rating 2 3 4 NA
 Additional inspection information (27) jos 20.9
 Cross Street or Location Details (12) Coupon Rd
 Street Address (Number and Name) (10) 90 Tiptoe Ln
 City (11) Burlingame
 Hills SMD

Inspection Level (38) 1 2
 Purpose B (1) Ins N Y
 Pre-clean (23) N Y
 MH Sealed? Y N
 Sheet No. (6) 1
 MH Number 1 213
 Time (9) 24hr 1045
 before: Y N Y
 after: Y N Y
 Date (8) 2011-01-20
 Inspection Status (36) SI NF SD BM
 DI NO NA Ni Traff
 Penetration/Scratch (ST) Results 2 3 4 NA
 Rating 2 3 4 NA
 Additional inspection information (27) jos 20.9
 Cross Street or Location Details (12) Coupon Rd
 Street Address (Number and Name) (10) 90 Tiptoe Ln
 City (11) Burlingame
 Hills SMD

COVER
 Size (43/42) in 21.5 / 18
 Material (43) CAS
 Shape (40) C
 Type (44) Solid
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Cracked Missing Broken Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal
 Photo #(s)

FRAME
 Material (57) CAS
 Condition(s) (61) Sound Cracked Broken
 Offset Distance (63) in 0
 Seal Condition (62) Inflow (64) None TW ID IR IG Stain
 Adjustment Ring Type(s) (65) Material(s) (64) Condition(s) CAS None Solid Adjustable
 Photo #(s)

CHIMNEY
 Material(s) (66) Coat/Liner (70) NC C
 Depth (69) ft N/A
 Other Defect: Lining None LFDE LFD WF LFB
 Photo #(s)

CONE
 Material(s) (73) Coat/Liner (75) NC C
 Depth (74) ft 4.5
 Other Defect: Lining None LFDE LFD WF LFB
 Photo #(s)

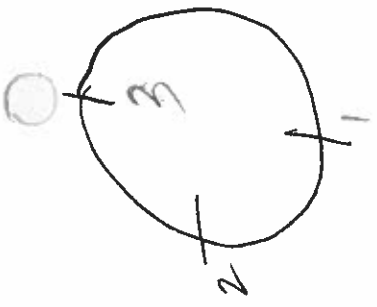
WALL
 Material(s) (78) Coat/Liner (80) NC C
 Depth (79) ft N/A
 Other Defect: Lining None LFDE LFD WF LFB
 Photo #(s)

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 0
 Step Material (90) Metal Plastic Brick Other

Required Photos
01 White Board 2030
02 Location 2031
03 Surf Down Taken Above Rim 2032
04 Surf Down Taken Below Rim 2033
05 Drainage Inlet Location/ Path from MH 2034

MH Number

213



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.5	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.0	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AMH ACOM AIR AS CO CC GD GR Z

Inspection Level (38) 1 2 **Purpose** B/W Investig. Pre-clean (23) N Y **Certificate (2)**

MH Number (1) 216 **Sheet No. (6)** 1 **MH Sealed?** before: Y N after: Y N **Date (8)** 2011/1/24 **Time (9)** 15:00

Surveys Name (1) BK/RM **Inspection Status (36)** SI NF SD BM DI NO NA NI Traff

Penetration/Scratch (ST) Results 2 3 4 NA 1 2 3 4 NA **Rating** 2 3 4 NA

Rim to Invert (14) ft 4.8 **Rim to Grade (16)** ft 4.1 **Wall Diameter (length/width) (77)** ft 4.1 **Inches** 6 o'clock 12 o'clock

Location Code (26) A G F D C **City (11)** Burlingame Hills SMD **Cross Street or Location Details (12)** Tiara Ct.

Street Address (Number and Name) (10) 3030 Canyon Rd. **Additional Inspection Information (27)**

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 27 3/4 **Material (43)** CAS **Shape (40)** C **Type (44)** Solid Vented **Fit (49)** G U O R **Cover Condition(s) (50)** Sound Corroded Cracked Missing Broken Bolts Missing **Insert Type (51) Condition (52)** None Plastic Metal Sound Poor Fit Cracked **Photo #(s)** N/A

FRAME
Material (57) CAS **Condition(s) (61)** Sound Missing Cracked Broken Coated **Offset Distance (63)** in 0 **Seal Condition (62) Inflow (64)** None Inflow ID IR IG Stain **Adjustment Ring Type(s) Material(s) (54) Condition(s)** None Solid Cracked Adjustable **Photo #(s)**

CHIMNEY
Material(s) (66) Coat/Liner (70) BR NC C **Depth (69)** ft 1.7 **DEFFECTS IN CHIMNEY (For no defects, check "None")**
 I/I: None Inflow ID IR IG Stain **Corrosion** SAM SRV SRP SRC SMW SAP **Brickwork** DB MB MM Lumpy/Spall None LFDE LFD WF LFB **Photo #(s)** 1745

CONE
Material(s) (73) Coat/Liner (75) BR NC C **Depth (74)** ft 4.3 **DEFFECTS IN CONE (For no defects, check "None")**
 I/I: None Inflow ID IR IG Stain **Corrosion** SAM SRV SRP SRC SMW SAP **Brickwork** DB MB MM Lumpy/Spall None LFDE LFD WF LFB **Photo #(s)**

WALL
Material(s) (78) Coat/Liner (80) BR NC C **Depth (79)** ft **DEFFECTS IN WALL (For no defects, check "None")**
 I/I: None Inflow ID IR IG Stain **Corrosion** SAM SRV SRP SRC SMW SAP **Brickwork** DB MB MM Lumpy/Spall None LFDE LFD WF LFB **Photo #(s)**

BENCH, CHANNEL, STEPS
Bench Present (82) Y N **Channel Installed (85)** Y N **Number of Steps (89)** 0 **Step Material (90)** Metal Plastic Brick Other

Required Photos
 01 White Board 1740
 02 Location 7741
 03 Surf Down Taken Above Rim 1742
 04 Surf Down Taken Below Rim 1744
 05 Drainage Inlet Location/ Path from MH 1746

20.7
 0
 0
 0

N/A

SKL JH

MH Number

216



PIPE CONNECTIONS

Pipe Number (91)	REQUIRED				OPTIONAL						
	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)	
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OL (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)	4.6	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	
2	11:30	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OL (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)	4.85	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	
3	4	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OL (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)	5.25	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OL (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective	
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OL (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective	
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OL (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective	

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary)
MH Type (30) AS CO CC GD GR ZZ
Rim to Invert (14) 5.28 ft Rim to Grade (16) Wall Diameter (length/width) (77) 4 / 1 ft
Location Code (26) A G F D C
City (11) Burlingame Hills SMD
Street Address (Number and Name) (10) 3028 Canyon Rd
Penetration/Scratch (ST) Results 2 3 4 NA
Inspection Status (36) SI NF DI NO
Additional Inspection Information (27)
Pre-clean (23) N Y
Purpose B I/A Investigat
Surveyor's Name (1) Sanket Sagar
Certificate #21 100802
Inspection Level (38) 1 2
MH Sealed? before: Y M after: Y M
Sheet No. (6) 1
Date (8) 1/11/2014
MH Number (1) 217
Time (9) 15:00

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 22 3/4 in **Material (43)** CAS **Shape (40)** C **Type (44)** Solid **Fit (49)** G O U **Cover Condition(s) (50)** Corroded **Insert Type (51) Condition (52)** None Sound Plastic Metal Poor Fit Cracked **Photo #(s)**

FRAME
Material (57) CAS **Condition(s) (61)** Sound Missing Cracked Corroded Coated **Offset Distance (63)** in 0 **Seal Condition (62) Inflow (64)** None Cracked **Adjustment Ring Type(s) (54) Material(s) (54) Condition(s)** CAS Sound Cracked Adjustable **Photo #(s)**

CHIMNEY
Material(s) (66) Coat/Liner (70) NC C **Depth (69)** ft **DEFFECTS in Chimney (For no defects, check "None")**
 I/I None SRI SSS SAV SAP SAM SRV SRP SRC SMW **Corrosion** DB MB MM Lining None LPDE LFO WF LFB **Photo #(s)**

CONE
Material(s) (73) Coat/Liner (75) NC C **Depth (74)** ft 2.94 **DEFFECTS in Cone (For no defects, check "None")**
 I/I None IW ID IR IG Stain SAM SRV SRP SRC SMW **Corrosion** DB MB MM Lining None LPDE LFD WF LFB **Photo #(s)** 1752

WALL
Material(s) (78) Coat/Liner (80) NC C **Depth (79)** ft **DEFFECTS in Wall (For no defects, check "None")**
 I/I None IW ID IR IG Stain SAM SRV SRP SRC SMW **Corrosion** DB MB MM Lining None LPDE LFD WF LFB **Photo #(s)**

BENCH, CHANNEL, STEPS
Bench Present (82) Y N **Channel Installed (85)** Y N **Number of Steps (89)** 0 **Step Material (90)** Metal Plastic Brick Other

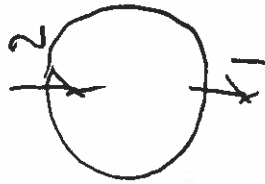
Roots
 4th - 10th
 Baffles

02-20-9
0
0
0

SKL...H

MH Number

217



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.34	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.28	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) MH Type (28) AS CO CC GD GR ZZ

Inspection Level (38) 1 2 Purpose: B (1/2) Investigate Pre-clean (23) N Y Y Y

MH Number (6) **218** Sheet No. (6) **1** MH Sealed? before: Y N after: Y N

Time (9) **14:10** Date (8) **11/01/14**

Surveyor's Name (1) **Sanket Sagor** Certificate (2) **100802**

Rim to Invert (14) **5.64** ft Rim to Grade (16) **4** ft Wall Diameter (length/width) (77) **4** ft

Penetration/Scratch (ST) Results **2 3 4 NA** **2 3 4 NA**

Location Code (26) A G F D C City (11) **3037 Canyon Rd** Burlingame Hills SMD

Street Address (Number and Name) (10) **3037 Canyon Rd** Cross Street or Location Details (12) **Right opposite fire hydrant # 132**

Additional Inspection Information (27) **Right opposite fire hydrant # 132**

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in **27 1/4** Material (43) CAS Shape (40) C Type (44) Solid Vented # **7** (46) Fit (49) G U O R Cover Condition(s) (50) Sound Corroded Cracked Broken Missing Bolts Missing Insert Type (51) Condition (52) Sound Poor Fit Cracked Photo #(s)

FRAME
 Material (57) CAS Condition(s) (61) Sound Missing Cracked Broken Coated Offset Distance (63) **in 0** Seal Condition (62) Inflow (64) None circle one: IW ID IR IG Stain Adjustment Ring Type(s) Material(s) (54) Condition(s) (55) Sound Cracked CAS Adjustable Photo #(s)

CHIMNEY
 Material(s) (66) BR RCP Coat/Liner (70) NC C Depth (69) **ft** DEFECTS IN CHIMNEY (For no defects, check "None")
 I/I (67) None circle one: IW ID IR IG Stain SAM SRV SRP SRC SAW SAP SMW Corrosion Brickwork DB MB MM Lining None LFDE LFD WF LFB Photo #(s)

CONE
 Material(s) (73) BR RCP Coat/Liner (75) NC C Depth (74) **ft 5.82** DEFECTS IN CONE (For no defects, check "None")
 I/I None circle one: IW ID IR IG Stain SAM SRV SRP SRC SAW SAP SMW Corrosion Brickwork DB MB MM Lining None LFDE LFD WF LFB Photo #(s) **1725**

WALL
 Material(s) (78) BR RCP Coat/Liner (80) NC C Depth (79) **ft** DEFECTS IN WALL (For no defects, check "None")
 I/I None circle one: IW ID IR IG Stain SAM SRV SRP SRC SAW SAP SMW Corrosion Brickwork DB MB MM Lining None LFDE LFD WF LFB Photo #(s)

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N Channel Installed (85) Y N Number of Steps (89) **0** Step Material (90) Metal Plastic Brick Other

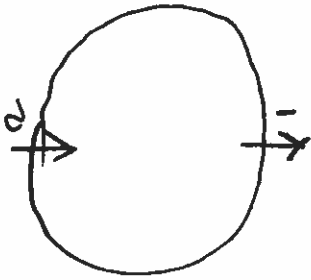
02-20-8
 -0
 -0
 -0

check the bottom

SK-H

MH Number

218



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OA (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.62	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OA (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.68	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	3	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OA (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OA (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OA (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OA (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OA (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) MH Type (30) ANH ACCOM AUB
 Inspection Level (38) 1 2 Purpose B (N/A Investigate) Pre-clean (23) N Y
 Sheet No. (6) 1 MH Sealed? before: Y N after: Y N
 Date (8) 2011-01-17 Time (9) 24hr 1015
 Certificate (21) Surveyor's Name (1) Achan
 Penetration/Scratch (ST) Results SI SD NI NF NO NI Traff
 Rating 2 3 4 NA 2 3 4 NA
 Additional Inspection Information (27) gas 20.6
 Rim to Invert (14) 4.8 ft 0 ft Wall Diameter (length/width) (77) 41 ft
 Location Code (26) City (11) 3 Tiara Ct Buringame Hills SMD
 Street Address (Number and Name) (10) Canyon RL
 Cross Street or Location Details (12)

Required Photos
01 White Board 1793
02 Location 1783
03 Surf Down Taken Above Rim 1784
04 Surf Down Taken Below Rim 1785
05 Drainage Inlet Location/ Path from MH 1786

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 21.75 / Material (43) CAS Shape (40) C Type (44) Solid Vented # 2 (46)
 Fit (49) G U O R Cover Condition(s) (50) Corroded Missing Broken Sound Cracked Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked
 Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55) CAS Sound Cracked
 Seal Condition (62) Inflow (64) None circle one IW ID IR IG Stain
 Condition(s) (61) Offset Distance (63) Sound Missing Corroded Coated in 0

CHIMNEY
 Material(s) (66) Coat/Liner (70) NC C Depth (69) ft
 DEFECTS In Chimney (For no defects, check "None")
 I/I (67) None SRI SSS SAV SAP SAM SRV SRP SRC SMW
 Corrosion
 Brickwork DB MB MM Lumpy/ Mottled/Slimy
 Lining None LFDE LFD WF LFB
 Photo #(s)

CONE
 Material(s) (73) Coat/Liner (75) NC C Depth (74) ft 4.3
 DEFECTS In Cone (For no defects, check "None")
 I/I None SRI SSS SAV SAP SAM SRV SRP SRC SMW
 Corrosion
 Brickwork DB MB MM Lumpy/ Mottled/Slimy
 Lining None LFDE LFD WF LFB
 Photo #(s)

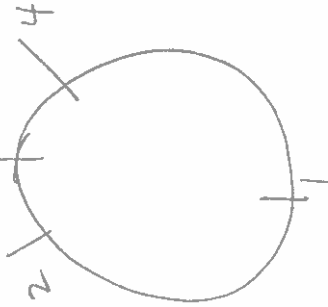
WALL
 Material(s) (78) Coat/Liner (80) NC C Depth (79) ft
 DEFECTS In Wall (For no defects, check "None")
 I/I None SRI SSS SAV SAP SAM SRV SRP SRC SMW
 Corrosion
 Brickwork DB MB MM Lumpy/ Mottled/Slimy
 Lining None LFDE LFD WF LFB
 Photo #(s)

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N Channel Installed (85) Y N
 Number of Steps (89) 3 Step Material (90) Metal Plastic Brick Other

SI...CH

MH Number

219



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.7	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	11	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.5	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.7	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
4	1	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

Inspection Level (38) 1 2
Pre-clean (23) N Y
MH Sealed? before: Y N after: Y N
Inspection Status (36) SI NF SD BM
 DI NO NA NI Traff

Inspection Level (38) 1 2
Pre-clean (23) N Y
MH Sealed? before: Y N after: Y N
Inspection Status (36) SI NF SD BM
 DI NO NA NI Traff

Inspection Level (38) 1 2
Pre-clean (23) N Y
MH Sealed? before: Y N after: Y N
Inspection Status (36) SI NF SD BM
 DI NO NA NI Traff

Inspection Level (38) 1 2
Pre-clean (23) N Y
MH Sealed? before: Y N after: Y N
Inspection Status (36) SI NF SD BM
 DI NO NA NI Traff

Inspection Level (38) 1 2
Pre-clean (23) N Y
MH Sealed? before: Y N after: Y N
Inspection Status (36) SI NF SD BM
 DI NO NA NI Traff

Inspection Level (38) 1 2
Pre-clean (23) N Y
MH Sealed? before: Y N after: Y N
Inspection Status (36) SI NF SD BM
 DI NO NA NI Traff

Inspection Level (38) 1 2
Pre-clean (23) N Y
MH Sealed? before: Y N after: Y N
Inspection Status (36) SI NF SD BM
 DI NO NA NI Traff

Inspection Level (38) 1 2
Pre-clean (23) N Y
MH Sealed? before: Y N after: Y N
Inspection Status (36) SI NF SD BM
 DI NO NA NI Traff

Inspection Level (38) 1 2
Pre-clean (23) N Y
MH Sealed? before: Y N after: Y N
Inspection Status (36) SI NF SD BM
 DI NO NA NI Traff

Inspection Level (38) 1 2
Pre-clean (23) N Y
MH Sealed? before: Y N after: Y N
Inspection Status (36) SI NF SD BM
 DI NO NA NI Traff

Inspection Level (38) 1 2
Pre-clean (23) N Y
MH Sealed? before: Y N after: Y N
Inspection Status (36) SI NF SD BM
 DI NO NA NI Traff

Inspection Level (38) 1 2
Pre-clean (23) N Y
MH Sealed? before: Y N after: Y N
Inspection Status (36) SI NF SD BM
 DI NO NA NI Traff

Inspection Level (38) 1 2
Pre-clean (23) N Y
MH Sealed? before: Y N after: Y N
Inspection Status (36) SI NF SD BM
 DI NO NA NI Traff

Inspection Level (38) 1 2
Pre-clean (23) N Y
MH Sealed? before: Y N after: Y N
Inspection Status (36) SI NF SD BM
 DI NO NA NI Traff

Inspection Level (38) 1 2
Pre-clean (23) N Y
MH Sealed? before: Y N after: Y N
Inspection Status (36) SI NF SD BM
 DI NO NA NI Traff

Inspection Level (38) 1 2
Pre-clean (23) N Y
MH Sealed? before: Y N after: Y N
Inspection Status (36) SI NF SD BM
 DI NO NA NI Traff

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in: 215 / in
 Material (43): CAS
 Shape (40): C
 Type (44): Solid
 Condition (50): Sound
 Corrosion (52): None, Poor Fit, Cracked

FRAME
 Material (57): CAS
 Condition (61): Sound, Missing, Corroded, Coated
 Offset Distance (63): in 0
 Seal Condition (62) Inflow (64): None, circle one: IW, ID, IR, IG, Stain

CHIMNEY
 Material(s) (66): BR, RCP
 Coat/Liner (70): NC, C
 Depth (69): ft
 Type (72): Flat/Slab, Concentric, Eccentric

CONE
 Material(s) (73): BR, RCP
 Coat/Liner (75): NC, C
 Depth (74): ft 3.7
 Type (72): Flat/Slab, Concentric, Eccentric

WALL
 Material(s) (78): BR, RCP
 Coat/Liner (80): NC, C
 Depth (79): ft
 Type (72): Flat/Slab, Concentric, Eccentric

BENCH, CHANNEL, STEPS
 Bench Present (82): Y N
 Channel Installed (85): Y N
 Number of Steps (89): 1
 Step Material (90): Metal Plastic Brick Other

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in: 215 / in
 Material (43): CAS
 Shape (40): C
 Type (44): Solid
 Condition (50): Sound
 Corrosion (52): None, Poor Fit, Cracked

FRAME
 Material (57): CAS
 Condition (61): Sound, Missing, Corroded, Coated
 Offset Distance (63): in 0
 Seal Condition (62) Inflow (64): None, circle one: IW, ID, IR, IG, Stain

CHIMNEY
 Material(s) (66): BR, RCP
 Coat/Liner (70): NC, C
 Depth (69): ft
 Type (72): Flat/Slab, Concentric, Eccentric

CONE
 Material(s) (73): BR, RCP
 Coat/Liner (75): NC, C
 Depth (74): ft 3.7
 Type (72): Flat/Slab, Concentric, Eccentric

WALL
 Material(s) (78): BR, RCP
 Coat/Liner (80): NC, C
 Depth (79): ft
 Type (72): Flat/Slab, Concentric, Eccentric

BENCH, CHANNEL, STEPS
 Bench Present (82): Y N
 Channel Installed (85): Y N
 Number of Steps (89): 1
 Step Material (90): Metal Plastic Brick Other

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in: 215 / in
 Material (43): CAS
 Shape (40): C
 Type (44): Solid
 Condition (50): Sound
 Corrosion (52): None, Poor Fit, Cracked

FRAME
 Material (57): CAS
 Condition (61): Sound, Missing, Corroded, Coated
 Offset Distance (63): in 0
 Seal Condition (62) Inflow (64): None, circle one: IW, ID, IR, IG, Stain

CHIMNEY
 Material(s) (66): BR, RCP
 Coat/Liner (70): NC, C
 Depth (69): ft
 Type (72): Flat/Slab, Concentric, Eccentric

CONE
 Material(s) (73): BR, RCP
 Coat/Liner (75): NC, C
 Depth (74): ft 3.7
 Type (72): Flat/Slab, Concentric, Eccentric

WALL
 Material(s) (78): BR, RCP
 Coat/Liner (80): NC, C
 Depth (79): ft
 Type (72): Flat/Slab, Concentric, Eccentric

BENCH, CHANNEL, STEPS
 Bench Present (82): Y N
 Channel Installed (85): Y N
 Number of Steps (89): 1
 Step Material (90): Metal Plastic Brick Other

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in: 215 / in
 Material (43): CAS
 Shape (40): C
 Type (44): Solid
 Condition (50): Sound
 Corrosion (52): None, Poor Fit, Cracked

FRAME
 Material (57): CAS
 Condition (61): Sound, Missing, Corroded, Coated
 Offset Distance (63): in 0
 Seal Condition (62) Inflow (64): None, circle one: IW, ID, IR, IG, Stain

CHIMNEY
 Material(s) (66): BR, RCP
 Coat/Liner (70): NC, C
 Depth (69): ft
 Type (72): Flat/Slab, Concentric, Eccentric

CONE
 Material(s) (73): BR, RCP
 Coat/Liner (75): NC, C
 Depth (74): ft 3.7
 Type (72): Flat/Slab, Concentric, Eccentric

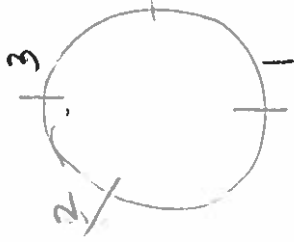
WALL
 Material(s) (78): BR, RCP
 Coat/Liner (80): NC, C
 Depth (79): ft
 Type (72): Flat/Slab, Concentric, Eccentric

BENCH, CHANNEL, STEPS
 Bench Present (82): Y N
 Channel Installed (85): Y N
 Number of Steps (89): 1
 Step Material (90): Metal Plastic Brick Other

SK. H

MH Number

220



PIPE CONNECTIONS

Pipe Number (91)	REQUIRED			OPTIONAL						
	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.8	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.7	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
4	0	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
5		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
6		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
7		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

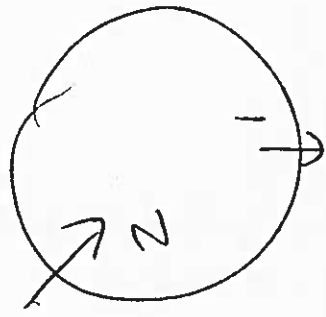
MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AMH ACOM AJP GD GR ZZ
 Surface Type (28) AS CO CC GD GR ZZ
 MH Type (30) AMH ACOM AJP
 Inspector's Name (11) **BK/RM**
 Certificate (2) _____
 Pre-clean (23) N Y Y
 Purpos: B (W) _____
 Inspection Level (38) 1 2
 Sheet No. (6) **1** MH Number **221**
 Date (8) **11/1/27** Time (9) **9:20**
 before: **Y/N** after: **Y/N**
 Inspection Status (36) SI NF SD BM DI NO NA NI Traff
 Penetration/Scratch (ST) Results **2 3 4 NA** **2 3 4 NA**
 6 o'clock **0** inches Rating **2 3 4 NA**
 12 o'clock **0** inches
 Cross Street or Location Details (12) **Summit Dr**
 Location Code (26) A G F D C C
 City (11) **Burlingame Hills SMD**
 Street Address (Number and Name) (10) **200 Glen Allen**
 Rim to Invert (14) **ft 5.8** Rim to Grade (16) **ft 5.1** Wall Diameter (length/width) (77) **ft 3**
 Additional Inspection Information (27) _____

COVER		FRAME		CHIMNEY		CONE		WALL	
Size (41/42) in	Material (43)	Condition(s) (61)	Offset Distance (63)	Material(s) (66)	Coat/Liner (70)	Material(s) (67)	Seal Condition (62) Inflow (64)	Material(s) (73)	Coat/Liner (80)
in	<input checked="" type="checkbox"/> CAS <input type="checkbox"/>	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken	in	<input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP	<input checked="" type="checkbox"/> NC <input type="checkbox"/> C	<input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP	<input checked="" type="checkbox"/> None <input type="checkbox"/> IW ID IR IG Stain	<input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP	<input checked="" type="checkbox"/> NC <input type="checkbox"/> C
Fit (49)	Cover Condition(s) (50)	Insert Type (51) Condition (52)	Photo #(s)	Fit (49)	Corrosion	Other Defect: Lining	Adjustment Ring Type(s) (54) Condition(s)	Fit (49)	Corrosion
<input checked="" type="checkbox"/> G <input type="checkbox"/> O <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken	<input checked="" type="checkbox"/> None <input type="checkbox"/> Plastic <input type="checkbox"/> Metal		<input checked="" type="checkbox"/> G <input type="checkbox"/> O <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R	<input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP	<input type="checkbox"/> None <input type="checkbox"/> UFE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> UFB	<input checked="" type="checkbox"/> None <input type="checkbox"/> Solid <input type="checkbox"/> Adjustable	<input checked="" type="checkbox"/> None <input type="checkbox"/> UFE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> UFB	<input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP
Type (44)	Shape (40)	Penetration/Scratch (ST) Results	Photo #(s)	Type (44)	Depth (69)	Other Defect: Lining	Adjustment Ring Type(s) (54) Condition(s)	Type (44)	Depth (79)
<input checked="" type="checkbox"/> Solid <input type="checkbox"/> Yented <input type="checkbox"/> #3 (46)	C	2 3 4 NA 2 3 4 NA		<input checked="" type="checkbox"/> Solid <input type="checkbox"/> Yented <input type="checkbox"/> #3 (46)	2.5	<input type="checkbox"/> None <input type="checkbox"/> UFE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> UFB	<input checked="" type="checkbox"/> None <input type="checkbox"/> Solid <input type="checkbox"/> Adjustable	<input checked="" type="checkbox"/> Solid <input type="checkbox"/> Yented <input type="checkbox"/> #3 (46)	ft
Material(s) (66)	Coat/Liner (70)	Penetration/Scratch (ST) Results	Photo #(s)	Material(s) (66)	Depth (69)	Other Defect: Lining	Adjustment Ring Type(s) (54) Condition(s)	Material(s) (66)	Coat/Liner (70)
<input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP	<input checked="" type="checkbox"/> NC <input type="checkbox"/> C	2 3 4 NA 2 3 4 NA		<input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP	5.2	<input type="checkbox"/> None <input type="checkbox"/> UFE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> UFB	<input checked="" type="checkbox"/> None <input type="checkbox"/> Solid <input type="checkbox"/> Adjustable	<input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP	<input checked="" type="checkbox"/> NC <input type="checkbox"/> C
Material(s) (73)	Coat/Liner (75)	Penetration/Scratch (ST) Results	Photo #(s)	Material(s) (73)	Depth (74)	Other Defect: Lining	Adjustment Ring Type(s) (54) Condition(s)	Material(s) (73)	Coat/Liner (75)
<input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP	<input checked="" type="checkbox"/> NC <input type="checkbox"/> C	2 3 4 NA 2 3 4 NA		<input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP	ft	<input type="checkbox"/> None <input type="checkbox"/> UFE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> UFB	<input checked="" type="checkbox"/> None <input type="checkbox"/> Solid <input type="checkbox"/> Adjustable	<input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP	<input checked="" type="checkbox"/> NC <input type="checkbox"/> C
Material(s) (78)	Coat/Liner (80)	Penetration/Scratch (ST) Results	Photo #(s)	Material(s) (78)	Depth (79)	Other Defect: Lining	Adjustment Ring Type(s) (54) Condition(s)	Material(s) (78)	Coat/Liner (80)
<input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP	<input checked="" type="checkbox"/> NC <input type="checkbox"/> C	2 3 4 NA 2 3 4 NA		<input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP	ft	<input type="checkbox"/> None <input type="checkbox"/> UFE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> UFB	<input checked="" type="checkbox"/> None <input type="checkbox"/> Solid <input type="checkbox"/> Adjustable	<input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP	<input checked="" type="checkbox"/> NC <input type="checkbox"/> C
Bench Present (82)	Channel Installed (85)	Penetration/Scratch (ST) Results	Photo #(s)	Bench Present (82)	Channel Installed (85)	Other Defect: Lining	Adjustment Ring Type(s) (54) Condition(s)	Bench Present (82)	Channel Installed (85)
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	2 3 4 NA 2 3 4 NA		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> None <input type="checkbox"/> UFE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> UFB	<input checked="" type="checkbox"/> None <input type="checkbox"/> Solid <input type="checkbox"/> Adjustable	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Number of Steps (89)	Step Material (90)	Penetration/Scratch (ST) Results	Photo #(s)	Number of Steps (89)	Step Material (90)	Other Defect: Lining	Adjustment Ring Type(s) (54) Condition(s)	Number of Steps (89)	Step Material (90)
1	<input checked="" type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Brick <input type="checkbox"/> Other	2 3 4 NA 2 3 4 NA		1	<input checked="" type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Brick <input type="checkbox"/> Other	<input type="checkbox"/> None <input type="checkbox"/> UFE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> UFB	<input checked="" type="checkbox"/> None <input type="checkbox"/> Solid <input type="checkbox"/> Adjustable	1	<input checked="" type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Brick <input type="checkbox"/> Other

N/A

MH Number
221



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.9	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	10	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.7	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) MH Type (30) AWH ACOM AIB

Inspection Level (38) 1 2 Purpose B (M) Pre-clean (23) N Y Y N

Sheet No. (6) MH Sealed? before: Y N after: Y N

Date (8) Time (9)

Certificate (2)

Surveyor's Name (1)

Surface Type (28) AS CO CC GD GR ZZ

Rim to Invert (14) Rim to Grade (16) Wall Diameter (length,width) (77)

Penetration/Scratch (ST) Results

Inspection Status (36) SI NF SD BM DI NO NA NI Traff

Additional inspection information (27)

Location Code (26) A G F D C City (31)

Street Address (Number and Name) (10)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (43/42) in Material (43) CAS Shape (40) C Type (44) Solid Vented # 2 (46) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Condition(s) (61) Sound Missing Cracked Broken Corroded Coated Offset Distance (63)

Seal Condition (62) Inflow (64) None IW IR IS Stain

Cover Condition(s) (50) Sound Corroded Cracked Missing Broken Bolts Missing

Insert Type (51) Condition (52) None Plastic Metal

Adjustment Ring Type (53) Material (54) Condition (55) CAS Sound Cracked Adjustable

FRAME
 Material (57) CAS Photo # (s)

CHIMNEY
 Material(s) (66) Coat/Liner (70) BR RCP NC C Depth (69)

DEFECTS IN CHIMNEY (For no defects, check "None")
 I/I (67) None SRI SSS SAV SAP SAM SRV SRP SRC SANV Corrosion DB MB MM Lumpy Misaligned Brickwork Lining None LFDE LFD WF LFB Other Defect:

CONE
 Material(s) (73) Coat/Liner (75) BR RCP NC C Depth (74)

DEFECTS IN CONE (For no defects, check "None")
 I/I None SRI SSS SAV SAP SAM SRV SRP SRC SANV Corrosion DB MB MM Lumpy Misaligned Brickwork Lining None LFDE LFD WF LFB Other Defect:

WALL
 Material(s) (78) Coat/Liner (80) BR RCP NC C Depth (79)

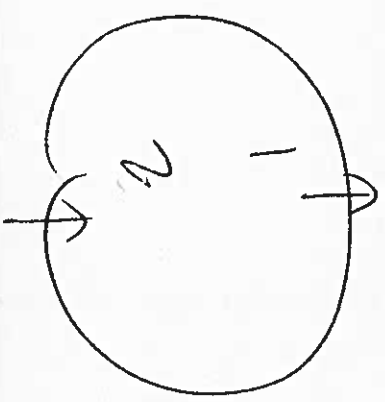
DEFECTS IN WALL (For no defects, check "None")
 I/I None SRI SSS SAV SAP SAM SRV SRP SRC SANV Corrosion DB MB MM Lumpy Misaligned Brickwork Lining None LFDE LFD WF LFB Other Defect:

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N Channel Installed (85) Y N Step Material (90) Metal Plastic Brick Other

Number of Steps (89)

Required Photos
01 White Board <input type="text" value="863"/>
02 Location <input type="text" value="862"/> <input type="text" value="864"/>
03 Surf Down Taken Above Rim <input type="text" value="858"/>
04 Surf Down Taken Below Rim <input type="text" value="857"/>
05 Drainage Inlet Location/ Path from MH <input type="text" value="862"/>

MH Number
222



PIPE CONNECTIONS

REQUIRED

OPTIONAL

Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97)	Width (98)	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.6	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.4	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary)
 MH Type (30) AIR ACOM AIB
 Surface Type (28) AS CO CC GD GR Z
 Inspection Level (38) 1 2
 Purpose B (10) Inves.
 Pre-clean (23) N Y
 MH Sealed? Y N
 Sheet No. (6) 1
 MH Number (1) 223
 Certificate (2)
 Surveyor's Name (1) *Adrian*
 Date (8) *2014-01-20*
 Time (9) *1100*
 24hr *1100*
 Inspection Status (36) SI NF SD BM D NO NA NI Traff
 Penetration/Scratch (ST) Results
 6 o'clock 0 3 4 NA
 12 o'clock 0 3 4 NA
 Inches Rating
 Additional Inspection Information (27) *gas 20.9*
 Cross Street or Location Details (12) *Canyon*
 Street Address (Number and Name) (10) *90 Tipton Ln*
 City (11) *Hills SMD*
 Location Code (26) A G F D C
 Burlingame Hills SMD
 Rim to Invert (14) *5.3* ft
 Rim to Grade (16) *1.0* ft
 Wall Diameter (length/width) (77) *4* ft
 City (11) *Hills SMD*
 Street Address (Number and Name) (10) *90 Tipton Ln*

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

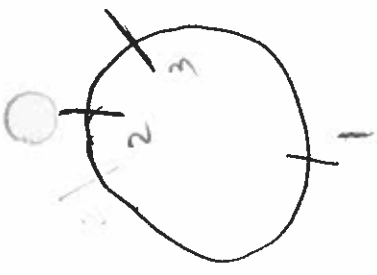
COVER
 Size (41/42) in *15* in
 Material (43) CAS
 Shape (40) C
 Type (44) Solid Vented
 # (46) *2*
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Missing Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal
 Name
 Photo #(s)
FRAME
 Material (57) CAS
 Condition(s) (61) Sound Cracked Broken Missing Corroded Coated
 Offset Distance (63) *0* in
 Seal Condition (62) Inflow (64) None IR Stain
 Adjustment Ring Type(s) Material(s) Condition(s)
 CAS
 Sound Cracked
 Photo #(s)
CHIMNEY
 Material(s) (66) BR RCP
 Coat/Liner (70) NC C
 Depth (69) *N/A* ft
 Type (72) Flat/Slab Concentric Eccentric
CONE
 Material(s) (73) BR RCP
 Coat/Liner (75) NC C
 Depth (74) *4.6* ft
 Type (72) Flat/Slab Concentric Eccentric
WALL
 Material(s) (78) BR RCP
 Coat/Liner (80) NC C
 Depth (79) *N/A* ft
 Type (72) Flat/Slab Concentric Eccentric

DEFFECTS IN CHIMNEY (For no defects, check "None")
 i/i (67) None SRI SSS SAV SAP
 Corrosion SAM SRV SRP SRC SANW
 Brickwork DB MB MM Lumpy/Spall
 Other Defect: Lining None LFDE LFD WF LFB
 Photo #(s)
DEFFECTS IN CONE (For no defects, check "None")
 i/i None SRI SSS SAV SAP
 Corrosion SAM SRV SRP SRC SANW
 Brickwork DB MB MM Lumpy/Spall
 Other Defect: Lining None LFDE LFD WF LFB
 Photo #(s)
DEFFECTS IN WALL (For no defects, check "None")
 i/i None SRI SSS SAV SAP
 Corrosion SAM SRV SRP SRC SANW
 Brickwork DB MB MM Lumpy/Spall
 Other Defect: Lining None LFDE LFD WF LFB
 Photo #(s)
BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) *1*
 Step Material (90) Metal Plastic Brick Other

Required Photos
01 White Board <i>2035</i>
02 Location <i>2036</i>
03 Surf Down Taken Above Rim <i>2037</i>
04 Surf Down Taken Below Rim <i>2038</i>
05 Drainage Inlet Location/ Path from MH <i>2039</i>

MH Number

223



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> PM (Pipes Main) <input type="checkbox"/> LB (Lateral)	5.3	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> PM (Pipes Main) <input type="checkbox"/> LB (Lateral)	5.3	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	1	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> PM (Pipes Main) <input type="checkbox"/> LB (Lateral)	2.7	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input checked="" type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> PM (Pipes Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> PM (Pipes Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> PM (Pipes Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) ANH ACOM AIB

MH/Type (30) AS CO CC GD GR ZZ

Surface Type (28) AS CO CC GD GR ZZ

Rim to Invert (16) ft 6.8 ft 0

Penetration/Scratch (ST) Results: 6 o'clock 2, 12 o'clock 0

Inspection Level (38) 1 2

Purpose B (Invest.) C

Pre-clean (23) N Y

Certificate (2)

Surveyor's Name (1) Adnan R.

Street Address (Number and Name) (10) 240 Glen Aubin

City (11) Burlingame Hills SMD

Location Code (26) A G F B C

City (11) Burlingame Hills SMD

Street Address (Number and Name) (10) 240 Glen Aubin

Inspection Status (36) SI DI NF NO

Additional Inspection Information (27) Gas 2017

Cross Street or Location Details (12) Summit

Inspection Status (36) SI DI NF NO

Additional Inspection Information (27) Gas 2017

MH Number (6) 224

Sheet No. (6) 1

MH Sealed? before: Y after: Y

Date (8) 2011-01-18

Time (9) 1315

24hr

Required Photos	02 Location	03 Surf Down Taken Above Rim	04 Surf Down Taken Below Rim	05 Drainage Inlet Location/Path from MH
01 White Board 1910	1911	1912	1913	1914

COVER

Size (41/42) in 21.5 in

Material (43) CAS

Shape (40) C

Type (44) Solid Vented

Fit (49) G U O R

Cover Condition(s) (50) Sound Cracked Broken

Insert Type (51) Condition (52) None Plastic Metal

Adjustment Ring Type(s) (Material) (54) Condition (55) CAS Solid Adjustable

Seal Condition (62) Inflow (64) None Inflow IR IG Stain

Offset Distance (63) in 0

Condition(s) (61) Sound Missing Cracked Corroded Broken Coated

Material (57) CAS

CHIMNEY

Material(s) (66) Coat/Liner (70) NC C

Depth (69) ft 2.0

DEFFECTS in Chimney (For no defects, check "None")

Corrosion None SRI SSS SAV SAP

Brickwork DB MB MM

Other Defect: Lining None LFDE LFD WF LFB

CONE

Material(s) (73) Coat/Liner (75) NC C

Depth (74) ft 5.5

DEFFECTS in Cone (For no defects, check "None")

Corrosion None SRI SSS SAV SAP

Brickwork DB MB MM

Other Defect: Lining None LFDE LFD WF LFB

WALL

Material(s) (78) Coat/Liner (80) NC C

Depth (79) ft N/A

DEFFECTS in Wall (For no defects, check "None")

Corrosion None SRI SSS SAV SAP

Brickwork DB MB MM

Other Defect: Lining None LFDE LFD WF LFB

BENCH, CHANNEL, STEPS

Bench Present (82) Y N

Channel Installed (85) Y N

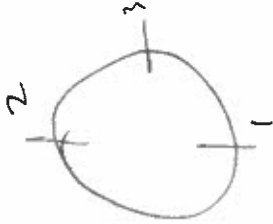
Number of Steps (89) 3

Step Material (90) Metal Plastic Brick Other

SKL CH

MH Number

224



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OK (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.8	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OK (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.6	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	3	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OK (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.5	<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input checked="" type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input checked="" type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OK (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OK (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OK (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

Inspection Level (38) 1 2
Purpose (39) B (N) Investigate C
Pre-clean (23) N Y
MH Sealed? before: Y N after: Y N
Sheet No. (6) 1
MH Number (1) 225
Time (9) 24hr 1330
MH Type (30) AMH ACOM ALB
Surface Type (28) AS CO CC GD GR ZZ
Surveyor's Name (1) Adam R
Certificate (2)
Penetration/Scratch (ST) Results
 6 o'clock 2 3 4 NA
 12 o'clock 2 3 4 NA
Inspection Status (36) SI NF SD BM
 DI NO NA NI Traff
Rim to Invert (14) ft 0
Wall Diameter (length/width) (77) ft 41
Location Code (26) A G F D C
City (11) Burlingame
Street Address (Number and Name) (10) 240 Glen Aulin
Cross Street or Location Details (12) Summit Dr.
Additional Inspection Information (27) 20.9

COVER
 Size (41/42) in 25.5
 Material (43) CAS
 Shape (40) C
 Type (44) Solid Vented
 # (46) 3
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Cracked Broken
 Insert Type (51) Condition (52) None Plastic Metal
 Photo #(s)
FRAME
 Material (57) CAS
 Condition(s) (61) Sound Missing Cracked Broken
 Offset Distance (63) in 0
 Seal Condition (62) Inflow (64) None IW TD IR IG Stain
 Adjustment Ring Type(s) Material(s) Condition(s) CAS Adjustable
 Photo #(s)
CHIMNEY
 Material(s) (66) BR RCP NC C
 Coat/Liner (70) NC C
 Depth (69) ft N/A
 Type (72) Flat/Slab Concentric Eccentric
CONE
 Material(s) (73) BR RCP NC C
 Coat/Liner (75) NC C
 Depth (74) ft 4.9
WALL
 Material(s) (78) BR RCP NC C
 Coat/Liner (80) NC C
 Depth (79) ft N/A

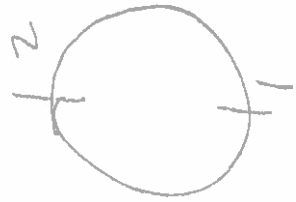
DEFFECTS in Chimney (For no defects, check "None")
 I/I (87) None SRI SSS SAV SAP
 Corrosion SAM SRV SRP SRC SMW
 Brickwork DB MB MM
 Lining None LFDE LFD WF LFB
 Photo #(s)
DEFFECTS in Cone (For no defects, check "None")
 I/I None SRI SSS SAV SAP
 Corrosion SAM SRV SRP SRC SMW
 Brickwork DB MB MM
 Lining None LFDE LFD WF LFB
 Photo #(s)
DEFFECTS in Wall (For no defects, check "None")
 I/I None SRI SSS SAV SAP
 Corrosion SAM SRV SRP SRC SMW
 Brickwork DB MB MM
 Lining None LFDE LFD WF LFB
 Photo #(s)
BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Step Material (90) Metal Plastic Brick Other
 Number of Steps (89) 2

Required Photos
01 White Board 1915
02 Location 1916
03 Surf Down Taken Above Rim 1917
04 Surf Down Taken Below Rim 1918
05 Drainage Inlet Location/ Path from MH 1919

SKL JH

MH Number

225



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.6	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.3	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (1.7) SS (Sanitary) MH Type (30) ANH ACOM AIB GD GR ZZ AS CO CC

Inspection Level (38) 1 2 N Y Pre-clean (23) N Y Certificate (2)

Purpose B (M) C D E F G H I J K L M N O P Q R S T U V W X Y Z

MH Number (6) 226 Sheet No. (6) 1 MH Sealed? before: Y N after: Y N Date (8) 2011/1/27 Time (9) 10:00

Surveyor's Name (3) BK/PM Inspection Status (36) SI NF SD BM DI NO NA NI Traff

Penetration/Scratch (ST) Results 2 3 4 NA inches Rating 2 3 4 NA

Rim to Invert (14) 4.3 ft Rim to Grade (16) 3.1 ft Wall Diameter (length/width) (77) 3.1 ft

Location Code (26) A 4.3 City (11.1) Howland Hill Ln Street Address (Number and Name) (10) Summit Dr. Cross Street or Location Details (12) Boots - 867 Additional Inspection Information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 25 1/2 Material (43) CAS Shape (40) C U R Type (44) Solid Vented # 2 (46) G O R Fit (49) Sound Cracked Broken Corroded Missing Bolts Missing Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked Photo # (s)

FRAME
 Material (57) CAS Condition(s) (61) Sound Cracked Broken Missing Corroded Coated Offset Distance (63) 0 in Seal Condition (62) Inflow (64) None Solid Adjustable CAS Adjustment Ring Type (S3) Material (S4) Condition (S5) Sound Cracked Photo # (s)

CHIMNEY
 Material(s) (66) BR RCP Coat/Liner (70) NC C Depth (69) ft Defects in Chimney (For no defects, check "None")
 Corrosion None SRI SSS SAV SAP SAM SRV SRP SRC SRW Brickwork DB MB MM Lively Metal/Stair Lining None LFDE LFD WF LFB Photo # (s)

CONE
 Material(s) (73) BR RCP Coat/Liner (75) NC C Depth (74) 3.8 ft Defects in Cone (For no defects, check "None")
 Corrosion None SRI SSS SAV SAP SAM SRV SRP SRC SRW Brickwork DB MB MM Lively Metal/Stair Lining None LFDE LFD WF LFB Photo # (s)

WALL
 Material(s) (78) BR RCP Coat/Liner (80) NC C Depth (79) ft Defects in Wall (For no defects, check "None")
 Corrosion None SRI SSS SAV SAP SAM SRV SRP SRC SRW Brickwork DB MB MM Lively Metal/Stair Lining None LFDE LFD WF LFB Photo # (s)

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N Channel Installed (85) Y N Number of Steps (89) 2 Step Material (90) Metal Plastic Brick Other

Required Photos
01 White Board <u>869</u>
02 Location <u>868</u>
03 Surf Down Taken Above Rim <u>865</u>
04 Surf Down Taken Below Rim <u>866</u>
05 Drainage Inlet Location/ Path from MH <u>868</u>

MH Number
226



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (103)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97)	Width (98)	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Flow Main) <input type="checkbox"/> LB (Lateral)	4.5	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Flow Main) <input type="checkbox"/> LB (Lateral)	4.1	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Flow Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Flow Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Flow Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Flow Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

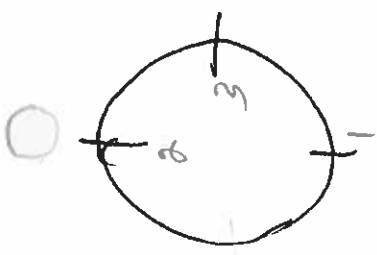
MH Use (17) SS (Sanitary)
 MH Type (30) AS GD GR Z
 Surface Type (28) ACOM CO CC
 Inspection Level (38) 1 2
 Purpose B/M (Inspection)
 Pre-clean (23) N Y
 Certificate (2)
 Surveyor's Name (1) AR
 Rim to Invert (14) Rim to Grade (16) Wall Diameter (length/width) (77) ft 6.0 ft 1.0 R 4 1
 Location Code (26) A G F D C
 City (11) Burlingame Hills SMD
 Street Address (Number and Name) (10) 155 Glen Av
 Penetration/Scratch (ST) Results 2 3 4 NA 2 3 4 NA
 Inspection Status (36) SI DI NF NO SD BM NA NI Traff
 Additional inspection information (27) gas 20.6
 Cross Street or Location Details (12) Summit
 Inspection Status (36) SI DI NF NO SD BM NA NI Traff
 Additional inspection information (27) gas 20.6
 MH Number (1) 227
 Sheet No. (6) 1
 Date (8) 20/1-01-25
 Time (9) 1230
 24hr 1230

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 25.1 in
 Material (43) CAS
 Shape (40) C
 Type (44) Solid Vented
 # (46) 3
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Missing Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal
 Photo #(s)
FRAME
 Material (57) CAS
 Condition(s) (61) Sound Missing Cracked Corroded Coated
 Offset Distance (63) in 0
 Seal Condition (62) Inflow (64) None circle one: IW ID IR IG Stain
 Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55) CAS
 Sound Cracked
 Photo #(s)
CHIMNEY
 Material(s) (66) BR RCP
 Coat/Liner (70) NC C
 Depth (69) ft
 Other Defect: Lining None LFDE LFD WF LFB
 DEFECTS IN CHIMNEY (For no defects, check "None")
 i/v (67) None SRI SSS SAV SAP SRV SRP SRC SARV SAM
 Corrosion None SRI SSS SAV SAP SRV SRP SRC SARV SAM
 Brickwork DB MB MM Lumpy/Manufactured
 Photo #(s)
CONE
 Material(s) (73) BR RCP
 Coat/Liner (75) NC C
 Depth (74) R 6.0
 Type (72) Flat/Slab Concentric Eccentric
 Other Defect: Lining None LFDE LFD WF LFB
 DEFECTS IN CONE (For no defects, check "None")
 i/v None SRI SSS SAV SAP SRV SRP SRC SARV SAM
 Corrosion None SRI SSS SAV SAP SRV SRP SRC SARV SAM
 Brickwork DB MB MM Lumpy/Manufactured
 Photo #(s)
WALL
 Material(s) (78) BR RCP
 Coat/Liner (80) NC C
 Depth (79) ft
 Type (72) N/A
 Other Defect: Lining None LFDE LFD WF LFB
 DEFECTS IN WALL (For no defects, check "None")
 i/v None SRI SSS SAV SAP SRV SRP SRC SARV SAM
 Corrosion None SRI SSS SAV SAP SRV SRP SRC SARV SAM
 Brickwork DB MB MM Lumpy/Manufactured
 Photo #(s)
BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 3
 Step Material (90) Metal Plastic Brick Other

Required Photos
01 White Board <u>2124</u>
02 Location <u>2132</u>
03 Surf Down Taken Above Rim <u>2133</u>
04 Surf Down Taken Below Rim <u>2134</u>
05 Drainage Inlet Location/ Path from MH <u>2135</u>

MH Number
227

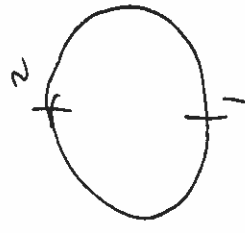


PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.8	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.6	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	3	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.8	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

SKCH

MH Number
228



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.2	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.2	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

Inspection Level (38) 1 2
 Purpose: B (Investig.) N Y
 Pre-clean (23) N Y
 MH Sealed? before: Y CR after: Y CR
 Sheet No. (6) 1
 MH Number (7) 229
 Time (9) 24hr 1255
 Date (8) 2011-01-18
 Inspection Status (36) SI NF SD BM DI NO NA NI Traff
 Surveyor's Name (1) Adam R.
 Penetration/Scratch (ST) Results: 2 3 4 NA
 Rating: 2 3 4 NA
 Inches: 0
 6 o'clock: 0
 12 o'clock: 0
 Street Address (Number and Name) (10) 200 Glen Avlin Summit Dr.
 City (11) Burlingame Hills SMD
 Location Code (26) A G F D C
 Surface Type (28) AS GD CO GR CC ZZ
 Wall Diameter (length/width) (77) ft 41
 Rim to Invert (14) ft 0
 Material (43) CAS
 Shape (40) C S
 Type (44) Solid Vented
 # (46) 2
 Condition(s) (61) Sound Missing Cracked Corroded Broken Coated
 Offset Distance (63) in 0
 Material (57) CAS
 Material (41/42) in 24.5
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Cracked Missing Broken Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal
 Adjustment Ring Type (53) Material (54) Condition (55) CAS None Solid Adjustable
 Seal Condition (62) Inflow (64) None circle one: IW ID IR IG Stain
 Type (72) Flat/Slab Concentric Eccentric
 Depth (69) ft 1.8
 Material (s) (66) Coat/Liner (70) NC C
 Material (s) (73) Coat/Liner (75) NC C
 Depth (74) ft 4.4
 Material (s) (78) Coat/Liner (80) NC C
 Depth (79) ft 7.3
 Additional Inspection Information (27) 945 2016

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

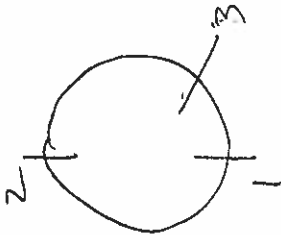
COVER
 Size (41/42) in 24.5
 Shape (40) C S
 Type (44) Solid Vented
 # (46) 2
 Condition(s) (61) Sound Missing Cracked Corroded Broken Coated
 Offset Distance (63) in 0
 Material (57) CAS
 Material (41/42) in 24.5
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Cracked Missing Broken Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal
 Adjustment Ring Type (53) Material (54) Condition (55) CAS None Solid Adjustable
 Seal Condition (62) Inflow (64) None circle one: IW ID IR IG Stain
FRAME
 Material (57) CAS
 Condition(s) (61) Sound Missing Cracked Corroded Broken Coated
 Offset Distance (63) in 0
 Material (57) CAS
 Material (41/42) in 24.5
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Cracked Missing Broken Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal
 Adjustment Ring Type (53) Material (54) Condition (55) CAS None Solid Adjustable
 Seal Condition (62) Inflow (64) None circle one: IW ID IR IG Stain
CHIMNEY
 Material (s) (66) Coat/Liner (70) NC C
 Depth (69) ft 1.8
 Material (s) (73) Coat/Liner (75) NC C
 Depth (74) ft 4.4
 Material (s) (78) Coat/Liner (80) NC C
 Depth (79) ft 7.3
CONCRETE
 Material (s) (66) Coat/Liner (70) NC C
 Depth (69) ft 1.8
 Material (s) (73) Coat/Liner (75) NC C
 Depth (74) ft 4.4
 Material (s) (78) Coat/Liner (80) NC C
 Depth (79) ft 7.3
WALL
 Material (s) (66) Coat/Liner (70) NC C
 Depth (69) ft 1.8
 Material (s) (73) Coat/Liner (75) NC C
 Depth (74) ft 4.4
 Material (s) (78) Coat/Liner (80) NC C
 Depth (79) ft 7.3
DEFECTS IN CHIMNEY (For no defects, check "None")
 Lining: None LFDE LFD WF LFB
 Brickwork: DB MB MM Lined/Slab Missing/Spall
 Corrosion: None SAM SRV SRP SRC SMW
 Seal: None IW ID IR IG Stain
DEFECTS IN CONE (For no defects, check "None")
 Lining: None LFDE LFD WF LFB
 Brickwork: DB MB MM Lined/Slab Missing/Spall
 Corrosion: None SAM SRV SRP SRC SMW
 Seal: None IW ID IR IG Stain
DEFECTS IN WALL (For no defects, check "None")
 Lining: None LFDE LFD WF LFB
 Brickwork: DB MB MM Lined/Slab Missing/Spall
 Corrosion: None SAM SRV SRP SRC SMW
 Seal: None IW ID IR IG Stain
BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 5
 Step Material (90) Metal Plastic Brick Other

Required Photos	02 Location	03 Surf Down Taken Above Rim	04 Surf Down Taken Below Rim	05 Drainage Inlet Location/ Path from MH
01 White Board 1900	190	1902	1903	1904

SK. H

MH Number

229



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OK (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	8.9	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OK (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	7.7	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	5	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OK (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OK (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OK (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OK (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

Inspection Level (38) 1 2
 Purpose B in Inspection Pre-clean (23) N Y
 MH Use (17) SS (Sanitary) MH Type (30) AWH ACOM AIB
 Surface Type (28) AS CO CC GD GR Z
 Rim to Invert (14) ft 2.3 ft 0.5 ft 4 ft
 Wall Diameter (length/width) (77) 6 o'clock 12 o'clock
 Penetration/Scratch (ST) Results 2 3 4 NA SI NF SD BM
 DI NO NA NI Traffic
 Location Code (26) A G F D C
 City (11) Burlingame Hills SMD
 Street Address (Number and Name) (10) 141 Glen Aulin Summit
 Cross Street or Location Details (12)
 Inspection Status (36) SI DI NF NO
 Additional Inspection Information (27) gas 20.7
 Date (8) 2011-11-25
 Time (9) 2:15
 Sheet No. (6) 1
 MH Number 1 230
 MH Sealed? before: Y/69 after: Y/82
 Certificate (2)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 25.0 / 14.0
 Material (43) CAS
 Shape (40) C
 Type (44) Solid Vented # 5 (46)
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Cracked Broken
 Insert Type (51) Condition (52) None Plastic Metal
 Photo #(s)

FRAME
 Material (57) CAS
 Condition(s) (61) Sound Missing Cracked Broken
 Offset Distance (63) in 0
 Seal Condition (62) Inflow (64) None Solid Adjustable
 Adjustment Ring Type(s) Material(s) Condition(s) (55) CAS Sound Cracked
 Photo #(s)

CHIMNEY
 Material(s) (66) BR RCP NC C
 Coat/Liner (70) NC C
 Depth (69) ft N/A
 Type (72) Flat/Slab Concentric Eccentric
 Other Defect: Lining None LFDE LFD WF LFB
 Photo #(s)

CONE
 Material(s) (73) BR RCP NC C
 Coat/Liner (75) NC C
 Depth (74) ft 2.1
 Type (72) Flat/Slab Concentric Eccentric
 Other Defect: Lining None LFDE LFD WF LFB
 Photo #(s)

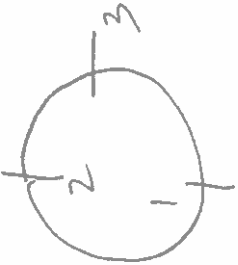
WALL
 Material(s) (78) BR RCP NC C
 Coat/Liner (80) NC C
 Depth (79) ft N/A
 Other Defect: Lining None LFDE LFD WF LFB
 Photo #(s)

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 0
 Step Material (90) Metal Plastic Brick Other

Required Photos
 01 White Board 2119
 02 Location 2126
 03 Surf Down Taken Above Rim 2130
 04 Surf Down Taken Below Rim 2131
 05 Drainage Inlet Location/ Path from MH 2129

MH Number

238



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.2	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.3	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	3	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.1	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AS GD GR ZZ
 Surface Type (28) AWM ACOM AIB
 Inspection Level (38) 1 2 B (W) Certificate (2) N Y
 Purpos: B (W) Pre-clean (23) N Y
 MH Number (6) 231 Sheet No. (6) 1
 Time (9) 24hr 10:20
 Date (8) 11/1/27
 Inspection Status (36) SI NF SD BM DI NO NA NI Traffic
 Penetration/Scratch (ST) Results: 6 o'clock 3 NA, 12 o'clock 3 NA
 Rating: 2 3 4 NA
 Additional Inspection Information (27) Roots - 872
 Cross Street or Location Details (12) Summit Dr.
 Street Address (Number and Name) (10) 190 Glen Avlin
 City (11) 190 Glen Avlin
 Burlingame Hills SMD

Required Photos
01 White Board 874
02 Location 873
03 Surf Down Taken Above Rim 870
04 Surf Down Taken Below Rim 871
05 Drainage Inlet Location/ Path from MH 873

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 25 1/2 in
 Material (43) CAS
 Shape (40) C
 Type (44) Solid Vented # 2 (46)
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Missing Broken Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked
 Photo #(s)

FRAME
 Material (57) CAS
 Condition(s) (61) Sound Missing Cracked Broken Coated
 Offset Distance (63) in 0
 Seal Condition (62) Inflow (64) None CAS Sound Cracked
 Adjustment Ring Type(s) Material(s) (S4) Conditions (S5) None Solid Adjustable CAS Sound Cracked
 Photo #(s) 872

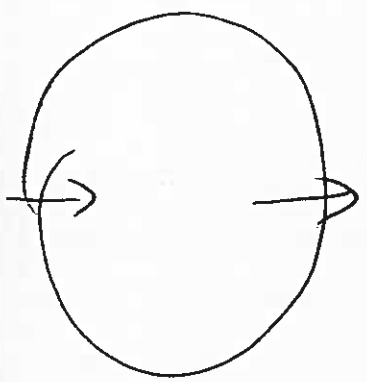
CHIMNEY
 Material(s) (66) Coat/Liner (70) BR RCP NC C
 Depth (69) ft 7
 DEFECTS In Chimney (For no defects, check "None")
 1/I (67) None SRI SSS IR IG SRA SAV SLP SRA SAV SLP
 Corrosion SAM SRV SRP SRC SRW
 Brickwork DB MB MM Lumpy Missing
 Lining None LFDE LFD WF LFB
 Photo #(s) 872

CONE
 Material(s) (73) Coat/Liner (75) BR RCP NC C
 Depth (74) ft 4.2
 DEFECTS In Cone (For no defects, check "None")
 1/I None SRI SSS IR IG SRA SAV SLP
 Corrosion SAM SRV SRP SRC SRW
 Brickwork DB MB MM Lumpy Missing
 Lining None LFDE LFD WF LFB
 Photo #(s)

WALL
 Material(s) (78) Coat/Liner (80) BR RCP NC C
 Depth (79) ft 6
 DEFECTS In Wall (For no defects, check "None")
 1/I None SRI SSS IR IG SRA SAV SLP
 Corrosion SAM SRV SRP SRC SRW
 Brickwork DB MB MM Lumpy Missing
 Lining None LFDE LFD WF LFB
 Photo #(s)

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 3
 Step Material (90) Metal Brick Plastic

MH Number
231



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Flow Main) <input type="checkbox"/> LB (Lateral)	7.1	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Flow Main) <input type="checkbox"/> LB (Lateral)	6.5	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Flow Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Flow Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Flow Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Flow Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AMH ACOM AIB

MH Type (30) AS CO CC GD GR ZK

Surface Type (28)

Rim to Invert (14) 3.9 ft

Wall Diameter (length)/width (27) 4 ft

Inspection Level (38) 1 2

Purpose B I/O (Investig.)

Pre-clean (23) N Y

MH Sealed? before: Y after: Y

Sheet No. (6) 1

Date (8) 2017-01-18

MH Number (6) 232

Time (9) 24hr 1245

Penetration/Scratch (ST) Results

Inspection Status (36) SI NF NO SD BM NA NI Traff

Location Code (26) A G F D C

City (11) Burlingame Hills SMD

Street Address (Number and Name) (10) 135 Glen Avlin Summit

Cross Street or Location Details (12) Summit

Additional Inspection Information (27) gas 2017

Required Photos
01 White Board 1895
02 Location 1896
03 Surf Down Taken Above Rim 1897
04 Surf Down Taken Below Rim 1898
05 Drainage Inlet Location/ Path from MH 1899

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 21.51 in
 Shape (40) C
 Type (44) Solid Vented # 3 (46)
 Material (43) CAS
 Condition(s) (61) Sound Missing Cracked Broken Coated
 Offset Distance (63) in 0

FRAME
 Material (57) CAS
 Seal/Condition (62) Inflow (64) None RW ID IR IG Stain
 Adjustment Ring Type(s) (54) Condition(s) CAS Sound Cracked Adjustable

CHIMNEY
 Material(s) (66) BR RCP NC C
 Coat/Liner (70) NC C
 Depth (69) ft N/A
 DEFECTS in Chimney (For no defects, check "None")
 I/I (67) None RW ID IR IG Stain
 Corrosion SAM SRV SSS SAV SAP
 Brickwork DB MB MM
 Lining None LFDE LFD WF LFB
 Other Defect:

CONE
 Material(s) (73) BR RCP NC C
 Coat/Liner (75) NC C
 Depth (74) ft 3.4
 DEFECTS in Cone (For no defects, check "None")
 I/I None RW ID IR IG Stain
 Corrosion SAM SRV SSS SAV SAP
 Brickwork DB MB MM
 Lining None LFDE LFD WF LFB
 Other Defect:

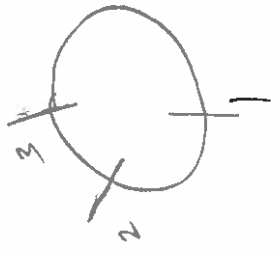
WALL
 Material(s) (78) BR RCP NC C
 Coat/Liner (80) NC C
 Depth (79) ft N/A
 DEFECTS in Wall (For no defects, check "None")
 I/I None RW ID IR IG Stain
 Corrosion SAM SRV SSS SAV SAP
 Brickwork DB MB MM
 Lining None LFDE LFD WF LFB
 Other Defect:

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 0
 Step Material (90) Metal Plastic Brick Other

SK-CH

MH Number

232



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.2	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	8	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.9	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	11	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.0	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) ANH ACOM AIB Surface Type (28) AS CO CC GD GR ZZ

Inspection Level (38) 1 2 Purpose B (N Investig.) Pre-clean (23) N Y Y

MH Number (1) 233 Sheet No. (6) 1 MH Sealed? before: Y N after: Y N

Time (9) 12:30 Date (8) 2011-07-18 Inspection Status (36) SI NF SD BM DI NO NA NI Traff

Surveyor's Name (1) Adrian R. Penetration/Scratch (ST) Results 2 3 4 NA inches Rating 2 3 4 NA

Rim to Invert (14) 4.6 ft R 4.1 ft Wall Diameter (length/width) (77) 4 ft

Location Code (26) A G F D C D

City (11) 125 Glen Avlin Street Address (Number and Name) (10) Summit Dr. Cross Street or Location Details (12) gas 20.9 Additional Inspection Information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER Size (41/42) in 27.75 Material (43) CAS Shape (40) C Type (44) Solid Vented # 3 (46) Includes pick holes

FRAME Material (57) CAS Condition(s) (51) Sound Cracked Broken Offset Distance (63) in 0

CHIMNEY Material(s) (66) Coat/Liner (70) NC C Depth (69) ft 2.0

CONE Material(s) (73) Coat/Liner (75) NC C Depth (74) ft 3.9

WALL Material(s) (78) Coat/Liner (80) NC C Depth (79) ft N/A

BENCH, CHANNEL, STEPS Bench Present (82) Y N Channel Installed (85) Y N Number of Steps (89) 0 Step Material (90) Metal Plastic Brick Other

Required Photos	Photo #
01 White Board	1890
02 Location	1891
03 Surf Down Taken Above Rim	1892
04 Surf Down Taken Below Rim	1893
05 Drainage Inlet Location/ Path from MH	1894

DEFECTS IN CHIMNEY (For no defects, check "None")

1/1 (67) None I/W ID IR IG Stain SAM SRV SRP SRC SMC SMCW SAMW

DEFECTS IN CONE (For no defects, check "None")

1/1 None I/W ID IR IG Stain SAM SRV SRP SRC SMC SMCW SAMW

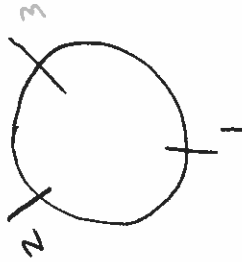
DEFECTS IN WALL (For no defects, check "None")

1/1 None I/W ID IR IG Stain SAM SRV SRP SRC SMC SMCW SAMW

SKL-H

MH Number

233



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.5	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	16	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.6	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	2	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.6	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) Sanitary
 MH Type (30) AMH ACOM AIB
 Surface Type (28) AS CO CC GD GR Z
 Inspection Level (38) 1 2
 Purpose B (10) Investigate
 Pre-clean (23) N Y
 MH Sealed? before: Y N after: Y N
 Sheet No. (6) 1
 MH Number (1) 234
 Date (8) 9/15/2011
 Time (9) 9:15
 Inspector Status (36) SI NF NO DI NI Traffic
 Penetration/Scratch (ST) Results 2 3 4 NA
 Rating 2 3 4 NA
 6 o'clock 12 o'clock
 Surveyor's Name (1) Adam R.
 Cross Street or Location Details (12) Live Oak
 Street Address (Number and Name) (10) 70 Tippecanoe Ln
 Location Code (26) A G F D C
 City (11) Burlingame Hills SMD
 Rim to Invert (14) ft 6.0
 Wall Diameter (length/width) (77) ft 4.1
 Additional Inspection Information (27) Bug 20,9

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 21.75 / 11.5
 Material (43) CAS
 Shape (40) C
 Type (44) Solid Vented # 2
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Cracked Missing Bolts Missing Broken
 Insert Type (51) Condition (52) None Plastic Metal
 Photo #(s)
FRAME
 Material (57) CAS
 Condition(s) (61) Sound Missing Cracked Corroded Coated
 Seal Condition (62) Inflow (64) None one: IW ID IR IG Stain
 Adjustment Ring Type(s) (54) Material(s) (54) Condition(s) CAS Sound Cracked Adjustable
 Photo #(s)
CHIMNEY
 Material(s) (66) BR RCP
 Coat/Liner (70) NC C
 Depth (69) ft N/A
 Other Defect:
DEFECTS in Chimney (For no defects, check "None")
 Lining None LFDE LFD WF LFB
 Brickwork DB MB MM Liner/Liner Metal/Stone
 Corrosion None SAM SRV SRP SRC SAP SMW
 Photo #(s)
CONE
 Material(s) (73) BR RCP
 Coat/Liner (75) NC C
 Depth (74) ft 25
 Other Defect:
DEFECTS in Cone (For no defects, check "None")
 Lining None LFDE LFD WF LFB
 Brickwork DB MB MM Liner/Liner Metal/Stone
 Corrosion None SAM SRV SRP SRC SAP SMW
 Photo #(s)
WALL
 Material(s) (78) BR RCP
 Coat/Liner (80) NC C
 Depth (79) ft 5.0
 Other Defect:
DEFECTS in Wall (For no defects, check "None")
 Lining None LFDE LFD WF LFB
 Brickwork DB MB MM Liner/Liner Metal/Stone
 Corrosion None SAM SRV SRP SRC SAP SMW
 Photo #(s)

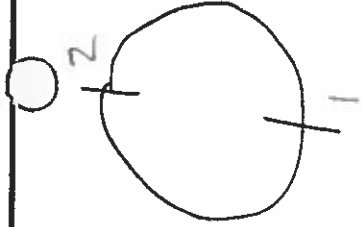
BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 1
 Step Material (90) Metal Plastic Brick Other

Required Photos
01 White Board 1869
02 Location 1820
03 Surf Down Token Above Rim 1871
04 Surf Down Token Below Rim 1872
05 Drainage Inlet Location/ Path from MH 1873

SK CH

MH Number

234



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	6.1	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.8	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17)
 SS (Sanitary)
 Other

MH Type (30)
 AMH
 ACOM
 AUB

Surface Type (28)
 AS
 CO
 CC
 GD
 GR
 ZZ

Inspection Level (38)
 1
 2

Purpose
 B (In Invest.)
 Other

Pre-clean (23)
 N
 Y

MH Sealed?
 before: Y / N
 after: Y / N

Sheet No. (6) 1

MH Number (1) 236

Time (9) 9:00

Surveyor's Name (3) Alan L.

Certificate (2)

Penetration/Scratch (ST) Results
 6 o'clock: 0
 12 o'clock: 0

Rating
 2 3 4 NA
 2 3 4 NA

Inspection Status (36)
 SI
 DI
 NF
 NO

Additional Inspection Information (27)
 Gas 209

Rim to Invert (14) ft 0
Wall Diameter (length/width) (77) ft 41

Location Code (26)
 A
 F
 C

City (11) Burlingame
 Hills SMD

Street Address (Number and Name) (10) 70 TIPTON LN
Cross Street or Location Details (12) Tulip

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in: 21.5
 Material (43): CAS
 Shape (40): C
 Type (44): Solid
 Fit (49): G U O R
 Cover Condition(s) (50): Corroded
 Insert Type (51) Condition (52): Sound

FRAME
 Material (57): CAS
 Condition(s) (61): Sound
 Seal Condition (62) Inflow (64): None
 Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55): CAS Cracked

CHIMNEY
 Material(s) (66): BR, RCP
 Coat/Liner (70): NC, C
 Depth (69): ft 2.4
 DEFECTS in Chimney (For no defects, check "None")
 Corrosion: None, SRI, SSS, SAV, SAP
 Brickwork: DB, MB, MM, Level/ Micro-Stitch

CONE
 Material(s) (73): BR, RCP
 Coat/Liner (75): NC, C
 Depth (74): ft 4.8
 DEFECTS in Cone (For no defects, check "None")
 Corrosion: None, SRI, SSS, SAV, SAP
 Brickwork: DB, MB, MM, Level/ Micro-Stitch

WALL
 Material(s) (78): BR, RCP
 Coat/Liner (80): NC, C
 Depth (79): ft 10
 DEFECTS in Wall (For no defects, check "None")
 Corrosion: None, SRI, SSS, SAV, SAP
 Brickwork: DB, MB, MM, Level/ Micro-Stitch

BENCH, CHANNEL, STEPS

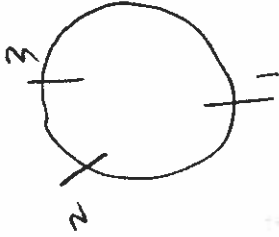
Bench Present (82)
 Y
 N

Channel Installed (85)
 Y
 N

Number of Steps (89) 4

Step Material (90)
 Metal
 Plastic
 Brick
 Other

Required Photos	01 White Board	02 Location	03 Surf Down Taken Above Rim	04 Surf Down Taken Below Rim	05 Drainage Inlet Location/ Path from MH
	1864	186B	186S	1866	1867



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (102)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	10.0	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	10	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	10.6	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	10.5	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

Inspection Level (38) 1 2
 Purpos B (Investig.) N
 Pre-clean (23) N Y
 Certificate (2) _____
 Surveyor's Name (1) BK/EA
 MH Use (17) SS (Sanitary) AS CO CC
 MH Type (30) AMH ACOM AIB
 Surface Type (28) AS CO CC
 Rm to Invert (14) ft 0 Rim to Grade (16) ft 3.25
 Wall Diameter (length/width) (77) ft 31
 Penetration/Scratch (ST) Results
 6 o'clock 0 2 3 4 NA
 12 o'clock 0 2 3 4 NA
 Rating _____
 Cross Street or Location Details (12) Newton Dr.
 Street Address (Number and Name) (10) 2824 Hillside Dr.
 City (11) _____
 Burlingame Hills SMD

MH Sealed? before: Y after: Y
 Date (8) 2011/1/19
 Inspection Status (36) SI DI NF NO
 SD BM NA NI Traff
 Additional Inspection Information (27) _____
 MH Number (6) 237
 Time (9) 10:40

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 25 1/2
 Material (43) CAS _____
 Shape (40) C _____
 Type (44) Solid Vented # 2
 Cover Condition(s) (50) Sound Corroded Missing Broken Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked
 Photo #(s) _____
FRAME
 Material (57) CAS _____
 Condition(s) (61) Sound Missing Cracked Corroded Broken Coated
 Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55) _____
 Seal Condition (62) Inflow (64) None IW ID IR IG Stain
 Sound Cracked _____
 Photo #(s) _____
CHIMNEY
 Material(s) (66) Coat/Liner (70) BR RCP NC C
 Depth (69) ft 1
CONE
 Material(s) (73) Coat/Liner (75) BR RCP NC C
 Depth (74) ft 2.6
WALL
 Material(s) (78) Coat/Liner (80) BR RCP NC C
 Depth (79) ft _____
BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 0
 Step Material (90) Metal Plastic Brick Other

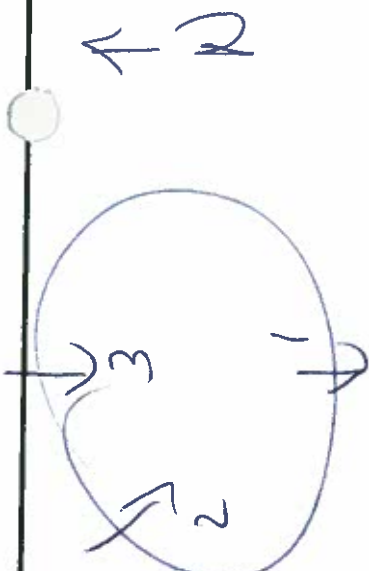
DEFECTS IN CHIMNEY (For no defects, check "None")
 I/I (67) None SRI SSS IR IG Stain
 Corrosion SAM SRV SRP SRC SMW
 Brickwork DB MB MM Liner/ Misfit/Slush
 Other Defect: Lining None LFDE LFD WF LFB
 Photo #(s) _____
DEFECTS IN CONE (For no defects, check "None")
 I/I None SRI SSS IR IG Stain
 Corrosion SAM SRV SRP SRC SMW
 Brickwork DB MB MM Liner/ Misfit/Slush
 Other Defect: Lining None LFDE LFD WF LFB
 Photo #(s) _____
DEFECTS IN WALL (For no defects, check "None")
 I/I None SRI SSS IR IG Stain
 Corrosion SAM SRV SRP SRC SMW
 Brickwork DB MB MM Liner/ Misfit/Slush
 Other Defect: Lining None LFDE LFD WF LFB
 Photo #(s) _____

Required Photos
 01 White Board 457
 02 Location 454
 03 Surf Down Taken Above Rim 455
 04 Surf Down Taken Below Rim 456
 05 Drainage Inlet Location/ Path from MH 454

SK CH

MH Number

237



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)	3.25	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	10	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)	3.25	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6	Primary flow	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)	3.3	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17)
 SS (Sanitary)
 AMH
 ACCOM
 AUB
 AS
 CO
 CC
 GO
 GR
 ZZ

MH Type (30)
 MH Sealed? before: Y after: Y
 NI
 Y

Sheet No. (6) 1 **MH Number (13)** 238
Date (8) 2011/1/19 **Time (9)** 10:20

Inspection Level (38)
 1 2
Purpose (21)
 B (W Invest.) N Y
Pre-clean (23)
 N Y
Certificate (2)

Surveyor's Name (1) BK/EM
Penetration/Scratch (ST) Results
 6 o'clock 0 12 o'clock 0 Rating 2 3 4 NA
 Inspection Status (36)
 SI NF SD BM
 DI NO NA NI Traffic

Rim to Invert (14) Rim to Grade (16) ft 3.65 Wall Diameter (length/width) (77) ft 31-
Location Code (26) City (11) Burlingame Hills SMD
Street Address (Number and Name) (10) 2806 Hillside Dr **Cross Street or Location Details (12)** Alvarado
Additional Inspection Information (27)

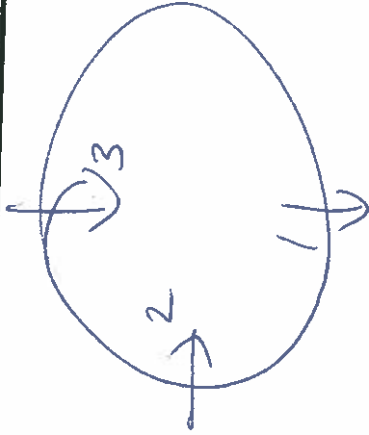
MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 27 3/4 Material (43) CAS Shape (40) C Type (44) Solid Vented # 15 (46) include pick boxes
 Condition(s) (61) Sound Missing Corroded Coated Offset Distance (63) in 0
FRAME
 Material (57) CAS Condition(s) (51) Sound Cracked Broken Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Missing Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal
CHIMNEY
 Material(s) (66) Coat/Liner (70) BR RCP NC C Depth (69) ft 1.3
 Seal Condition (62) Inflow (64) None circle one: IW ID IR IG Stain
 Adjustment Ring Type(s) Material(s) Condition(s) None Solid Adjustable CAS Cracked Cracked
CONE
 Material(s) (73) Coat/Liner (75) BR RCP NC C Depth (74) ft 3
 DEFECTS in Chimney (For no defects, check "None")
 I/I (67) None circle one: IW ID IR IG Stain
 Corrosion None SAM SRV SRP SRC SANW
 Brickwork OB MB MM Limes/ Lime/Sand
 Micro-Stain
 Other Defect: Lining None LFDE LFD WF LFB
WALL
 Material(s) (78) Coat/Liner (80) BR RCP NC C Depth (79) ft
 DEFECTS in Wall (For no defects, check "None")
 I/I None circle one: IW ID IR IG Stain
 Corrosion None SAM SRV SRP SRC SANW
 Brickwork OB MB MM Limes/ Lime/Sand
 Micro-Stain
 Other Defect: Lining None LFDE LFD WF LFB
BENCH, CHANNEL, STEPS
 Bench Present (82) Y N Channel Installed (85) Y N
 Number of Steps (89) 0 Step Material (90) Metal Plastic Brick Other

Required Photos	01 White Board	02 Location	03 Surf Down Taken Above Rim	04 Surf Down Taken Below Rim	05 Drainage Inlet Location/ Path from MH
	453	447	448	449	452
Photo # (s)					
Photo # (s)					
Photo # (s)					
Photo # (s)					
Photo # (s)					

N/A

SKETCH



MH Number

232

PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.55	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.65	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) MH Type (30) AMH ACOM AIB

Surface Type (28) AS CO CC GD GR ZZ

Inspection Level (38) 1 2 Purpose B (Investig.) Pre-clean (23) N Y

Surveyor's Name (1) ADWAN R. Certificate (2) _____

Rim to Invert (14) 8.5 ft Rim to Grade (16) 4 ft Wall Diameter (length/width) (77) _____

Penetration/Scratch (ST) Results 2 3 4 NA inches Rating 2 3 4 NA

Location Code (26) A G F D C City (11) Burlingame Hills SMD

Street Address (Number and Name) (10) 40 TIRAZ LN Cross Street or Location Details (12) TULIP

MH Number (1) 237 Sheet No. (6) 1 MH Sealed? before: Y/18 after: Y/18 Date (8) 2011-0-18 Time (9) 1045

Inspection Status (36) SI NF SD BM DI NO NA NI Traff

Additional Inspection Information (27) gas 207

Required Photos	01 White Board	02 Location	03 Surf Down Taken Above Rim	04 Surf Down Taken Below Rim	05 Drainage Inlet Location/ Path from MH
	1874	1875	1876	1877	1878

COVER	CHIMNEY	CONE	WALL
Size (41/42) in <u>27.5</u> Material (43) <input checked="" type="checkbox"/> CAS Shape (40) <u>BE</u> Type (44) <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Vented # <u>3</u> (46) Fit (49) <input checked="" type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Corroded <input type="checkbox"/> Cracked <input type="checkbox"/> Broken Insert Type (51) Condition (52) <input checked="" type="checkbox"/> None <input type="checkbox"/> Plastic <input type="checkbox"/> Metal Adjustment Ring Type(s) Material(s) (54) Condition(s) (55) <input type="checkbox"/> None <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Adjustable <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Cracked	Material(s) (66) <input type="checkbox"/> BR <input type="checkbox"/> RCP <input type="checkbox"/> Coat/Liner (70) <input type="checkbox"/> NC <input type="checkbox"/> C Depth (69) <u>N/A</u> ft I/I (67) <input type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMW DEFECTS in Chimney (For no defects, check "None")	Material(s) (73) <input type="checkbox"/> BR <input checked="" type="checkbox"/> RCP <input type="checkbox"/> Coat/Liner (75) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C Depth (74) <u>5</u> ft I/I (71) <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMW DEFECTS in Cone (For no defects, check "None")	Material(s) (78) <input type="checkbox"/> BR <input checked="" type="checkbox"/> RCP <input type="checkbox"/> Coat/Liner (80) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C Depth (79) <u>8</u> ft I/I (76) <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMW DEFECTS in Wall (For no defects, check "None")

BENCH, CHANNEL, STEPS

Bench Present (82) Y N Channel Installed (85) Y N

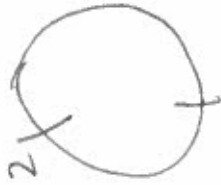
Number of Steps (89) 2

Step Material (90) Metal Plastic Brick Other

SKL H

MH Number

239



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	8.6	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	10	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	8.2	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17)
 SS (Sanitary)
 AMH
 ACOM
 AIB

MH Type (30)
 AS
 CO
 CC
 GD
 GR
 ZZ

Rim to Invert (14) ft 8.4
Rim to Grade (16) ft 0
Wall Diameter (length/width) (77) ft 4 /

Location Code (26) A G F D C
City (11) Burlingame
 Hills SMD

Inspection Level (38) 1 2
Purpose B (W Invest)
Surveyor's Name (1) ADMAN R.

Pre-clean (23) N Y
Certificate (2)

MH Sealed? before: Y N after: Y N
Date (8) 2011-01-18
Inspection Status (36) SI NF SD BM DI NO NA NI Traff

Sheet No. (6) 1
MH Number (5) 240
Time (9) 24hr 1200

Additional Inspection Information (27) 9AS 20.9.

Cross Street or Location Details (12) Tulip
Penetration/Scratch (ST) Results
 6 o'clock 0 inches Rating 2 3 4 NA
 12 o'clock 0 inches Rating 2 3 4 NA

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

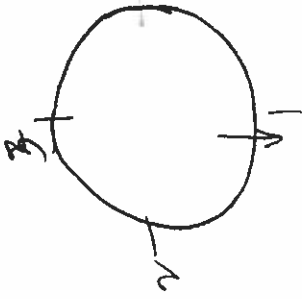
COVER	FRAME	CHIMNEY	CONE	WALL
Size (41/42) in 11.5 / in Material (43) <input checked="" type="checkbox"/> CAS Shape (40) C Type (44) <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Vented # 3 Fit (49) <input checked="" type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken Insert Type (51) Condition (52) <input checked="" type="checkbox"/> None <input type="checkbox"/> Plastic <input type="checkbox"/> Metal Photo #(s)	Material (57) <input checked="" type="checkbox"/> CAS Condition(s) (61) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken Offset Distance (63) in 0 Seal Condition (62) Inflow (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> IW <input type="checkbox"/> ID <input type="checkbox"/> IR <input type="checkbox"/> IG <input type="checkbox"/> Stain Adjustment Ring Type(s) (63) Material(s) (64) Condition(s) (65) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Adjustable	Material(s) (66) <input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP Coat/liner (70) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C Depth (69) ft 1.5 DEFECTS IN CHIMNEY (For no defects, check "None") I/I (67) <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SNW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> UFB Photo #(s)	Material(s) (73) <input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP Coat/liner (75) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C Depth (74) ft 4.4 DEFECTS IN CONE (For no defects, check "None") I/I <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SNW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> UFB Photo #(s)	Material(s) (78) <input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP Coat/liner (80) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C Depth (79) ft 7.6 DEFECTS IN WALL (For no defects, check "None") I/I <input checked="" type="checkbox"/> None <input type="checkbox"/> SRI <input type="checkbox"/> SSS <input type="checkbox"/> SAV <input type="checkbox"/> SAP Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SNW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> UFB Photo #(s)
BENCH, CHANNEL, STEPS Bench Present (82) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Channel Installed (85) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Number of Steps (89) 3 Step Material (90) <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Brick <input type="checkbox"/> Other				

Required Photos
01 White Board 1885
02 Location 1886
03 Surf Down Taken Above Rim 1887
04 Surf Down Taken Below Rim 1888
05 Drainage Inlet Location/ Path from MH 1889

SKL-H

MH Number

240



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OI (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	8.6	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OI (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	7.2	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OI (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	8.0	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OI (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OI (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OI (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AMH ACOM AIB Surface Type (28) AS CO CC GD GR ZZ
 Inspection Level (38) 1 2
 Purpose (21) B (W/Invent.) N Y
 Pre-clean (23) N Y
 Certificate (2) _____
 Surveyor's Name (1) **BK/EM**
 Penetration/Scratch (ST) Results **0 2 3 4 NA**
 Rating **0 2 3 4 NA**
 6 o'clock _____
 12 o'clock _____
 Street Address (Number and Name) (10) **2844 Canyon Rd.**
 City (11) **Burlingame**
 Hills SMD

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in **21 3/4** Material (43) CAS Shape (40) C Type (44) Solid Vented # **7**
 Fit (49) G U O R
 Cover Condition(s) (50) Sound Corroded Cracked Missing Broken Bolts Missing
 Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked
 Photo #(s) _____

FRAME
 Material (57) CAS Condition(s) (61) Sound Cracked Broken Missing Corroded Coated
 Offset Distance (63) _____ in **0**
 Seal Condition (62) Inflow (64) None Inflow Inflow Inflow Inflow Inflow
 Adjustment Ring Type(s) Material(s) Condition(s) (55) None Solid Adjustable CAS Cracked
 Photo #(s) **450**

CHIMNEY
 Material(s) (66) Coat/Liner (70) BR RCP NC C
 Depth (69) _____ ft **1.3**
 DEFECTS IN CHIMNEY (For no defects, check "None")
 Lining None LFDE LFD WF LFB
 Brickwork DB MB MM Level/Spall Mixed/Spall
 Corrosion None SAM SRV SRP SRC SMW
 Other Defect: _____
 Photo #(s) **450**

CONE
 Material(s) (73) Coat/Liner (75) BR RCP NC C
 Depth (74) _____ ft **7.5**
 DEFECTS IN CONE (For no defects, check "None")
 Lining None LFDE LFD WF LFB
 Brickwork DB MB MM Level/Spall Mixed/Spall
 Corrosion None SAM SRV SRP SRC SMW
 Other Defect: _____
 Photo #(s) **451**

WALL
 Material(s) (78) Coat/Liner (80) BR RCP NC C
 Depth (79) _____ ft
 DEFECTS IN WALL (For no defects, check "None")
 Lining None LFDE LFD WF LFB
 Brickwork DB MB MM Level/Spall Mixed/Spall
 Corrosion None SAM SRV SRP SRC SMW
 Other Defect: _____
 Photo #(s) _____

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) **3**
 Step Material (90) Metal Plastic Brick Other

Required Photos	Photo #
01 White Board	453
02 Location	446
03 Surf Down Taken Above Rim	447
04 Surf Down Taken Below Rim	449
05 Drainage Inlet Location/Path from MH	452

1012 970 972 973 971

ETCH

MH Number

241



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)	8.15	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)	7.8	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	4		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)	8.1	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

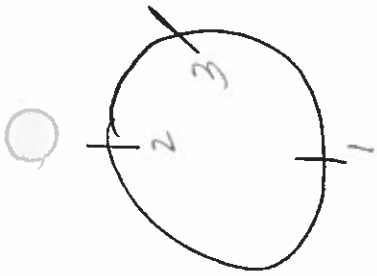
Inspection Level (38) 1 2
Purpose B (H) N Y
Pre-clean (23) N Y
Certificate (2) _____
Inspection Level (38) 1 2
Surveyor's Name (1) AA
MH Use (17) SS (Sanitary) AHH ACOM AIB
MH Type (30) AS CO CC GD GR ZZ
Surface Type (28) _____
Rim to Invert (14) R 2.9 ft R 0 ft
Wall Diameter (length/width) (77) R 4 ft
Penetration/Scratch (ST) Results 6 o'clock 0 inches Rating 2 3 4 NA
12 o'clock 0 inches Rating 2 3 4 NA
Inspection Status (36) SI NF SD BM
 DI NO NA NI Traff
Additional Inspection Information (27) gas 20.9
Location Code (26) A G F D C
City (11) 30 Tulip
Burlingame Hills SMD Hills SMD
Street Address (Number and Name) (10) 30 Tulip
Cross Street or Location Details (12) Tiptoe
Inspection Status (36) SI NF SD BM
 DI NO NA NI Traff
Additional Inspection Information (27) gas 20.9
Inspection Status (36) SI NF SD BM
 DI NO NA NI Traff
Additional Inspection Information (27) gas 20.9

MANHOLE INSPECTION FORM
COVER
Size (41/42) in 35.1 in
Material (43) CAS
Shape (40) C
Type (44) Solid Vented
Fit (49) G U O R
Cover Condition(s) (50) Sound Corroded Missing Broken Bolts Missing
Insert Type (51) Condition (52) None Plastic Metal
Photo # (s) _____
FRAME
Material (57) CAS
Condition(s) (61) Sound Missing Cracked Broken
Offset Distance (63) 0 in
Seal Condition (62) Inflow (64) None IW IR IG Stain
Adjustment Ring Type(s) Material(s) Condition(s) CAS None Solid Adjustable
Photo # (s) _____
CHIMNEY
Material(s) (66) Coat/Liner (70) BR RCP NC C
Depth (69) ft
DEFECTS IN CHIMNEY (For no defects, check "None")
1/1 (67) None SRI SSS SAV SAP
Corrosion SAM SRV SRP SRC SRW
Brickwork DB MB MM Lumpy Missing
Other Defect: _____
Photo # (s) _____
CONE
Material(s) (73) Coat/Liner (75) BR RCP NC C
Depth (74) ft
DEFECTS IN CONE (For no defects, check "None")
1/1 None SRI SSS SAV SAP
Corrosion SAM SRV SRP SRC SRW
Brickwork DB MB MM Lumpy Missing
Other Defect: _____
Photo # (s) _____
WALL
Material(s) (78) Coat/Liner (80) BR RCP NC C
Depth (79) ft
DEFECTS IN WALL (For no defects, check "None")
1/1 None SRI SSS SAV SAP
Corrosion SAM SRV SRP SRC SRW
Brickwork DB MB MM Lumpy Missing
Other Defect: _____
Photo # (s) _____
BENCH, CHANNEL, STEPS
Bench Present (82) Y N
Channel Installed (85) Y N
Number of Steps (89) 0
Step Material (90) Metal Plastic Brick Other

Required Photos
01 White Board 2/25
02 Location 2120
03 Surf Down Taken Above Rim 2121
04 Surf Down Taken Below Rim 2122
05 Drainage Inlet Location/Path from MH 2123

MH Number

243



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.9	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.0	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	7	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.8	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

Inspection Level (38) 1 2
Pre-clean (23) N Y
Inspection Level (38) B (1) C
Inspection Level (38) D E
Inspection Level (38) F G
Inspection Level (38) H I
Inspection Level (38) J K
Inspection Level (38) L M
Inspection Level (38) N O
Inspection Level (38) P Q
Inspection Level (38) R S
Inspection Level (38) T U
Inspection Level (38) V W
Inspection Level (38) X Y
Inspection Level (38) Z

MH Use (17) SS (Sanitary) A (Agriculture) B (Business) C (Construction) D (Drainage) E (Electricity) F (Fire) G (Gas) H (Hazardous Waste) I (Industrial) J (Junk) K (Kitchen) L (Laundry) M (Mechanical) N (Nursery) O (Office) P (Public) Q (Recreation) R (Retail) S (School) T (Telephone) U (Utility) V (Vehicular) W (Waste) X (Water) Y (Yard) Z (Zoo)

MH Type (30) AS CO CC GD GR ZZ
Surface Type (28) ACOM AIB AIB

MH Number (6) 244
Sheet No. (6) 1
Time (9) 24hr 1240
Date (8) 2011-01-25
Inspection Status (36) SI NF SD BM DI NO NA NI Traff

Purpose B (1) C
Penetration/Scratch (ST) Results 2 3 4 NA
Rating 2 3 4 NA
Additional Inspection Information (27) Gas 20.8

Surveyor's Name (1) Adrian L.
Street Address (Number and Name) (10) 70 Tulip
City (11) Burlingame Hills SMO
Rim to Invert (14) ft 0.5
Wall Diameter (length/width) (77) ft 41
Location Code (26) A G F D C

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
Size (41/42) in 25 1
Material (43) CAS
Shape (40) C
Type (44) Solid Vented
Fit (49) G U O R
Cover Condition(s) (50) Sound Corroded Cracked Broken
Insert Type (51) Condition (52) None Plastic Metal
Photo # (s)

FRAME
Material (57) CAS
Condition(s) (61) Sound Missing Cracked Corroded Broken Coated
Offset Distance (63) in 0
Seal Condition (62) Inflow (64) Sound Cracked
Adjustment Ring Type(s) Material(s) (54) Condition(s) None CAS Solid Adjustable Cracked

CHIMNEY
Material(s) (66) Coat/Liner (70) BR RCP NC C
Depth (69) ft N/A
DEFECTS IN CHIMNEY (For no defects, check "None")
Corrosion None SRI SSS SAV SAP
Brickwork DB MB MM
Other Defect: Lining None LFDE LFD WF UFB
Photo # (s)

CONE
Material(s) (73) Coat/Liner (75) BR RCP NC C
Depth (74) ft 9.1
DEFECTS IN CONE (For no defects, check "None")
Corrosion None SRI SSS SAV SAP
Brickwork DB MB MM
Other Defect: Lining None LFDE LFD WF UFB
Photo # (s)

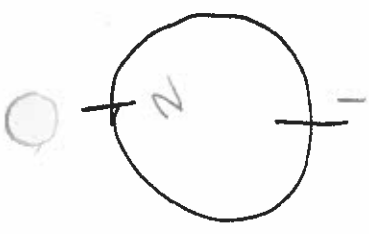
WALL
Material(s) (78) Coat/Liner (80) BR RCP NC C
Depth (79) ft N/A
DEFECTS IN WALL (For no defects, check "None")
Corrosion None SRI SSS SAV SAP
Brickwork DB MB MM
Other Defect: Lining None LFDE LFD WF UFB
Photo # (s)

BENCH, CHANNEL, STEPS
Bench Present (82) Y N
Channel Installed (85) Y N
Number of Steps (89) 2
Step Material (90) Metal Plastic Brick Other

Required Photos
01 White Board 2136
02 Location 2158
03 Surf Down Taken Above Rim 2139
04 Surf Down Taken Below Rim 2140
05 Drainage Inlet Location/ Path from MH 2141

MH Number

244

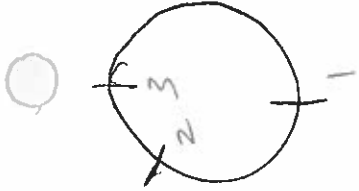


PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.6	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.5	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MH Number

245



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.1	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	10	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	1.6	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	12	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.2	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17)
 SS (Sanitary)
 AHM
 ACOM
 AIB

MH Type (30)
 AS
 CO
 CC
 GD
 GR
 ZZ

Surface Type (28)
 AS
 CO
 CC
 GD
 GR
 ZZ

Inspection Level (38)
 1
 2

Purpose
 B (in inches)
 C

Pre-clean (23)
 N
 Y

Certificate (2)
 Y
 N

Inspection Level (38)
 1
 2

Surveyor's Name (1)
Adrian

MH Number (6)
246

Sheet No. (6)
1

Date (8)
2011-01-25

Time (9)
24hr 1300

MH Sealed?
before: Y
after: Y

Inspection Status (36)
 SI
 DI
 NF
 NO
 SD
 BM
 NA
 NI Traffic

Rim to Invert (14)
Rim to Grade (16) 5.1 ft
Wall Diameter (length/width) (77) 4.1 ft

Penetration/Scratch (ST) Results
Inches Rating 1 2 3 4 NA
1 2 3 4 NA

Location Code (26)
 A
 G
 F
 D
 C

City (11)
Burlingame Hills SMD

Street Address (Number and Name) (12)
20 TIPTOE Tulip

Cross Street or Location Details (12)
Tulip

Additional Inspection Information (27)
gas 20.8

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
Size (41/42) in 24.5 in
Material (43) CAS
Shape (40) C
Type (44) Solid
Fit (49) G U O R
Cover Condition(s) (50) Sound Corroded Missing Broken
Insert Type (51) Condition (52) None Plastic Metal
Photo #(s)

FRAME
Material (57) CAS
Condition(s) (61) Missing Corroded Coated
Offset Distance (63) in 0
Seal/Condition (62) Inflow (64) None
Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55) CAS Cracked
Photo #(s)

CHIMNEY
Material(s) (66) Coat/Liner (70) NC C
Depth (69) ft N/A
DEFECTS in Chimney (For no defects, check "None")
Corrosion SAM SRV SRP SRC SSW
Brickwork DB MB MM
Photo #(s)

CONE
Material(s) (73) Coat/Liner (75) NC C
Depth (74) ft 4.5
DEFECTS in Cone (For no defects, check "None")
Corrosion SAM SRV SRP SRC SSW
Brickwork DB MB MM
Photo #(s)

WALL
Material(s) (178) Coat/Liner (80) NC C
Depth (79) ft N/A
DEFECTS in Wall (For no defects, check "None")
Corrosion SAM SRV SRP SRC SSW
Brickwork DB MB MM
Photo #(s)

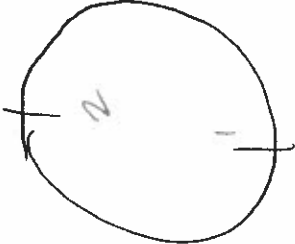
Required Photos
01 White Board 247
02 Location 2148
03 Surf Down Taken Above Rim 249
04 Surf Down Taken Below Rim 250
05 Drainage Inlet Location/ Path from MH 251

BENCH, CHANNEL, STEPS
Bench Present (82) Y
Channel Installed (85) Y
Number of Steps (89) 0
Step Material (90) Metal Plastic Brick Other

SKL . . H

MH Number

246



PIPE CONNECTIONS

REQUIRED

OPTIONAL

Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.9	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) MH Type (130) ANH ACOM AIB

Surface Type (28) AS CO CC GD GR ZZ

Inspection Level (38) 1 2

Purpose B (Investigate) Pre-clean (23) N Y

Certificate (2) _____

Surveyor's Name (1) Adnan R.

MH Number (6) 249 Sheet No. (6) 1

Time (9) 1045 Zahr

Rim to Invert (14) 11.4 ft Rim to Grade (16) 4 ft Wall Diameter (length/width) (77) 4 ft

Penetration/Scratch (ST) Results 2 3 4 NA SI NF SD BM DI NO NA NI Traff

Inspection Status (36) SI NF SD BM DI NO NA NI Traff

Location Code (26) A G F D C

City (111) Burlingame Hills SMD

Street Address (Number and Name) (10) 20 TIPPOE LN

Cross Street or Location Details (12) Tucip

Additional Inspection Information (27) 945:2019

MH Sealed? before: Y after: Y Date (8) 2011-07-18

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER

Size (41/42) in 27.75 Material (43) CAS Shape (40) C Type (44) Solid Vented # 3 / (46) 3

Condition(s) (61) Sound Missing Cracked Coated

Offset Distance (63) in 0

FRAME

Material (57) CAS Condition(s) (61) Sound Missing Cracked Coated

Seal Condition (62) Sound Cracked

Inflow (64) None IW ID IR IG Stain

Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55) CAS Sound Cracked Adjustable

Insert Type (51) Condition (52) None Sound Poor Fit Plastic Cracked Metal

Photo # (s) _____

CHIMNEY

Material(s) (66) Coat/Liner (70) NC BR RCP C

Depth (69) ft 4

DEFECTS IN CHIMNEY (For no defects, check "None")

Corrosion None SAM SRV SRP SSS SAV SAP

Brickwork DB MB MM L (Limp) M (Misfit/Slump)

Lining None LFDE LFO WF LFB

Photo # (s) _____

CONE

Material(s) (73) Coat/Liner (75) NC BR RCP C

Depth (74) ft 0

DEFECTS IN CONE (For no defects, check "None")

Corrosion None SAM SRV SRP SSS SAV SAP

Brickwork DB MB MM L (Limp) M (Misfit/Slump)

Lining None LFDE LFO WF LFB

Photo # (s) _____

WALL

Material(s) (78) Coat/Liner (80) NC BR RCP C

Depth (79) ft 10.7

DEFECTS IN WALL (For no defects, check "None")

Corrosion None SAM SRV SRP SSS SAV SAP

Brickwork DB MB MM L (Limp) M (Misfit/Slump)

Lining None LFDE LFO WF LFB

Photo # (s) _____

BENCH, CHANNEL, STEPS

Bench Present (82) Y N

Channel Installed (81) Y N

Number of Steps (89) 6

Step Material (90) Metal Plastic Brick Other

Required Photos

01 White Board 1883

02 Location 1880

03 Surf Down Taken Above Rim 1881

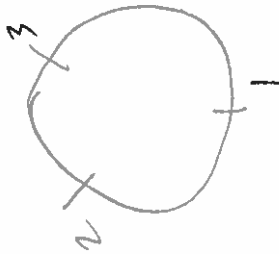
04 Surf Down Taken Below Rim 1882

05 Drainage Inlet Location/ Path from MH 1884

SK. H

MH Number

249



PIPE CONNECTIONS

REQUIRED

OPTIONAL

Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	11.2	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	10	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	10.9	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	1	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	11.3	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AMH AIB AIB AIB AIB
 Surface Type (28) AS GO GR CC ZZ
 Inspection Level (38) 1 2
 Purpose B (Invest.) N Y
 Pre-clean (23) N Y
 Certificate (2) _____
 Surveyor's Name (1) Adnan Z.
 MH Number (6) 252 Sheet No. (6) 1
 Time (9) 1345 24hr
 Date (8) 2011-01-18
 Inspection Status (36) SI NF SD BM
 DI NO NA NI Traff
 Penetration/Scratch (ST) Results 0 2 3 4 NA
 Rating 0 2 3 4 NA
 6 o'clock _____ inches _____
 12 o'clock _____ inches _____
 Cross Street or Location Details (12) blen Av/In
 Street Address (Number and Name) (10) 2818 Summit
 Location Code (26) A G F D C
 City (11) Burlingame Hills SMD
 Rim to Invert (14) 5.8 ft 0 ft
 Wall Diameter (length/width) (77) 41 ft
 Additional Inspection Information (27) gbs 20.7

Required Photos
01 White Board <u>1920</u>
02 Location <u>1921</u>
03 Surf Down Taken Above Rim <u>1922</u>
04 Surf Down Taken Below Rim <u>1923</u>
05 Drainage Inlet Location/ Path from MH <u>1924</u>

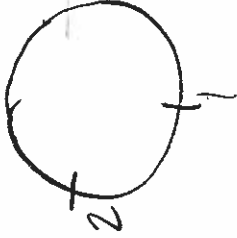
MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 25.5 in
 Material (43) CAS Spid Vented # _____ (46)
 Shape (40) C _____
 Type (44) _____
 Condition(s) (61) Sound Missing Corroded Coated
 Cracked Broken
 Offset Distance (63) _____ in 0 in
 Seal Condition (52) Inflow (64) Sound Cracked None
 circle one: IW ID IR IG Stain
 Adjustment Ring Type (53) Material (54) Condition (55) CAS Solid Adjustable
 None Adjustable
FRAME
 Material (57) CAS _____
 Condition(s) (61) Sound Missing Corroded Coated
 Cracked Broken
CHIMNEY
 Material(s) (66) Coat/Liner (70) Depth (69)
 BR NC C _____ ft 1.3
 RCP _____
CONE
 Material(s) (73) Coat/Liner (75) Type (72) Depth (74)
 BR NC C _____ ft 5.2
 RCP _____
WALL
 Material(s) (78) Coat/Liner (80) Depth (79)
 BR NC C _____ ft N/A
 RCP _____
DEFECTS IN CHIMNEY (For no defects, check "None")
 Corrosion None SAM SRV SRP SRC SMW
 SRI SSS SAV SAP
 Brickwork DB MB MM _____
 Lining None LFDE LFD WF LFB
DEFECTS IN CONE (For no defects, check "None")
 Corrosion None SAM SRV SRP SRC SMW
 SRI SSS SAV SAP
 Brickwork DB MB MM _____
 Lining None LFDE LFD WF LFB
DEFECTS IN WALL (For no defects, check "None")
 Corrosion None SAM SRV SRP SRC SMW
 SRI SSS SAV SAP
 Brickwork DB MB MM _____
 Lining None LFDE LFD WF LFB
BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 0
 Step Material (90) Metal Plastic Brick Other

SKLCH

MH Number

252



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.9	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.7	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary)

MH Type (30) AMH ACOMA AIB

Surface Type (28) AS CO CC GD GR Z

Inspection Level (38) 1 2

Purpose B (N) Investigal

Pre-clean (23) N Y

Certificate (2) _____

MH Number (5) 253

Sheet No. (6) 1

MH Sealed? before: Y/N after: Y/N

Date (8) 2011-01-18

Time (9) 24hr 1410

Inspection Status (36) SI NF SD BM DI NO NA NI Traffic

Additional Inspection Information (27) Gas 2017

Penetration/Scratch (ST) Results 2 3 4 NA

Inches Rating 2 3 4 NA

Cross Street or Location Details (12) Glen Avlin

Street Address (Number and Name) (10) 2818 Summit Dr.

City (11) Burlingame Hills SMD

Location Code (26) A G F D C

Rim to Grade (16) ft 0

Rim to Invert (14) ft 5.2

Wall Diameter (length/width) (77) ft 41

Surveyor's Name (1) Adrian R.

Inspection Level (38) 1 2

Purpose B (N) Investigal

Pre-clean (23) N Y

Certificate (2) _____

MH Number (5) 253

Sheet No. (6) 1

MH Sealed? before: Y/N after: Y/N

Date (8) 2011-01-18

Time (9) 24hr 1410

Inspection Status (36) SI NF SD BM DI NO NA NI Traffic

Additional Inspection Information (27) Gas 2017

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER

Size (41/42) in 18 1/2

Material (43) CAS

Shape (40) C

Type (44) Solid Vented # 3

Fit (49) G U O R

Seal Condition (62) Inflow (64) Sound Cracked

Seal Condition (62) Inflow (64) None circle one: IW ID IR IG Stain

Adjustment Ring Type(s) Material(s) Condition(s) CAS Sound Cracked

Other Defect: Lining None UFE LFD WF UFB

Photo # (s) 1929

FRAME

Material (57) CAS

Condition(s) (61) Sound Missing Corroded Coated

Offset Distance (63) in 0

Seal Condition (62) Inflow (64) Sound Cracked

Seal Condition (62) Inflow (64) None circle one: IW ID IR IG Stain

Adjustment Ring Type(s) Material(s) Condition(s) CAS Sound Cracked

Other Defect: Lining None UFE LFD WF UFB

Photo # (s) 1925

CHIMNEY

Material(s) (66) BR RCP

Coat/Liner (70) NC C

Depth (69) ft N/A

1/I (67) None SRI SSS SAV SAP

Corrosion SAM SRV SRP SRC SAW

Other Defect: Lining None UFE LFD WF UFB

Photo # (s)

CONE

Material(s) (73) BR RCP

Coat/Liner (75) NC C

Depth (74) ft 4.8

1/I None SRI SSS SAV SAP

Corrosion SAM SRV SRP SRC SAW

Other Defect: Lining None UFE LFD WF UFB

Photo # (s)

WALL

Material(s) (78) BR RCP

Coat/Liner (80) NC C

Depth (79) ft N/A

1/I None SRI SSS SAV SAP

Corrosion SAM SRV SRP SRC SAW

Other Defect: Lining None UFE LFD WF UFB

Photo # (s)

BENCH, CHANNEL, STEPS

Bench Present (82) Y N

Channel Installed (85) Y N

Number of Steps (89) 2

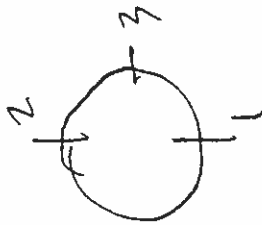
Step Material (90) Metal Plastic Brick Other

Required Photos
01 White Board 1929
02 Location 1925
03 Surf Down Taken Above Rim 1926
04 Surf Down Taken Below Rim 1927
05 Drainage Inlet Location/ Path from MH 1928

SK JH

MH Number

253



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.5	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	12	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.7	<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	3	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4.8	<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) MH Type (30) ANM ACOM AIS Surface Type (28) AS CO CC GD GR ZZ

Inspection Level (38) 1 2 Pre-clean (23) N Y Certificate (2)

Purpose B (N) O Surveyor's Name (1) BK/REM

MH Sealed? before: Y N after: Y N Date (8) 2011/1/27

MH Number 1 254 Time (9) 8:50

Rim to Invert (14) 5.4 ft Rim to Grade (16) 41 ft Wall Diameter (length/width) (77) 41 inches Penetration/Scratch (ST) Results 1 2 3 4 NA

Location Code (26) A G F D C City (11) Summit Building Name Summit Dr.

Inspection Status (36) DI NI NO SD BM NA NI Traffic

Additional Inspection Information (27) 2818 Summit Dr.

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 25 1/8 Material (43) CAS Shape (40) C Type (44) Solid Vented # 1 (46) through brick holes Fit (49) G U O R Cover Condition(s) (50) Sound Corroded Cracked Missing Broken Bolts Missing Insert Type (51) Condition (52) None Plastic Metal Sound Poor Fit Cracked Photo # (s)

FRAME
 Material (57) CAS Condition(s) (61) Missing Corroded Coated Offset Distance (63) in Seal Condition (62) Inflow (64) None IW ID IR IG Stair Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55) CAS None Solid Adjustable Sound Cracked Photo # (s)

CHIMNEY
 Material(s) (66) BR RCP Coat/Liner (70) NC C Depth (69) 1.3 I/I (67) None SRI SSS SAV SAP SAM SRV SRP SRC SRW SRA SRS SRSW SRSW Other Defect: Lining None LPDE LFD WF LFB LFB Photo # (s)

CONE
 Material(s) (73) BR RCP Coat/Liner (75) NC C Depth (74) 3.5 I/I None SRI SSS SAV SAP SAM SRV SRP SRC SRW SRA SRS SRSW SRSW Other Defect: Lining None LPDE LFD WF LFB LFB Photo # (s)

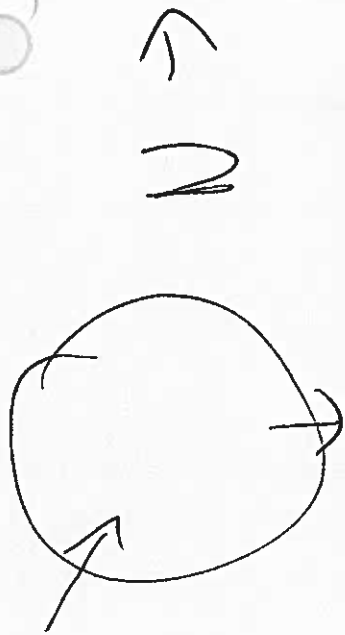
WALL
 Material(s) (78) BR RCP Coat/Liner (80) NC C Depth (79) 4.9 I/I None SRI SSS SAV SAP SAM SRV SRP SRC SRW SRA SRS SRSW SRSW Other Defect: Lining None LPDE LFD WF LFB LFB Photo # (s)

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N Channel Installed (85) Y N Number of Steps (89) 0 Step Material (90) Metal Plastic Brick Other

Required Photos	
01 White Board	<u>842</u>
02 Location	<u>839</u>
03 Surf Down Taken Above Rim	<u>840</u>
04 Surf Down Taken Below Rim	<u>841</u>
05 Drainage Inlet Location/ Path from MH	<u>839</u>

MH Number

254



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Level) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Level) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.4	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	10	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Level) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Level) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	5.3	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Level) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Level) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Level) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Level) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Level) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Level) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Level) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Level) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17) SS (Sanitary) AAW ACOM AIS
 Surface Type (28) AS CO CC GD GR ZZ
 Rim to invert (14) ft +1.0 Wall Diameter (length/width) (77) 9" / 12"
 Location Code (26) A G F D C City (11) Burlingame Hills SMD
 Inspection Level (38) 1 2 Purpos B In Pre-clean (23) N Y
 Certificate (2) N Y
 Surveyor's Name (1) BK-IRM
 Penetration/Scratch (ST) Results
 6 o'clock 1 2 3 4 NA
 12 o'clock 1 2 3 4 NA
 Rating _____ Inches _____
 Street Address (Number and Name) (10) 2810 Summit Woodgate Ct
 Cross Street or Location Details (12)
 Additional inspection information (27) Not as shown on map (shown on 2814 Woodgate)

Inspection No. (6) 1 Sheet No. (6) 1 MH Number (1) 256
 MH Sealed? before: Y/N after: Y/N Date (8) 10/25/2011
 24hr 1330
 Inspection Status (36) SI DI SD BM NF NO NA NI Traff

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 9" / 12" Material (43) CAS Shape (40) C Type (44) Solid Vented # (45)
 Fit (49) G U O R Cover Condition(s) (50) Sound Corroded Missing Broken Bolts Missing
 Photo # (s)
FRAME
 Material (57) CAS Condition(s) (61) Missing Corroded Coated
 Seal Condition (62) Inflow (64) None circle one: NW TD IR IG Stain
 Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55) CAS Sound Cracked
 Photo # (s)
CHIMNEY
 Material(s) (66) Coat/Liner (70) NC C Depth (69) ft
 Defects in Chimney (For no defects, check "None")
 1/1 (67) Corrosion circle one: NW TD IR IG Stain
 Brickwork DB MB MM Lumpy
 Lining None LFDE LFD WF LFB
 Photo # (s)
CONE
 Material(s) (73) Coat/Liner (75) NC C Depth (74) ft
 Defects in Cone (For no defects, check "None")
 1/1 Corrosion circle one: NW TD IR IG Stain
 Brickwork DB MB MM Lumpy
 Lining None LFDE LFD WF LFB
 Photo # (s)
WALL
 Material(s) (78) Coat/Liner (80) NC C Depth (79) ft
 Defects in Wall (For no defects, check "None")
 1/1 Corrosion circle one: NW TD IR IG Stain
 Brickwork DB MB MM Lumpy
 Lining None LFDE LFD WF LFB
 Photo # (s)
BENCH, CHANNEL, STEPS
 Bench Present (82) Y N Channel Installed (85) Y N Number of Steps (89)
 Step Material (90) Metal Plastic Brick Other

Required Photos

01 White Board Bay
 02 Location 802
 03 Surf Down Taken Above Rim 801
 04 Surf Down Taken Below Rim
 05 Drainage Inlet Location/ Path from MH 802

NA
 NA
 NA
 NA

MANHOLE INSPECTION FORM

MANHOLE INSPECTION FORM
 MH Use (17) SS (Sanitary)
 MH Type (30) ANH ACOM AIB
 Surface Type (28) AS GD GR ZZ CO CC
 Inspection Level (38) 1 2
 Purpose (21) B (Investigate) N Y
 Pre-clean (23) N Y
 Certificate (2)
 Surveyor's Name (1) BK/RM
 MH Sealed? before: Y N after: Y N
 Date (8) 2011/1/19 Time (9) 10:00
 Sheet No. (6) 1 MH Number (13) 5892
 Penetration/Scratch (ST) Results 2 3 4 NA NA
 6 o'clock 0 12 o'clock 0 Inches Rating 2 3 4 NA
 Location Code (26) A G F D C
 City (11) Hillside Burlingame Hills SMD
 Street Address (Number and Name) (10) 1408 Alvarado
 Cross Street or Location Details (12) Hillside Dr.
 Rim to Invert (14) 0 ft Rim to Grade (16) 4.1 ft Wall Diameter (length/width) (77) 4.1 ft
 Additional Inspection Information (27)

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER Size (41/42) in <u>27 1/2</u> Material (43) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Shape (40) <input checked="" type="checkbox"/> C <input type="checkbox"/> Type (44) <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Vented # <u>1</u> (46) Include pick holes	Condition(s) (61) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Missing <input type="checkbox"/> Corroded <input type="checkbox"/> Coated Offset Distance (63) <u>0</u> in	Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken Fit (49) <input checked="" type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R Insert Type (51) <input checked="" type="checkbox"/> None <input type="checkbox"/> Plastic <input type="checkbox"/> Metal Condition (52) <input type="checkbox"/> Sound <input type="checkbox"/> Poor Fit <input type="checkbox"/> Cracked	Photo #(s)
FRAME Material (57) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Condition(s) (61) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Missing <input type="checkbox"/> Corroded <input type="checkbox"/> Coated Offset Distance (63) <u>0</u> in	Seal Condition (62) Inflow (64) <input checked="" type="checkbox"/> None <input type="checkbox"/> IR <input type="checkbox"/> IG <input type="checkbox"/> Stain Sound <input checked="" type="checkbox"/> Cracked	Adjustment Ring Type(s) Material(s) (54) Condition(s) <input checked="" type="checkbox"/> CAS <input type="checkbox"/> Solid <input type="checkbox"/> Adjustable	Photo #(s) <u>443</u>
CHIMNEY Material(s) (66) <input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP Coat/Liner (70) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C Depth (69) <u>1.35</u> ft	DEFECTS in Chimney (For no defects, check "None") I/I (67) <input checked="" type="checkbox"/> None <input type="checkbox"/> IR <input type="checkbox"/> IG <input type="checkbox"/> Stain Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMW Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM <input type="checkbox"/> Lined/Lined/Min/Stone	Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB	Photo #(s) <u>443</u>
CONE Material(s) (73) <input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP Coat/Liner (75) <input checked="" type="checkbox"/> NC <input type="checkbox"/> C Depth (74) <u>2.0</u> ft	DEFECTS in Cone (For no defects, check "None") I/I <input checked="" type="checkbox"/> None <input type="checkbox"/> IR <input type="checkbox"/> IG <input type="checkbox"/> Stain Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMW	Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB	Photo #(s)
WALL Material(s) (78) <input checked="" type="checkbox"/> BR <input type="checkbox"/> RCP Coat/Liner (80) <input type="checkbox"/> NC <input type="checkbox"/> C Depth (79) <u>ft</u>	DEFECTS in Wall (For no defects, check "None") I/I <input type="checkbox"/> None <input type="checkbox"/> IR <input type="checkbox"/> IG <input type="checkbox"/> Stain Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SMW	Other Defect: Lining <input type="checkbox"/> None <input type="checkbox"/> LFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB	Photo #(s)
BENCH, CHANNEL, STEPS Bench Present (82) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Channel Installed (85) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Number of Steps (89) <u>0</u> Step Material (90) <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Brick <input type="checkbox"/> Other			

Required Photos	
01 White Board	<u>446</u>
02 Location	<u>438</u>
03 Surf Down Taken Above Rim	<u>440</u>
04 Surf Down Taken Below Rim	<u>441</u>
05 Drainage Inlet Location/ Path from MH	<u>445</u>

ATCH

MH Number

5842



N →

PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97)	Width (98)	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)	2.81	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	9	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)	2.79	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
3	10	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)	2.7	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Laterals)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

MANHOLE INSPECTION FORM

MH Use (17)
 SS (Sanitary) MH AOM AIR

Surface Type (28)
 AS GD CO GR CC Z

Inspection Level (38)
 1 2

Purpose
 B10

Pre-clean (23)
 N Y

Certificate (2)
BK/RM

Surveyor's Name (1)
BK/RM

MH Number (6)
S872

Time (9)
9:00

Sheet No. (6)
1

Date (8)
2011/1/26

Inspection Status (36)
 SI NF SD BM
 DI NO NA NI Traff

Rim to Invert (14)
ft +1

Rim to Grade (16)
ft

Penetration/Scratch (ST) Results
Inches Rating: 1 2 3 4 NA
1 2 3 4 NA

Additional Inspection Information (27)
Abeline

Location Code (26)
 A G F D C

City (31)
Burlingame Hills SMD

Street Address (Number and Name) (10)
166 Los Robles

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER	Size (41/42) in 61	Material (43) <input checked="" type="checkbox"/> CAS	Shape (40) <input checked="" type="checkbox"/> C	Type (44) <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Vented	Fit (49) <input checked="" type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> O <input type="checkbox"/> R	Cover Condition(s) (50) <input checked="" type="checkbox"/> Sound <input type="checkbox"/> Corroded <input type="checkbox"/> Missing <input type="checkbox"/> Broken	Insert Type (51) Condition (52) <input type="checkbox"/> None <input type="checkbox"/> Plastic <input type="checkbox"/> Metal	Photo #(s)
FRAME	Material (57) <input type="checkbox"/> CAS	Condition(s) (61) <input type="checkbox"/> Sound <input type="checkbox"/> Cracked <input type="checkbox"/> Broken	Offset Distance (63) in	Seal Condition (62) Inflow (64) <input type="checkbox"/> None <input type="checkbox"/> Inflow <input type="checkbox"/> Stain	Adjustment Ring Type(s) Material(s) Condition(s) (55) <input type="checkbox"/> None <input type="checkbox"/> Solid <input type="checkbox"/> Adjustable	Sound <input type="checkbox"/> Cracked	CAS <input type="checkbox"/>	Photo #(s)
CHIMNEY	Material(s) (66) Coat/Liner (70) <input type="checkbox"/> BR <input type="checkbox"/> RCP	NC <input type="checkbox"/> C	Depth (69) ft	Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SRW	Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM	Other Defects: Lining: <input type="checkbox"/> None <input type="checkbox"/> UFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB	Photo #(s)	
CONE	Material(s) (73) Coat/Liner (75) <input type="checkbox"/> BR <input type="checkbox"/> RCP	NC <input type="checkbox"/> C	Depth (74) ft	Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SRW	Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM	Other Defects: Lining: <input type="checkbox"/> None <input type="checkbox"/> UFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB	Photo #(s)	
WALL	Material(s) (78) Coat/Liner (80) <input type="checkbox"/> BR <input type="checkbox"/> RCP	NC <input type="checkbox"/> C	Depth (79) ft	Corrosion <input type="checkbox"/> SAM <input type="checkbox"/> SRV <input type="checkbox"/> SRP <input type="checkbox"/> SRC <input type="checkbox"/> SRW	Brickwork <input type="checkbox"/> DB <input type="checkbox"/> MB <input type="checkbox"/> MM	Other Defects: Lining: <input type="checkbox"/> None <input type="checkbox"/> UFDE <input type="checkbox"/> LFD <input type="checkbox"/> WF <input type="checkbox"/> LFB	Photo #(s)	
BENCH, CHANNEL, STEPS	Bench Present (82) <input type="checkbox"/> Y <input type="checkbox"/> N	Channel Installed (85) <input type="checkbox"/> Y <input type="checkbox"/> N	Number of Steps (89)	Step Material (90) <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Brick <input type="checkbox"/> Other				

Required Photos	
01 White Board	816
02 Location	815
03 Surf Down Taken Above Rim	813
04 Surf Down Taken Below Rim	
05 Drainage Inlet Location/ Path from MH	815

MANHOLE INSPECTION FORM

Inspection Level (38) 1 2
Pre-clean (23) N Y
MH Sealed? before: Y N after: Y N
Inspection Status (36) SI NF SD BM
 DI NO NA NI Traff

Purpose B in lines
Surveyor's Name (1) Adnan
Date (8) 2011-01-20
Time (9) 24hr 12:15

Inspection Level (38) 1 2
Penetration/Scratch (ST) Results
 6 o'clock: 2 3 4 NA
 12 o'clock: 2 3 4 NA
 Inches Rating: 2 3 4 NA

Surface Type (28) GD GR Z
AS **CO** **CC**

Material (43) CAS
Shape (40) C
Type (44) Solid
Fit (49) G U R

Material (57) CAS
Condition(s) (61) Missing Corroded Coated
Offset Distance (63) in 0.5

Material (66) NC
Coat/Liner (70) C
Depth (69) ft N/A

Material (73) NC
Coat/Liner (75) C
Depth (74) ft 3.9

Material (78) NC
Coat/Liner (80) C
Depth (79) ft N/A

Material (82) Y N
Channel Installed (85) Y N
Number of Steps (89) 2

Inspection Level (38) 1 2
Pre-clean (23) N Y
MH Sealed? before: Y N after: Y N
Inspection Status (36) SI NF SD BM
 DI NO NA NI Traff

Purpose B in lines
Surveyor's Name (1) Adnan
Date (8) 2011-01-20
Time (9) 24hr 12:15

Inspection Level (38) 1 2
Penetration/Scratch (ST) Results
 6 o'clock: 2 3 4 NA
 12 o'clock: 2 3 4 NA
 Inches Rating: 2 3 4 NA

Surface Type (28) GD GR Z
AS **CO** **CC**

Material (43) CAS
Shape (40) C
Type (44) Solid
Fit (49) G U R

Material (57) CAS
Condition(s) (61) Missing Corroded Coated
Offset Distance (63) in 0.5

Material (66) NC
Coat/Liner (70) C
Depth (69) ft N/A

Material (73) NC
Coat/Liner (75) C
Depth (74) ft 3.9

Material (78) NC
Coat/Liner (80) C
Depth (79) ft N/A

Material (82) Y N
Channel Installed (85) Y N
Number of Steps (89) 2

MANHOLE COMPONENT AND CORROSION/LINER DEFECT OBSERVATIONS

COVER
 Size (41/42) in 27.5 / 1
 Material (43) CAS
 Shape (40) C
 Type (44) Solid
 Fit (49) G U R
 Cover Condition(s) (50) Sound Corroded Missing Bolts Missing
 Insert Type (51) Condition (52) Sound Poor Fit Cracked
 Photo #(s)

FRAME
 Material (57) CAS
 Condition(s) (61) Missing Corroded Coated
 Offset Distance (63) in 0.5
 Seal Condition (62) Inflow (64) None IV ID IR IG Stain
 Adjustment Ring Type(s) (53) Material(s) (54) Condition(s) (55) Sound Cracked
 Photo #(s)

CHIMNEY
 Material(s) (66) Coat/Liner (70) Depth (69)
 BR NC ft N/A
 RCP C
 DEFECTS In Chimney (For no defects, check "None")
 Corrosion: None SAM SRV SRP SRC SRW
 Brickwork: DB MB MM Liquef Misp/Stain
 Lining: None UFDE UFD WF UFB
 Photo #(s)

CONE
 Material(s) (73) Coat/Liner (75) Depth (74)
 BR NC ft 3.9
 RCP C
 DEFECTS In Cone (For no defects, check "None")
 Corrosion: None SAM SRV SRP SRC SRW
 Brickwork: DB MB MM Liquef Misp/Stain
 Lining: None UFDE UFD WF UFB
 Photo #(s)

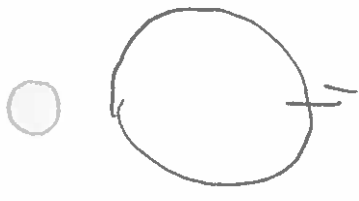
WALL
 Material(s) (78) Coat/Liner (80) Depth (79)
 BR NC ft N/A
 RCP C
 DEFECTS In Wall (For no defects, check "None")
 Corrosion: None SAM SRV SRP SRC SRW
 Brickwork: DB MB MM Liquef Misp/Stain
 Lining: None UFDE UFD WF UFB
 Photo #(s)

BENCH, CHANNEL, STEPS
 Bench Present (82) Y N
 Channel Installed (85) Y N
 Number of Steps (89) 2

Required Photos
 01 White Board 2050
 02 Location 2051
 03 Surf Down Taken Above Rim 2052
 04 Surf Down Taken Below Rim 2053
 05 Drainage Inlet Location/ Path from MH 2054

MH Number

6071

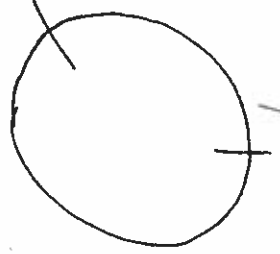


PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) inches	Width (98) inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	4/6	<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	6 inches		<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

SK

MH Number
6078



PIPE CONNECTIONS

REQUIRED				OPTIONAL						
Pipe Number (91)	Clock Position (92)	Direction (94)	Special Condition (101)	Rim to Invert (93)	Material (95)	Shape (96)	Diameter (97) Inches	Width (98) Inches	Condition (99)	Seal Condition (101)
1	6	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	2.9	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
2	2	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)	3.6	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched	8		<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective
		<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> OU (Out Drop Up) <input type="checkbox"/> OL (Out Drop Low) <input type="checkbox"/> IU (In Drop Up) <input type="checkbox"/> IL (In Drop Low) <input type="checkbox"/> FM (Force Main) <input type="checkbox"/> LB (Lateral)		<input type="checkbox"/> RCP <input type="checkbox"/> VCP <input type="checkbox"/> CAS <input type="checkbox"/> AC <input type="checkbox"/> PVC	<input type="checkbox"/> Circular <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Arched			<input type="checkbox"/> Sound <input type="checkbox"/> Defective	<input type="checkbox"/> Sound <input type="checkbox"/> Defective

Attachment E: Manhole Location Criteria Forms

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LOCATION CRITERIA FORM

Camera No. 840
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 2
 Completed by: AR
 Date: 2011-01-17
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION	PRIORITY
Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

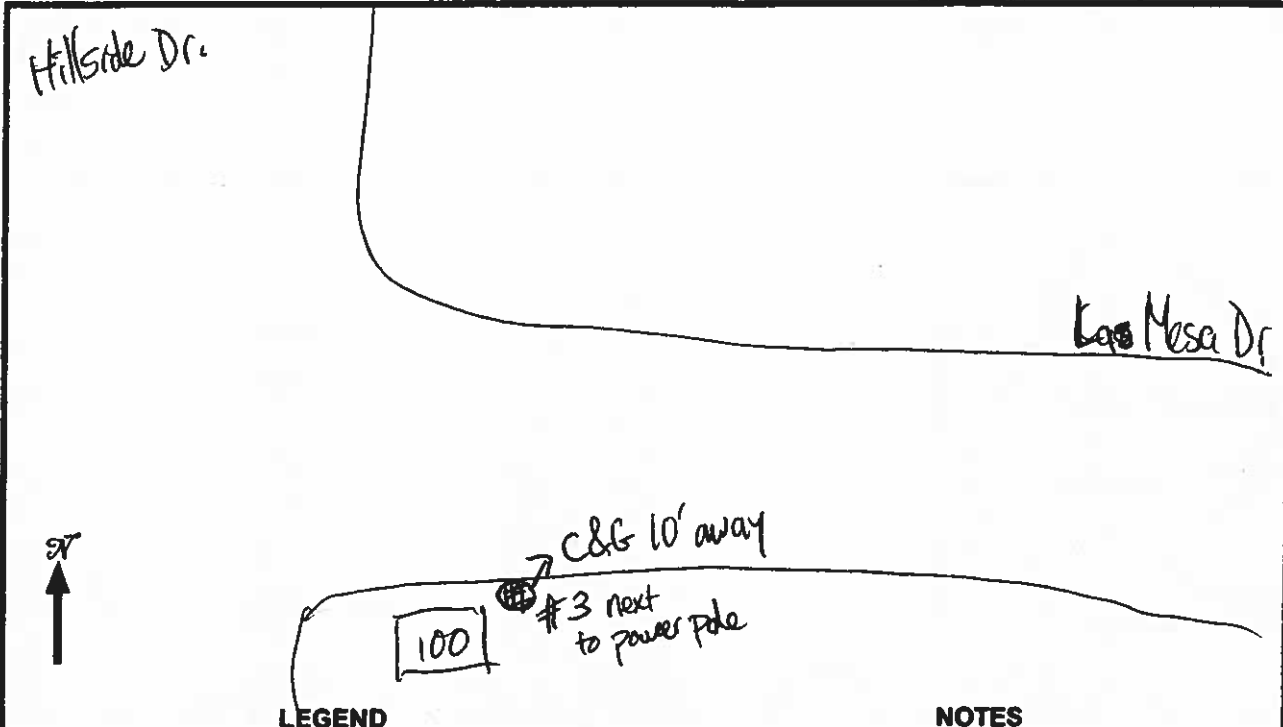
LOCATION CRITERIA FORM

Camera No. 885

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 3
 Completed by: PM/RK
 Date: 1-24-11

O & M HISTORY (Applies to manhole and segment downstream of manhole)

Inspection #: _____
 Group Project#: _____

LOCATION DESCRIPTION

PRIORITY

Public Impact

(Proximity to public facilities, Economic impact, Public health or safety concerns)

Picture No. _____

Environmental

(Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)

Picture No. _____

Access / Safety

(Safe, readily accessible area, Traffic level, Strategic importance to operation of system)

Picture No. _____

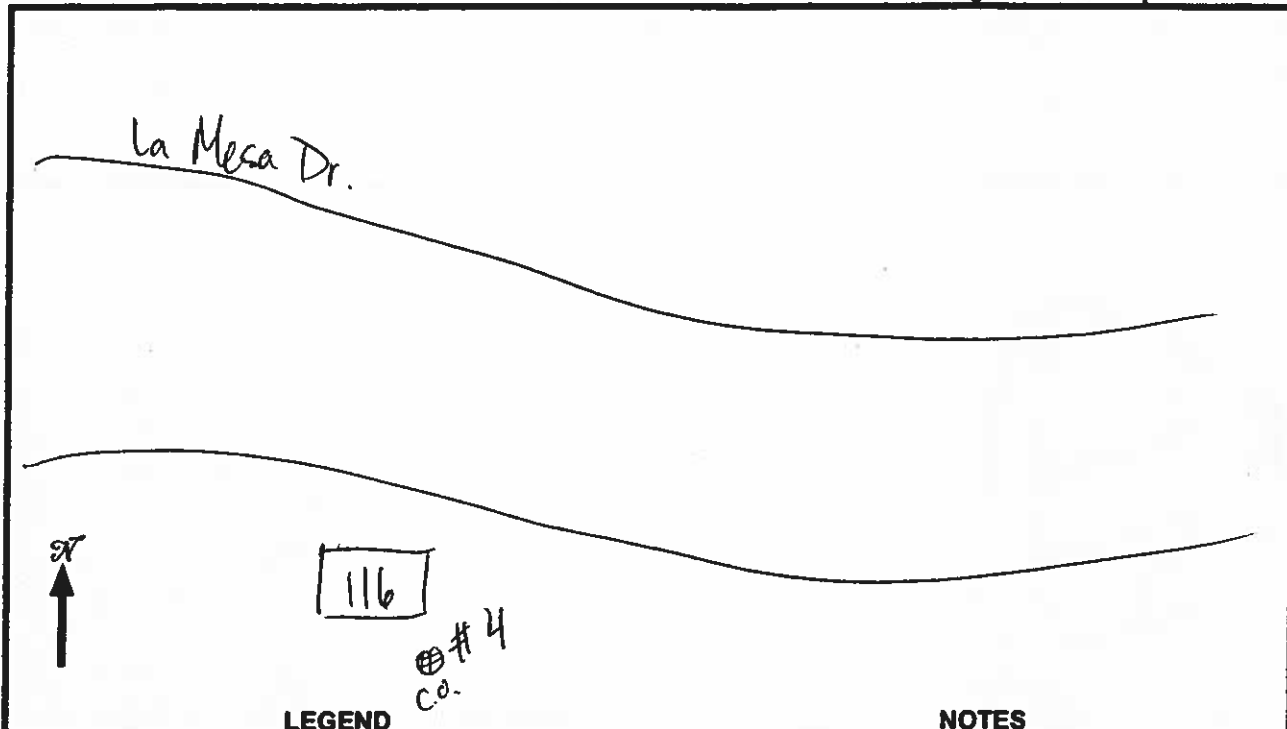
LOCATION CRITERIA FORM

Camera No. 885

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 4
 Completed by: PM/BK
 Date: 1-24-11

O & M HISTORY (Applies to manhole and segment downstream of manhole)

Inspection #: _____
 Group Project#: _____

LOCATION DESCRIPTION

PRIORITY

Public Impact
 (Proximity to public facilities, Economic impact, Public health or safety concerns)

1
 Picture No.

Environmental
 (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)

4
 Picture No.

Access / Safety
 (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)

1
 Picture No.

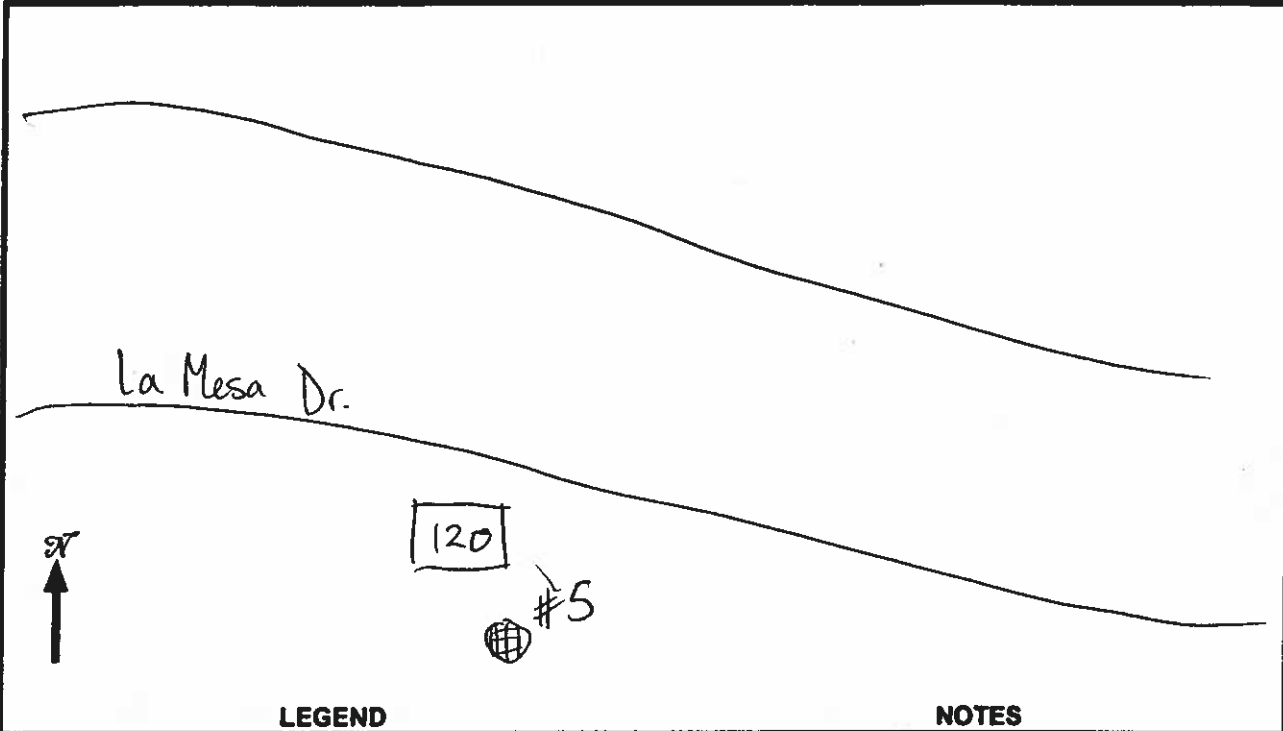
LOCATION CRITERIA FORM

Camera No. 885

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 5
 Completed by: RM/BK
 Date: 1-24-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No. 785

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE

La Mesa Dr.



124

*#6
CO. → drainage into yard*

** Owner Reports overflows*

LEGEND

NOTES

- Sewer Line
- Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- X Valve
- ▷ Photo Direction

Asset #: 6

Completed by: RM/BK

Date: 1-25-11

Inspection #: _____

Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION **PRIORITY**

Public Impact 1

(Proximity to public facilities, Economic impact, Public health or safety concerns) Picture No.

Environmental 4

(Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions) Picture No.

Access / Safety 1

(Safe, readily accessible area, Traffic level, Strategic importance to operation of system) Picture No.

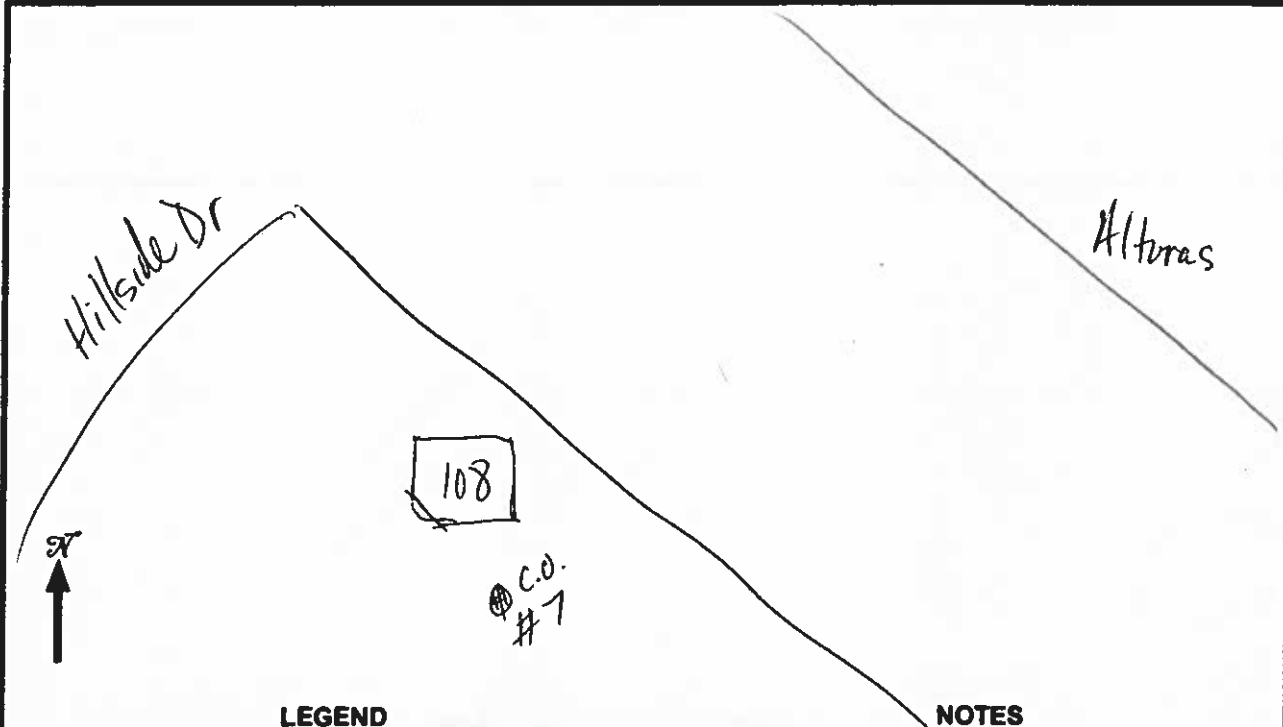
LOCATION CRITERIA FORM

Camera No. 885

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 7
 Completed by: RM/BK
 Date: 1-25-11

O & M HISTORY (Applies to manhole and segment downstream of manhole)

Inspection #: _____
 Group Project#: _____

LOCATION DESCRIPTION

PRIORITY

Public Impact
 (Proximity to public facilities, Economic impact, Public health or safety concerns)

1
Picture No.

Environmental
 (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)

4
Picture No.

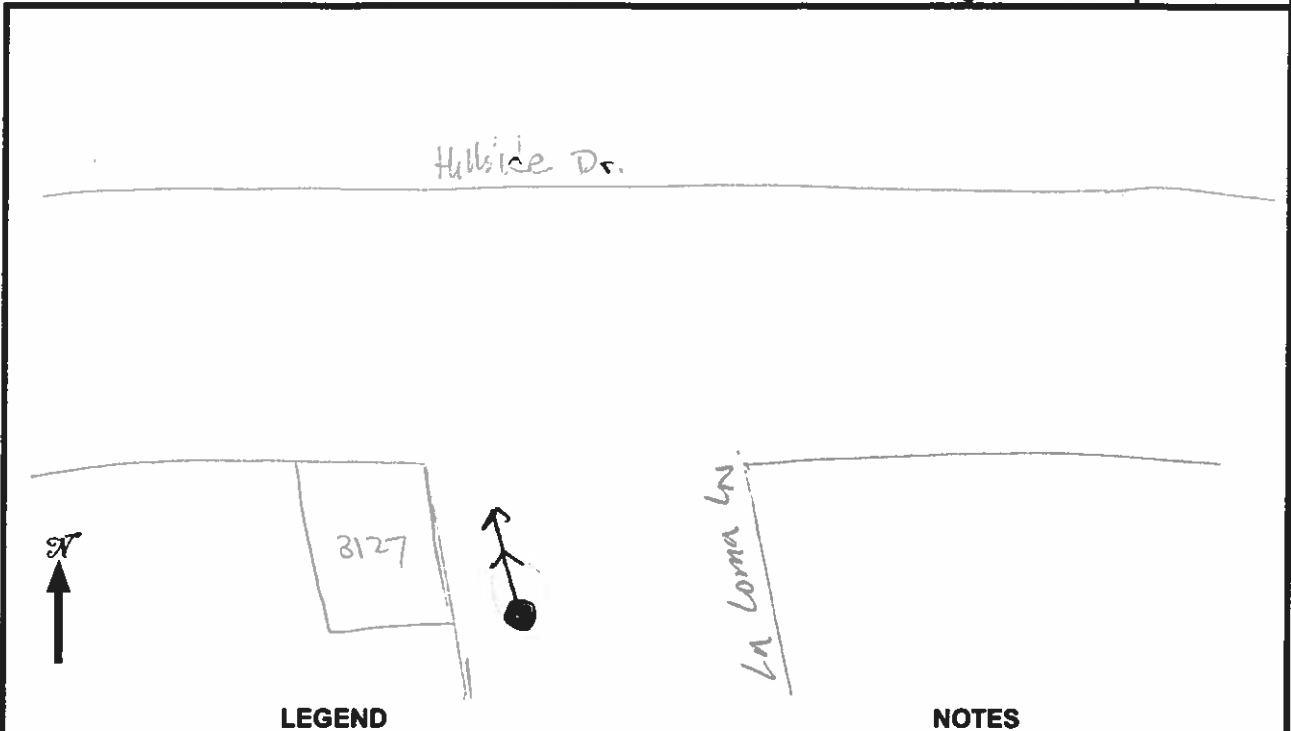
Access / Safety
 (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)

1
Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → Likely spill path | ▷ Photo Direction |

NOTES

Asset #:	8
Completed by:	AR
Date:	2011-01-17
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

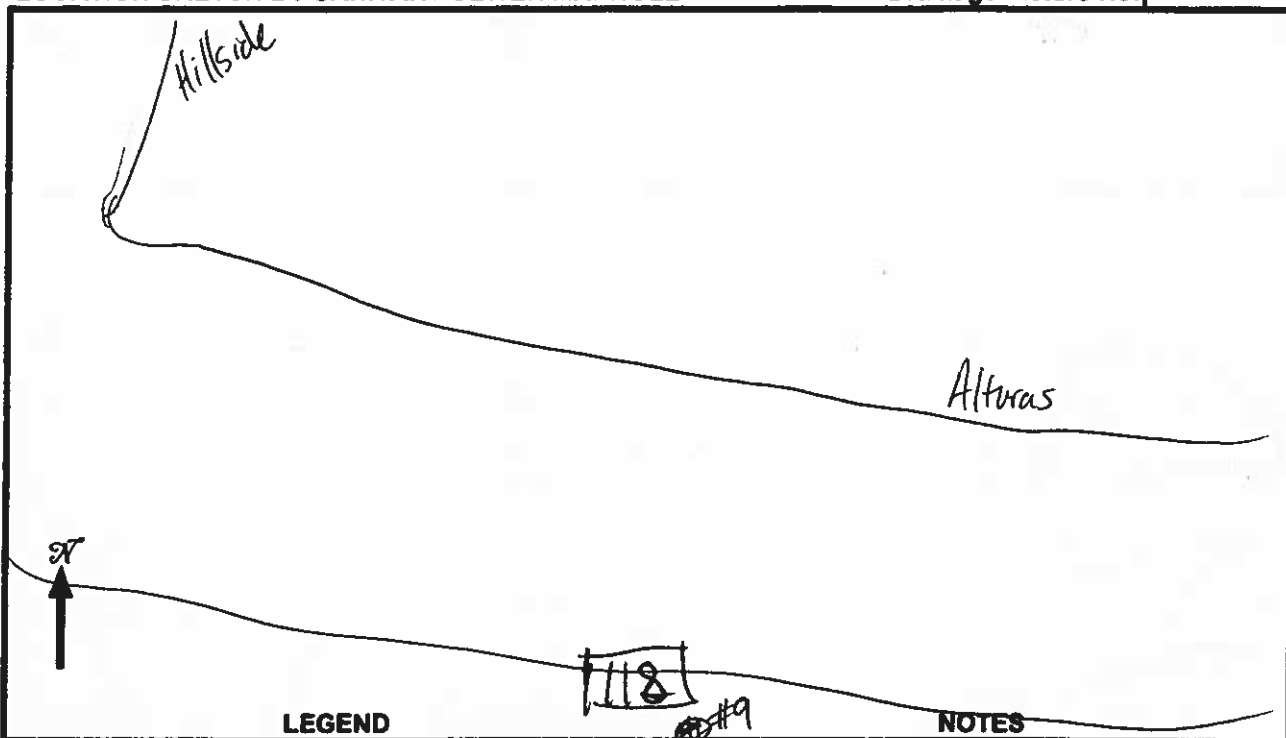
LOCATION CRITERIA FORM

Camera No. 385

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- → Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 9
 Completed by: RM/BK
 Date: 1-28-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

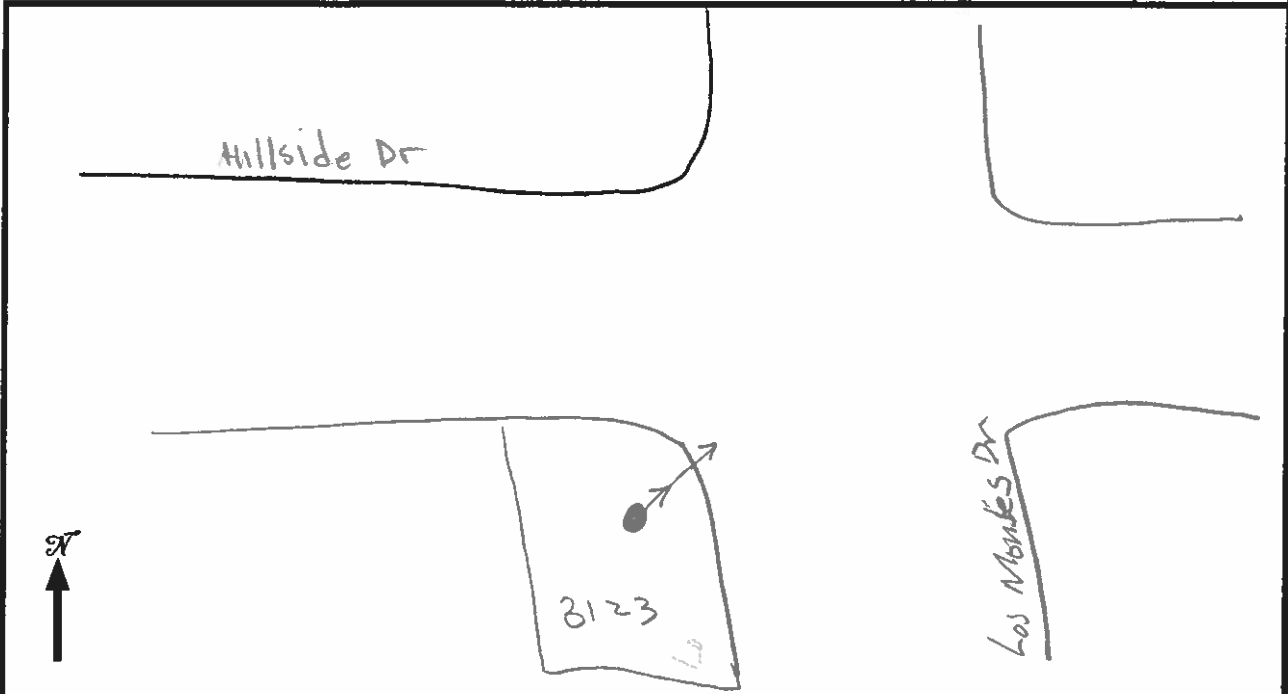
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No. 840
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 10
 Completed by: AR
 Date: 2011-01-17
 Inspection #: _____
 Group Project#: _____

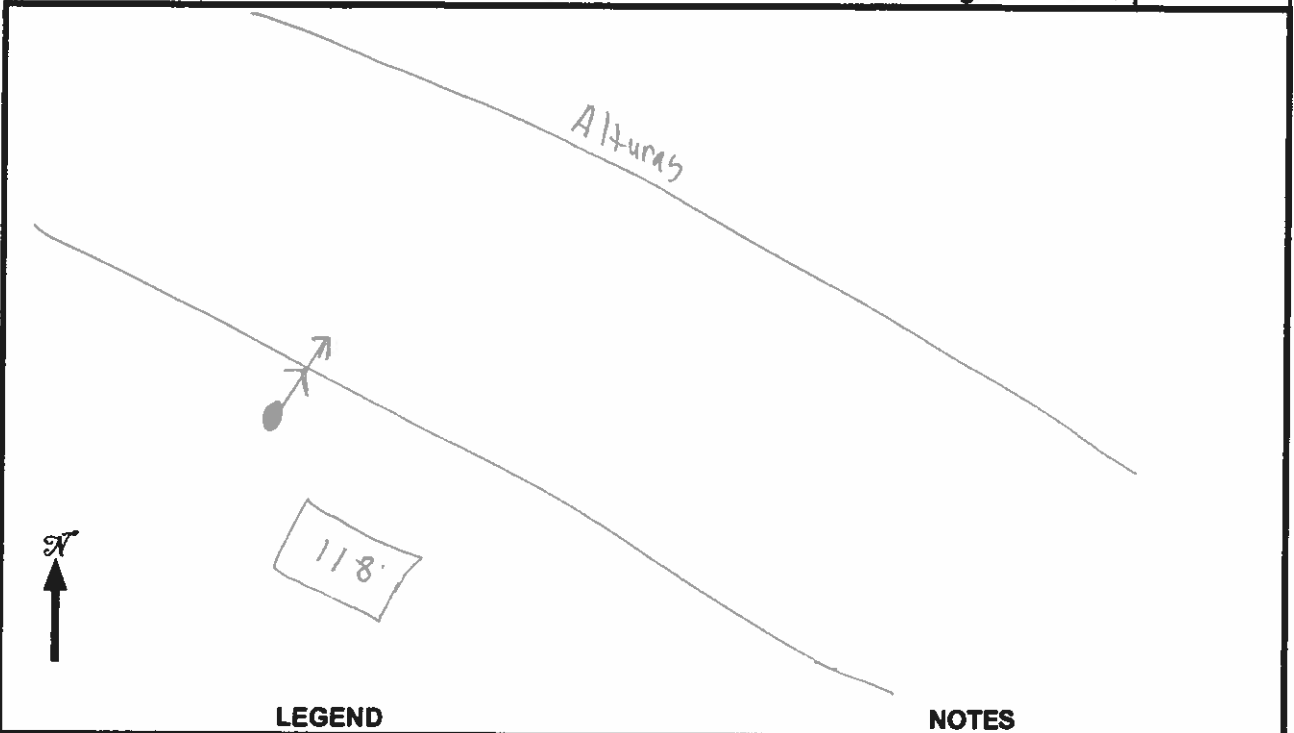
O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION	PRIORITY
Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1 Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4 Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4 Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|---|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line → → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|---|---|

NOTES

Asset #: 11

Completed by: *[Signature]*

Date: 2011-01-17

Inspection #: _____

Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

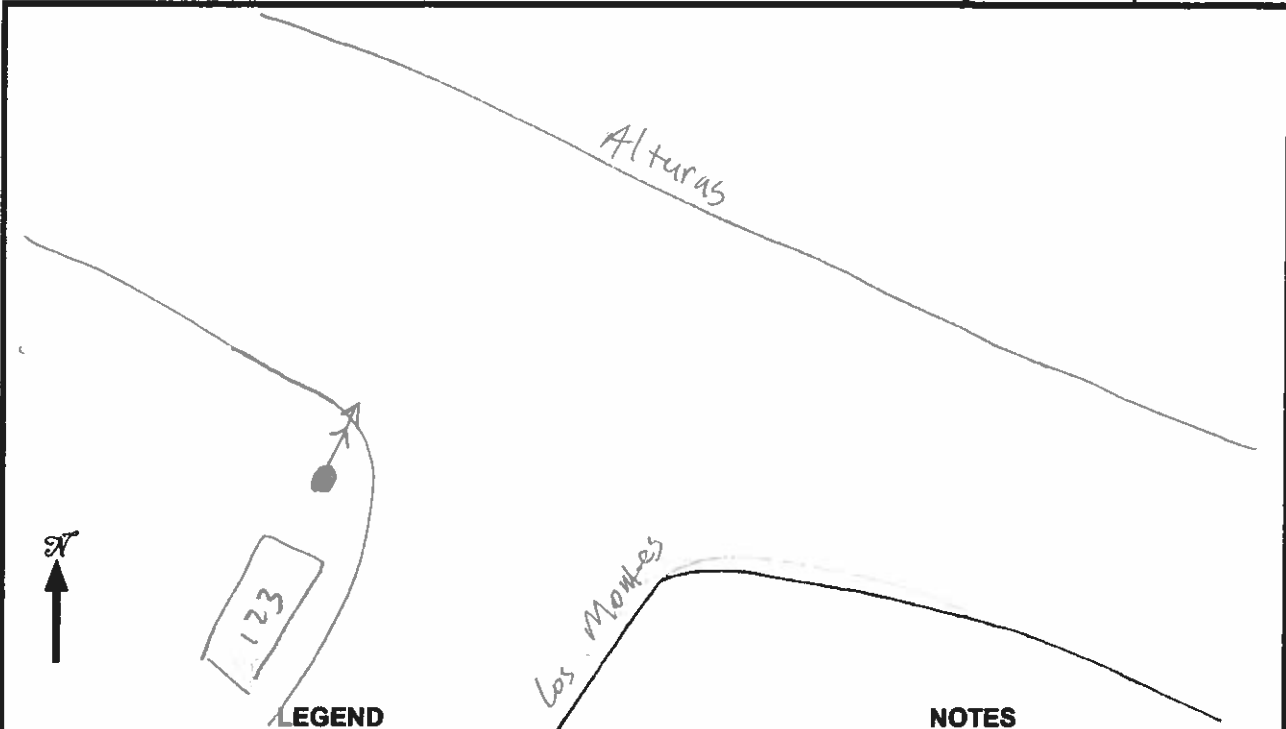
PRIORITY

Public Impact	1
(Proximity to public facilities, Economic impact, Public health or safety concerns)	Picture No.
Environmental	4
(Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	Picture No.
Access / Safety	4
(Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	Picture No.

LOCATION CRITERIA FORM

Camera No. 840
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- X Valve
- ▷ Photo Direction

NOTES

Asset #: 12
 Completed by: AR
 Date: 2011-01-17

O & M HISTORY (Applies to manhole and segment downstream of manhole)

Inspection #: _____
 Group Project#: _____

LOCATION DESCRIPTION

PRIORITY

Public Impact
 (Proximity to public facilities, Economic impact, Public health or safety concerns)

1
 Picture No.

Environmental
 (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)

4
 Picture No.

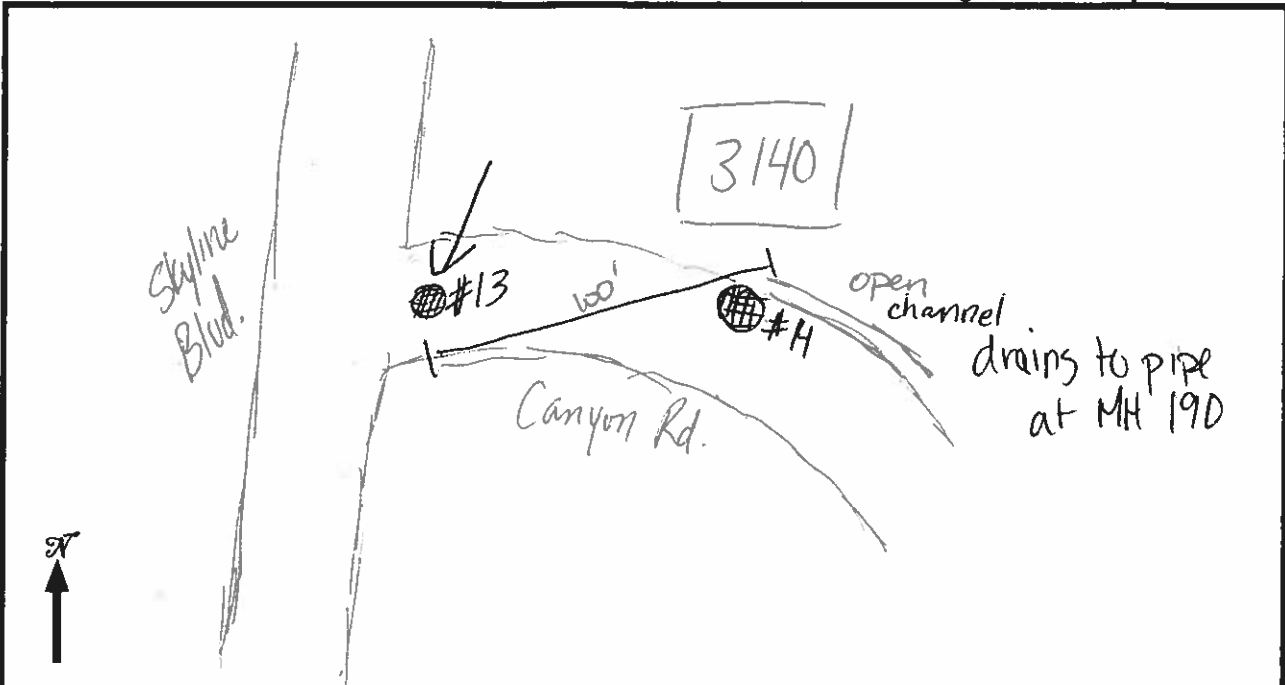
Access / Safety
 (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)

1
 Picture No.

LOCATION CRITERIA FORM

Camera No.	885
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → Likely spill path | ▷ Photo Direction |

NOTES

Asset #:	13
Completed by:	BK/RM
Date:	1-14-11
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

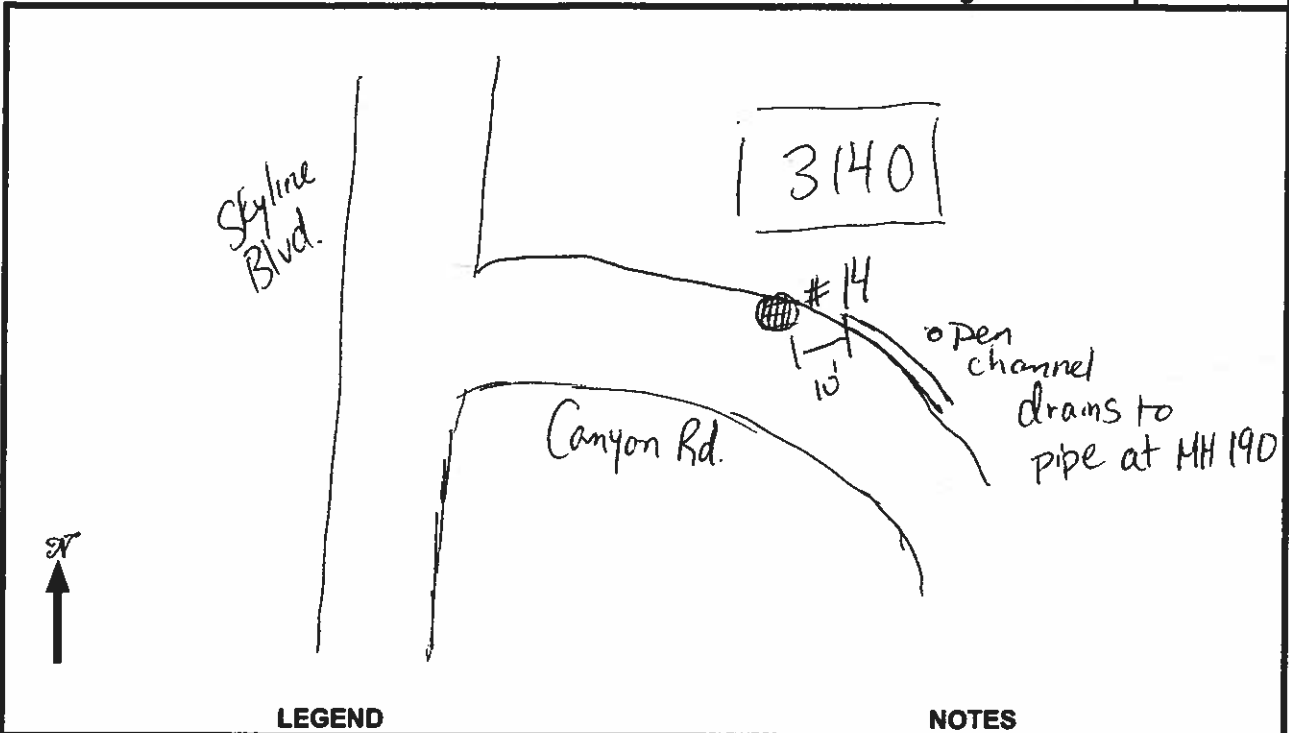
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- → Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 19
 Completed by: BE/RM
 Date: 1-14-11

O & M HISTORY (Applies to manhole and segment downstream of manhole)

Inspection #: _____
 Group Project#: _____

LOCATION DESCRIPTION

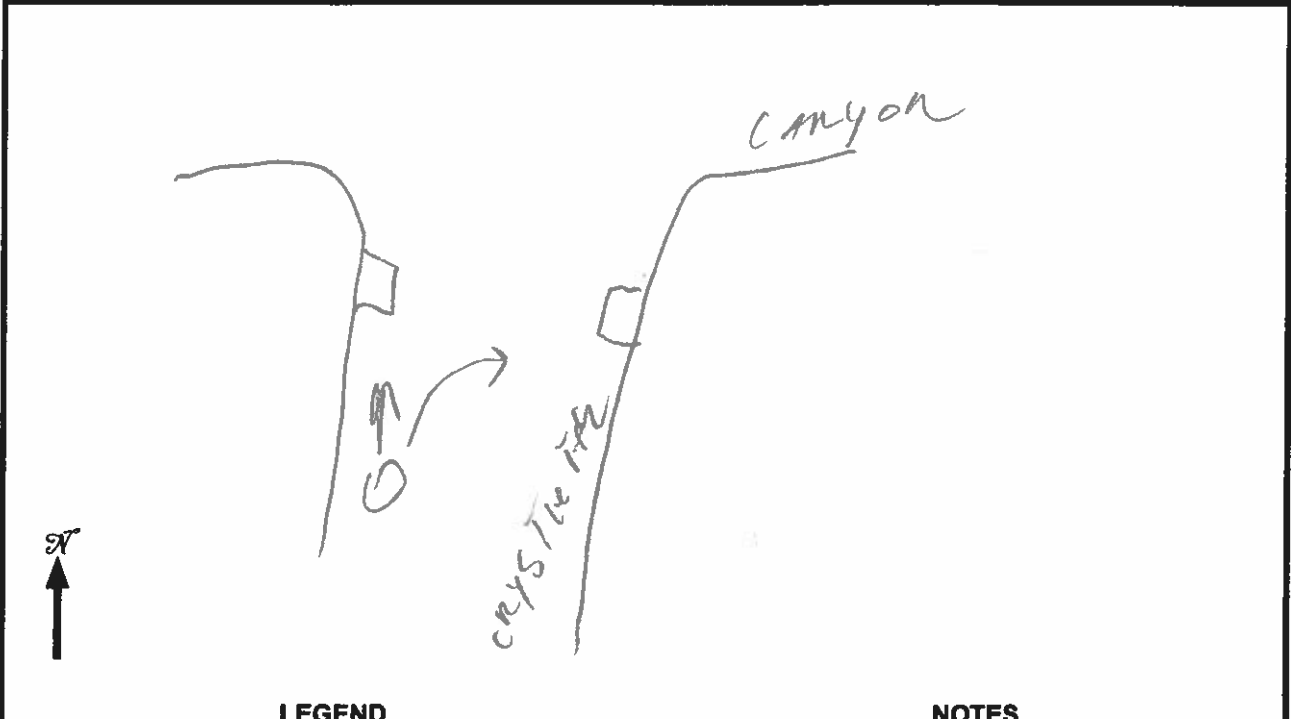
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	/
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	/
	Picture No.

LOCATION CRITERIA FORM

Camera No. 840
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 15
 Completed by: LS
 Date: 2011 01 13
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

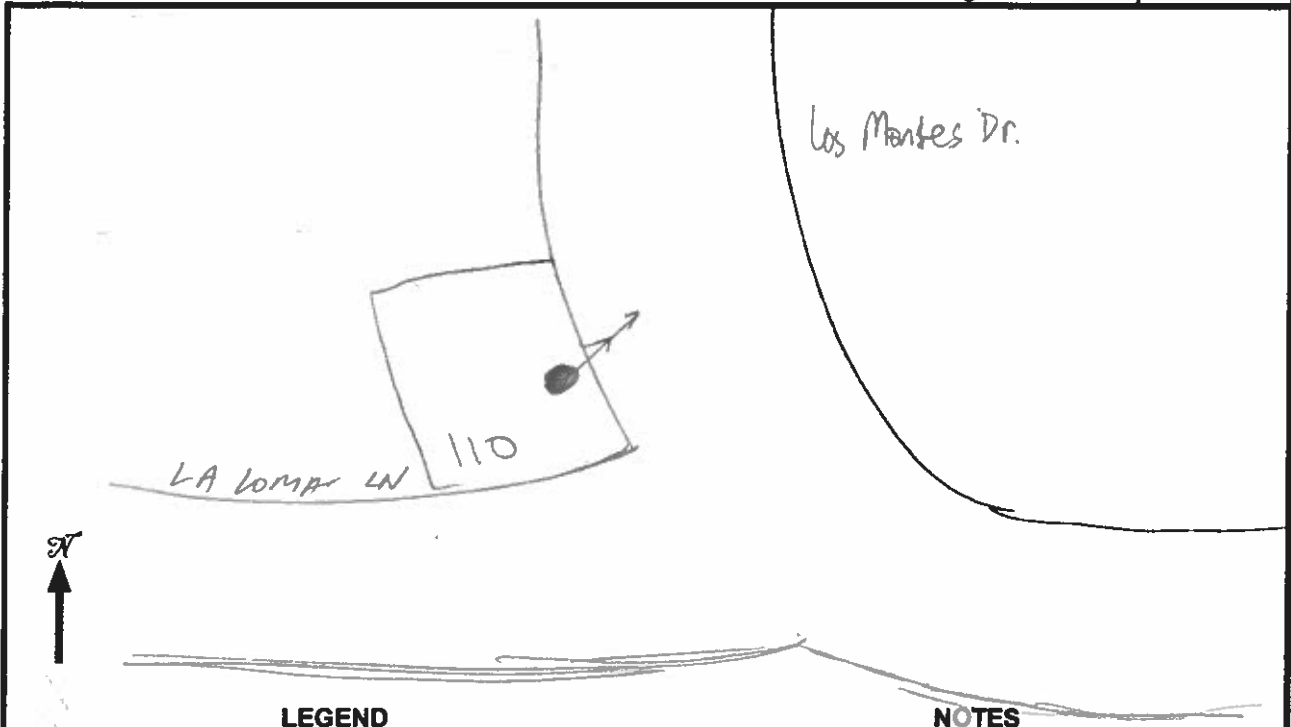
PRIORITY

Public Impact	
(Proximity to public facilities, Economic impact, Public health or safety concerns)	Picture No.
	<u>1</u>
Environmental	
(Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	Picture No.
	<u>4</u>
Access / Safety	
(Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	Picture No.
	<u>1</u>

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → → Likely spill path | ▷ Photo Direction |

NOTES

Asset #:	18
Completed by:	AR
Date:	2011-01-17
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

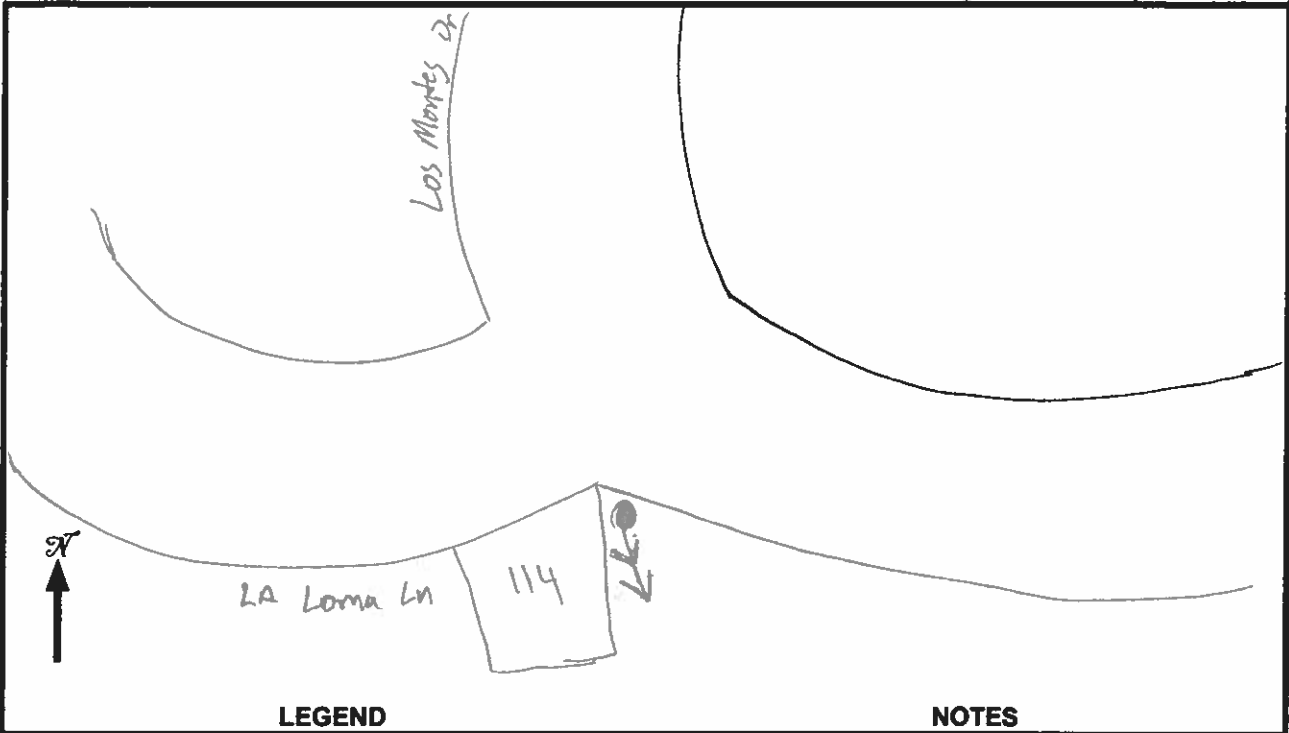
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4
	Picture No.

LOCATION CRITERIA FORM

Camera No.	246
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → Likely spill path | ▷ Photo Direction |

NOTES

Asset #:	19
Completed by:	AR
Date:	2011-01-17
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

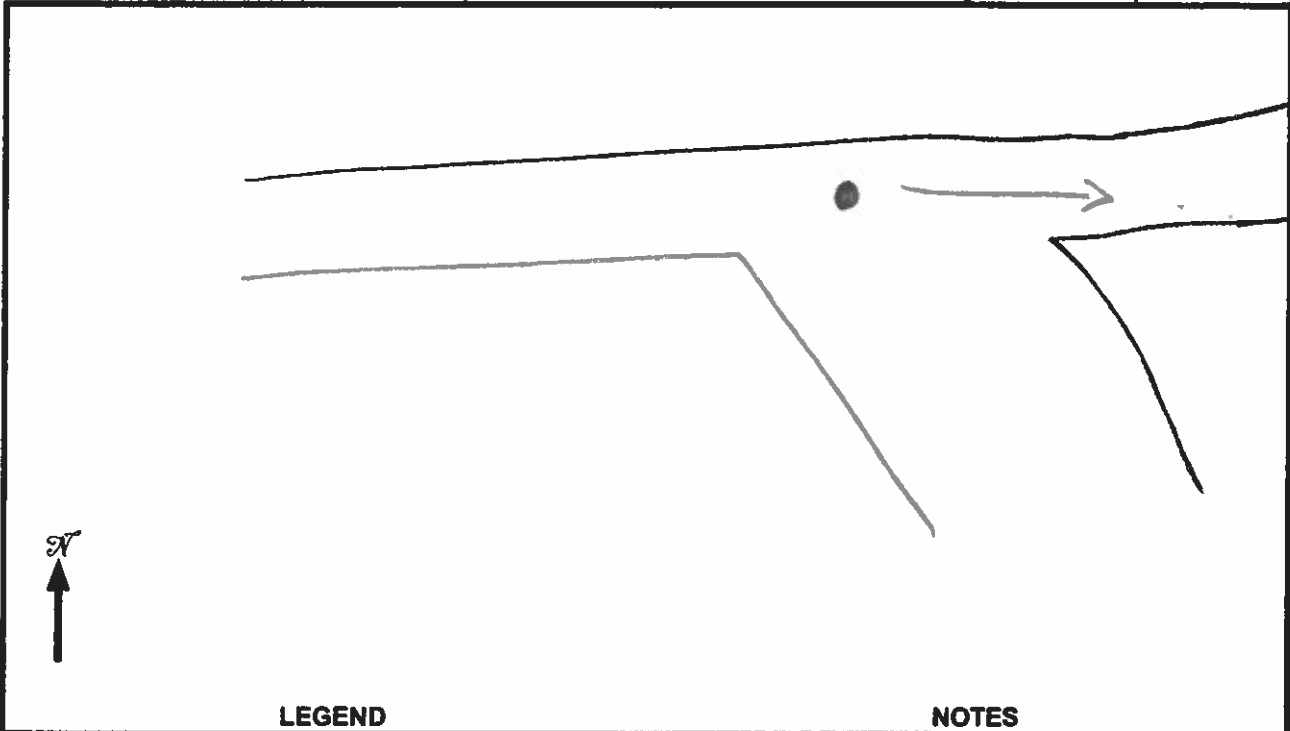
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4
	Picture No.

LOCATION CRITERIA FORM

Camera No. 21 890
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 21
 Completed by: SS
 Date: 2011-01-14
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

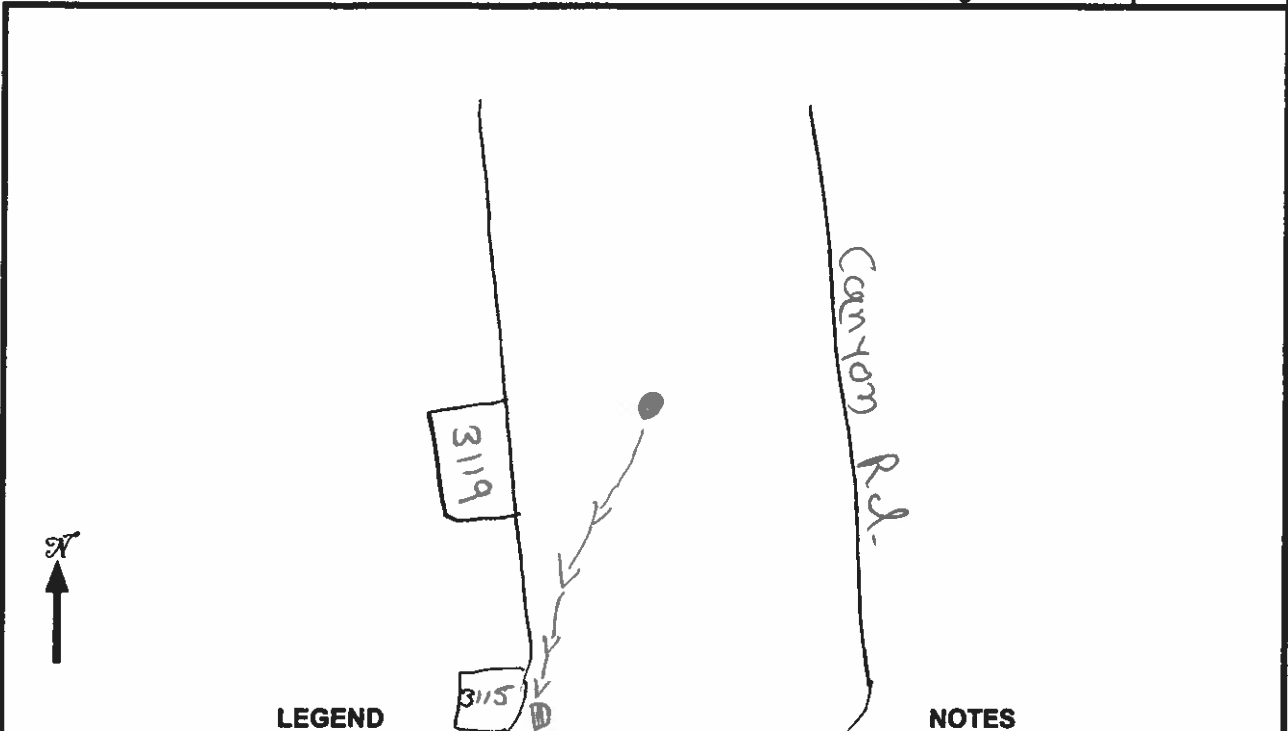
PRIORITY

Public Impact	
(Proximity to public facilities, Economic impact, Public health or safety concerns)	Picture No. _____
	1
Environmental	
(Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	Picture No. _____
	4
Access / Safety	
(Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	Picture No. _____
	1

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|---|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|---|---|

NOTES

Asset #:	22
Completed by:	SS
Date:	2011-01-14
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION	PRIORITY
----------------------	----------

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
	1

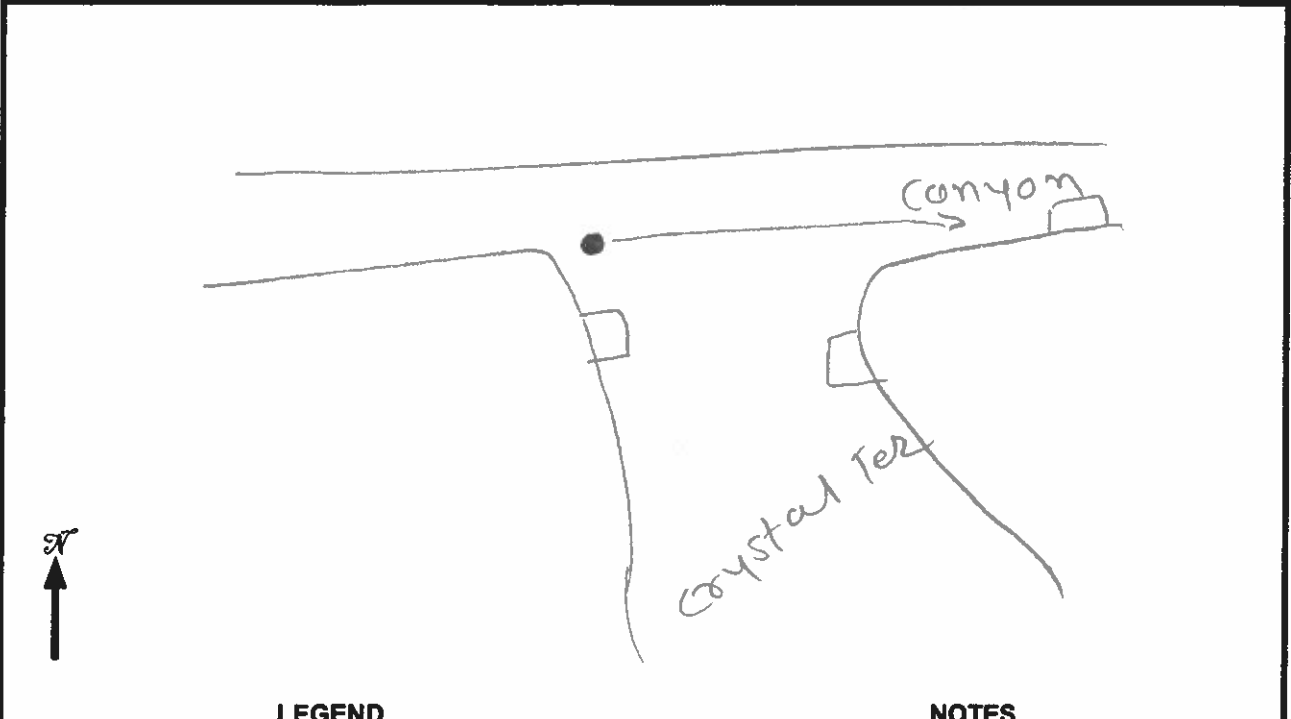
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
	1

Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	3
	Picture No.

LOCATION CRITERIA FORM

Camera No. 840
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- → Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 23
 Completed by: SS
 Date: 2011 01 14
 Inspection #: _____
 Group Project#: _____

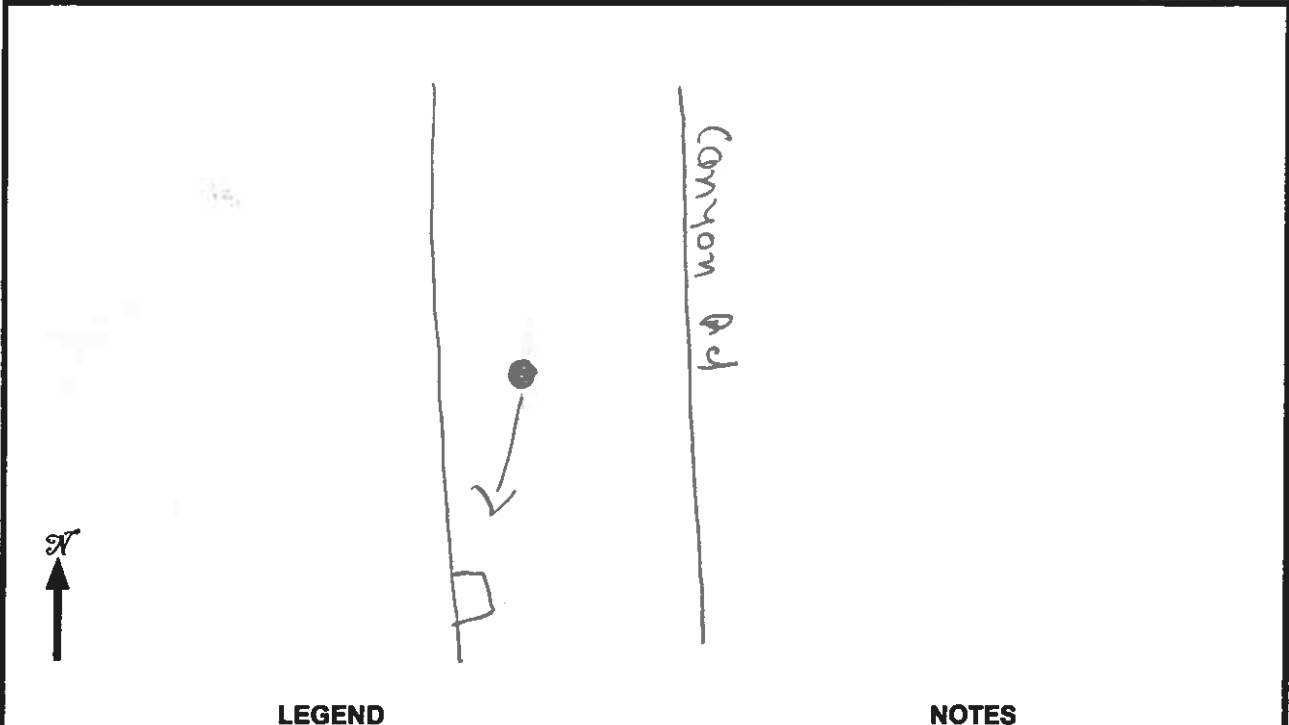
O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION	PRIORITY
Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	Picture No. <u>1</u>
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	Picture No. <u>4</u>
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	Picture No. <u>1</u>

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|---|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line → → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|---|---|

NOTES

Asset #:	24
Completed by:	SS
Date:	2011-01-14
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

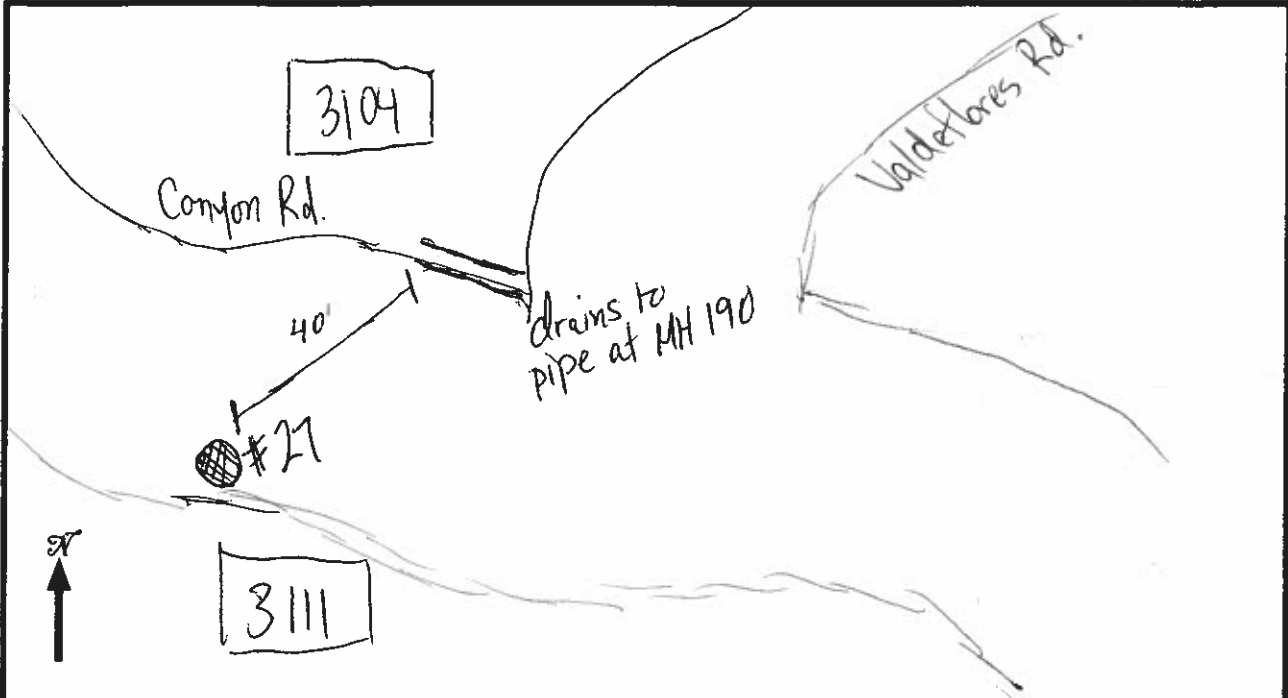
PRIORITY

Public Impact	1
(Proximity to public facilities, Economic impact, Public health or safety concerns)	Picture No.
	1
Environmental	4
(Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	Picture No.
	4
Access / Safety	2
(Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 27
 Completed by: RM/BK
 Date: 1-14-11
 Inspection #: _____
 Group Project#: _____

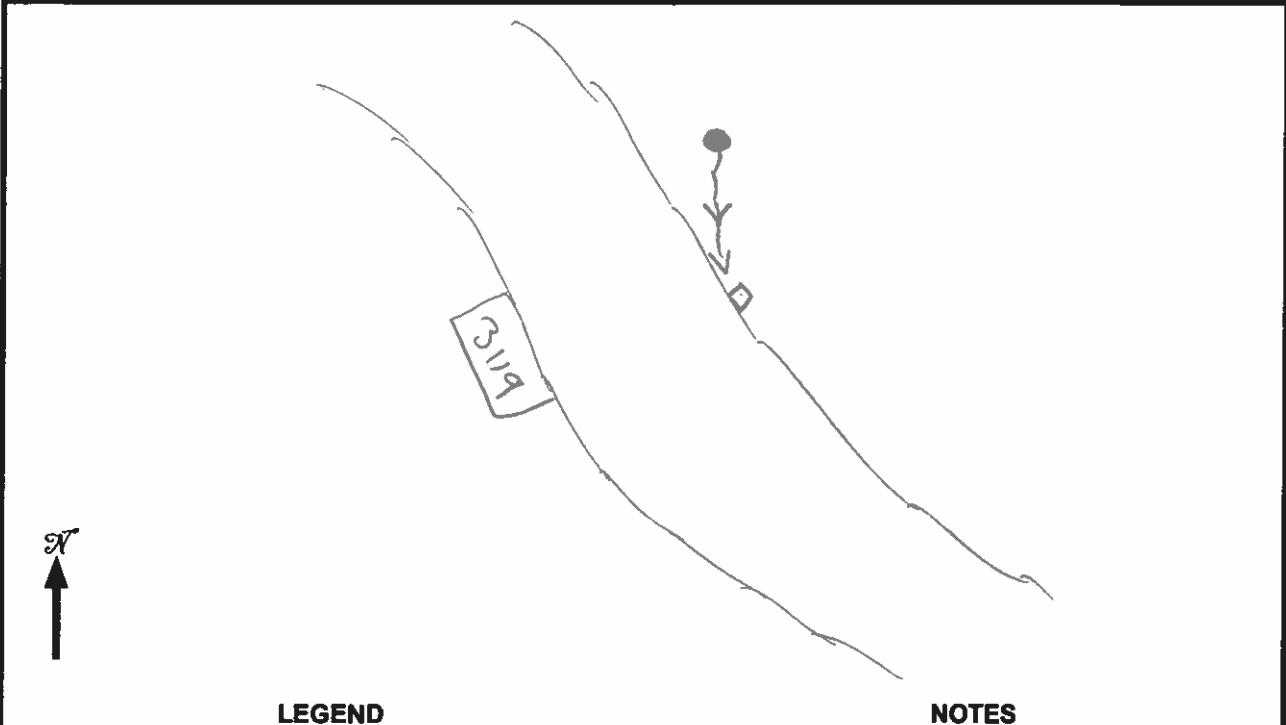
O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION	PRIORITY
Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- | | |
|---|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line → → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|---|---|

Asset #:	28
Completed by:	SS
Date:	2011-01-14
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION	PRIORITY
----------------------	----------

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.

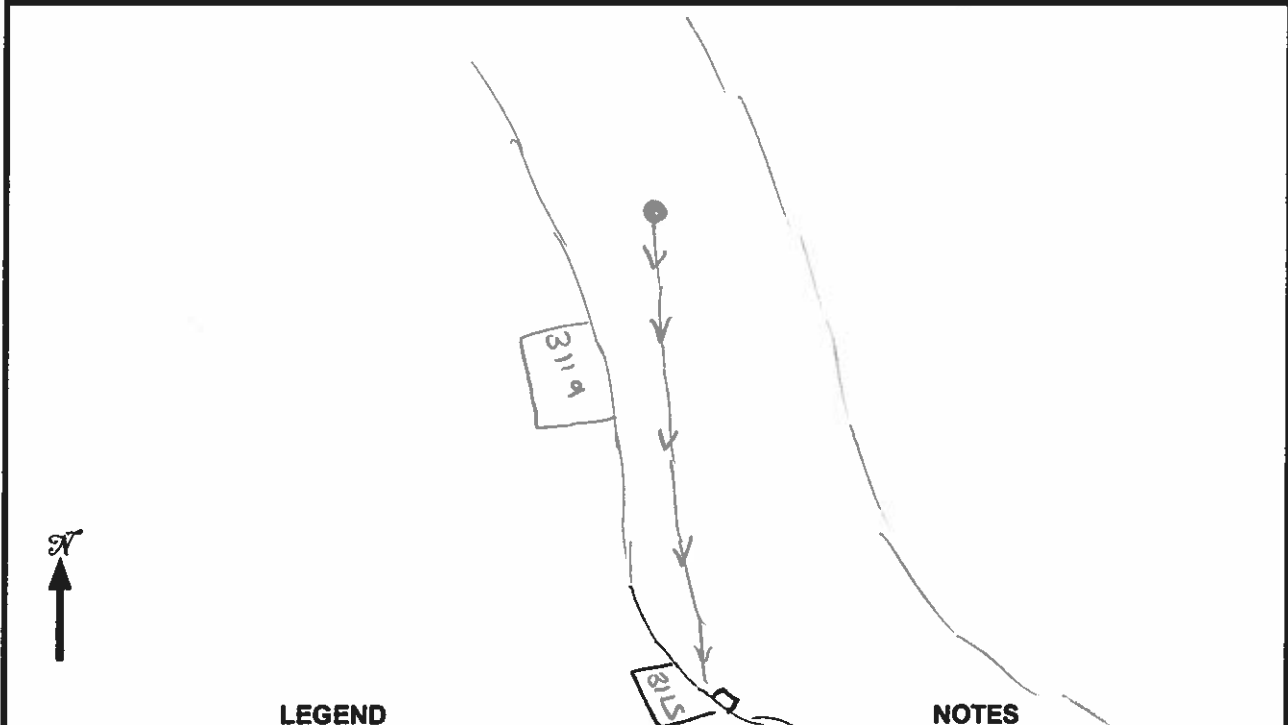
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.

Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → Likely spill path | ▷ Photo Direction |

NOTES

Asset #:	29
Completed by:	SS
Date:	2011-01-14
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	5
	Picture No.

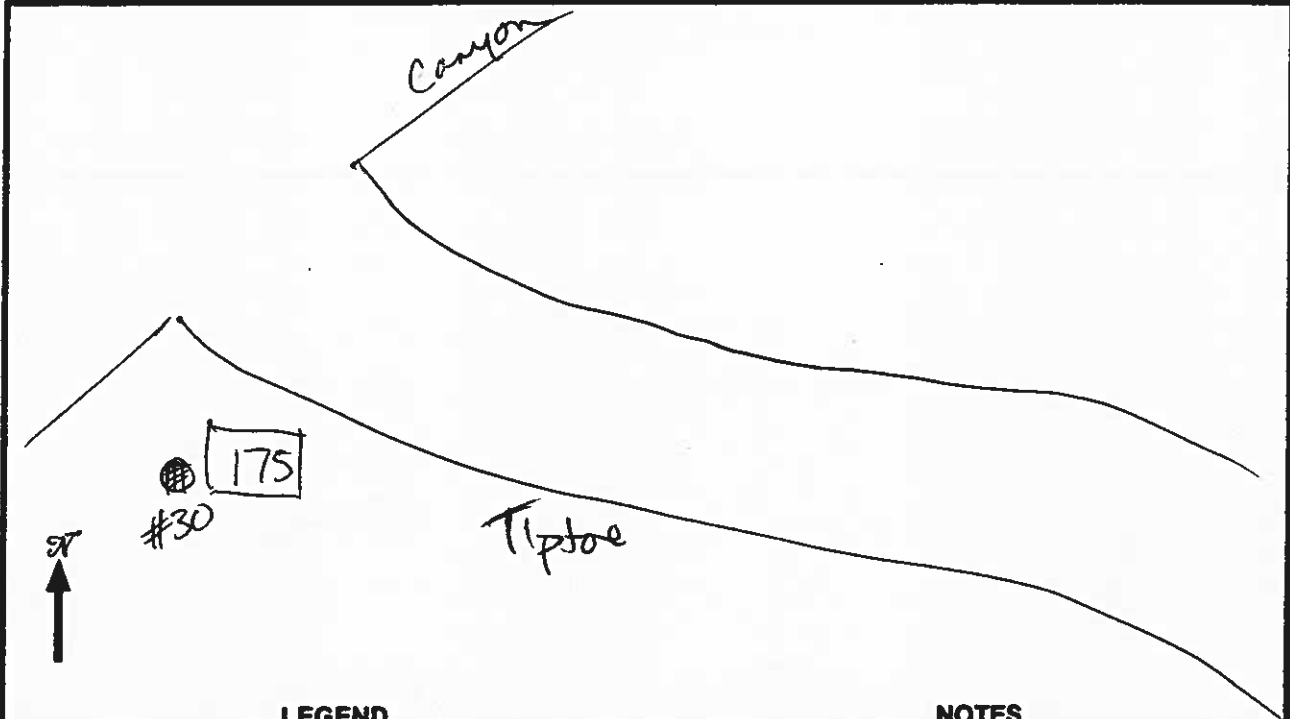
LOCATION CRITERIA FORM

Camera No. 885

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 30
 Completed by: PH/BK
 Date: 1-25-11

O & M HISTORY (Applies to manhole and segment downstream of manhole)

Inspection #: _____
 Group Project#: _____

LOCATION DESCRIPTION

PRIORITY

Public Impact /
 (Proximity to public facilities, Economic impact, Public health or safety concerns) Picture No.

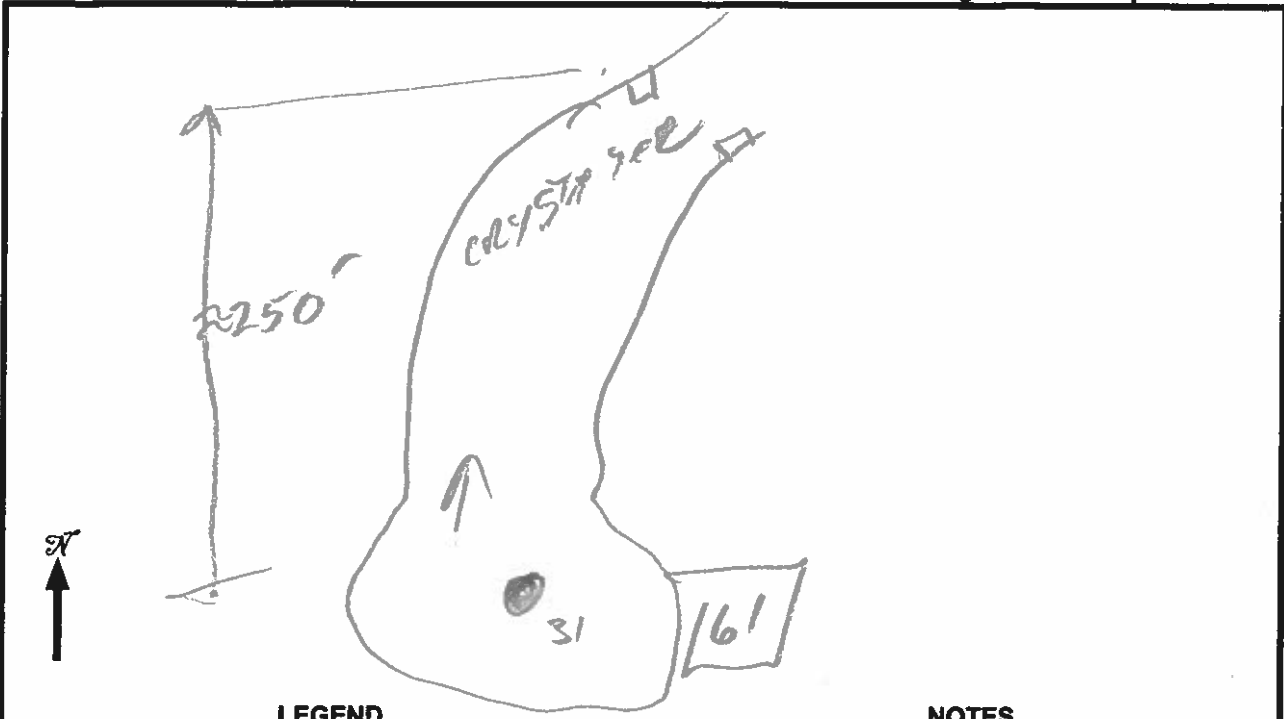
Environmental S
 (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions) Picture No.

Access / Safety /
 (Safe, readily accessible area, Traffic level, Strategic importance to operation of system) Picture No.

LOCATION CRITERIA FORM

Camera No. 365
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|---|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line → → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|---|---|

NOTES

Asset #: MH 31
 Completed by: BK, R, Y
 Date: 13 Jan 11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact	1
(Proximity to public facilities, Economic impact, Public health or safety concerns)	Picture No.
Environmental	2
(Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	Picture No.
Access / Safety	1
(Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	Picture No.

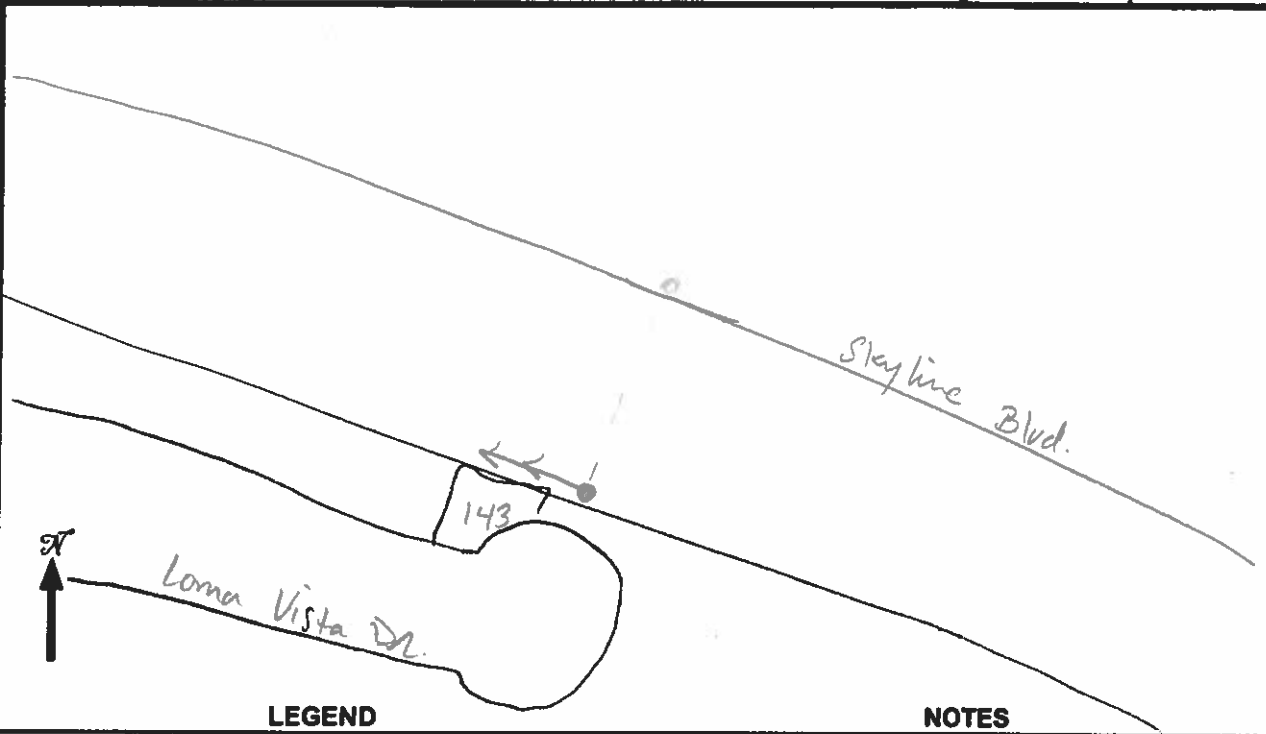
LOCATION CRITERIA FORM

Camera No. 840

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- → Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 35
 Completed by: AR
 Date: 2011-01-20
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

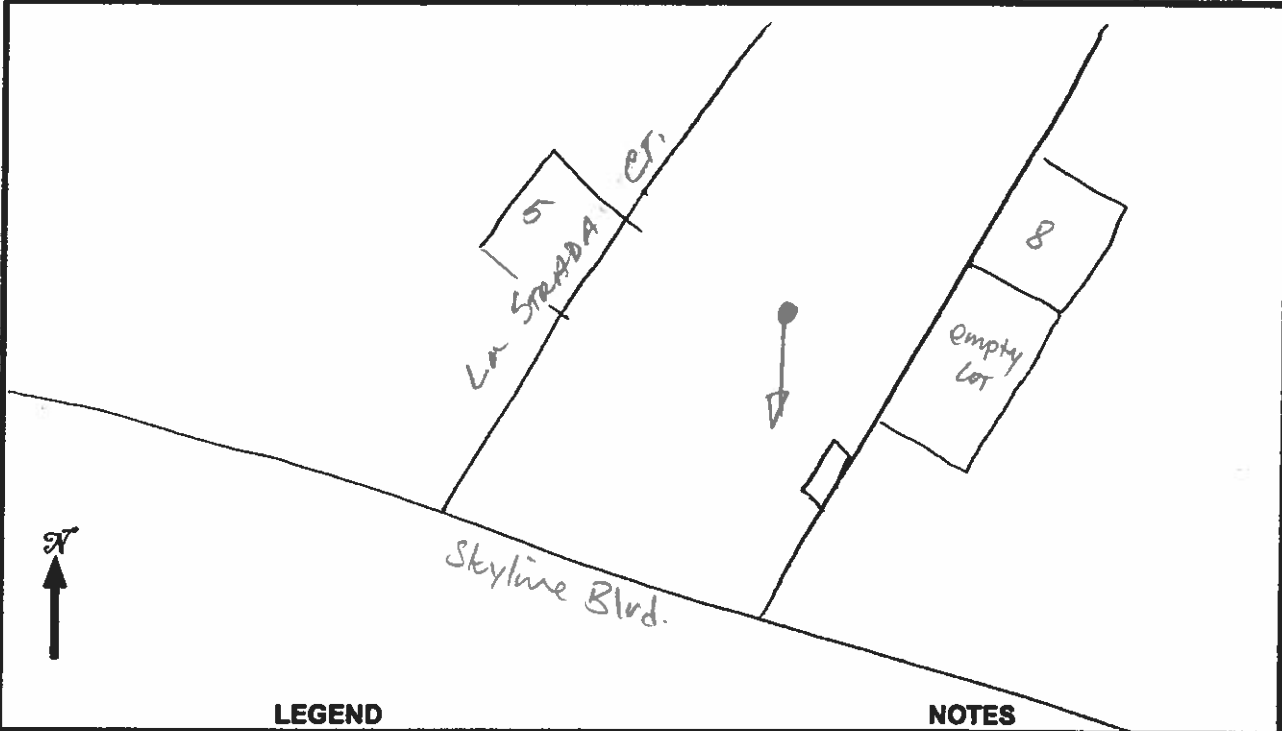
LOCATION CRITERIA FORM

Camera No. 840

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- → Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 36
 Completed by: AR
 Date: 2017-01-20
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

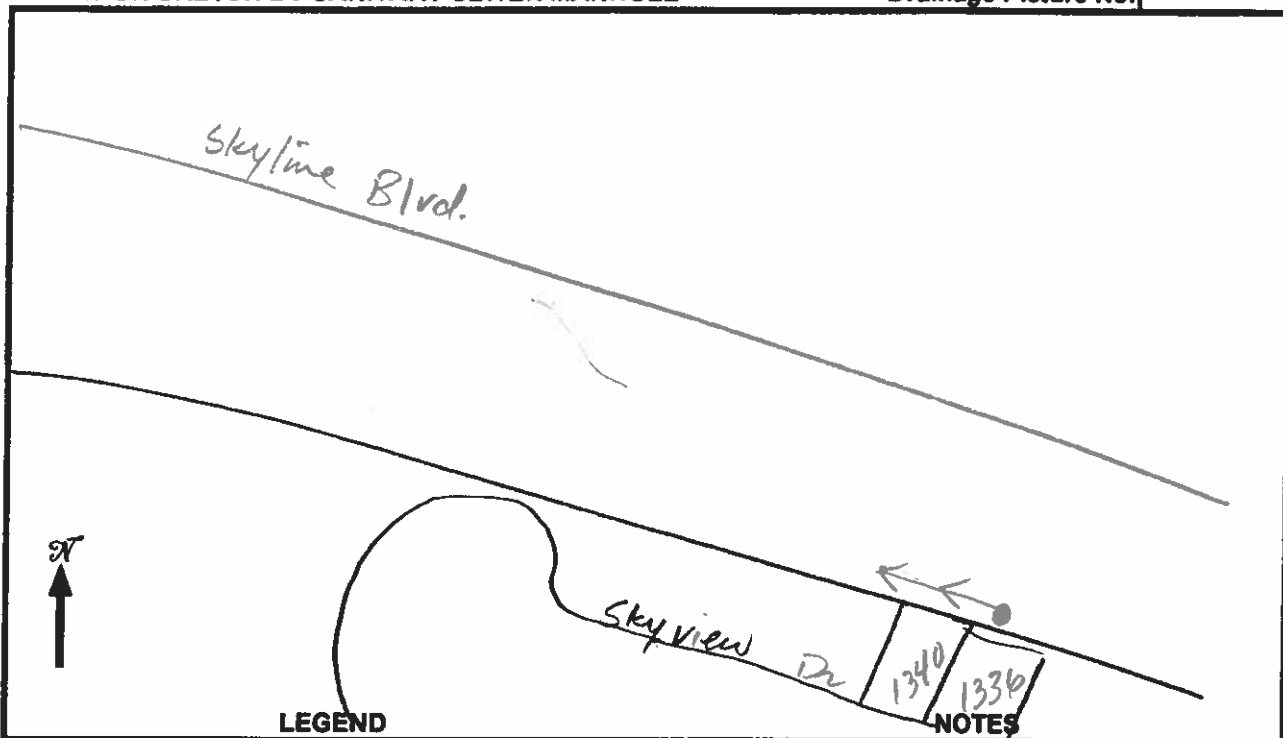
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No. 890
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → → Likely spill path | ▷ Photo Direction |

Asset #: 41
 Completed by: AR
 Date: 2011-01-20
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION	PRIORITY
----------------------	----------

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	/ Picture No.
---	------------------

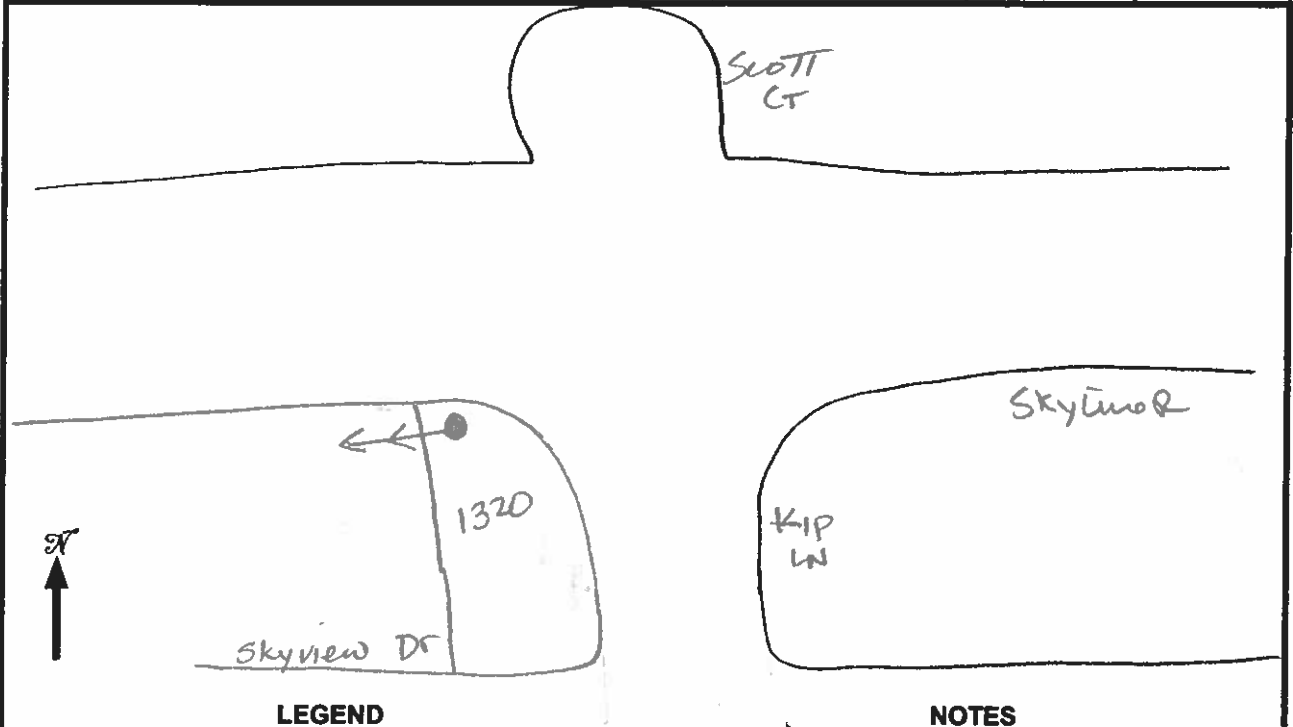
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4 Picture No.
---	------------------

Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	/ Picture No.
--	------------------

LOCATION CRITERIA FORM

Camera No. 870
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 42
 Completed by: AP
 Date: 2011-01-18
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

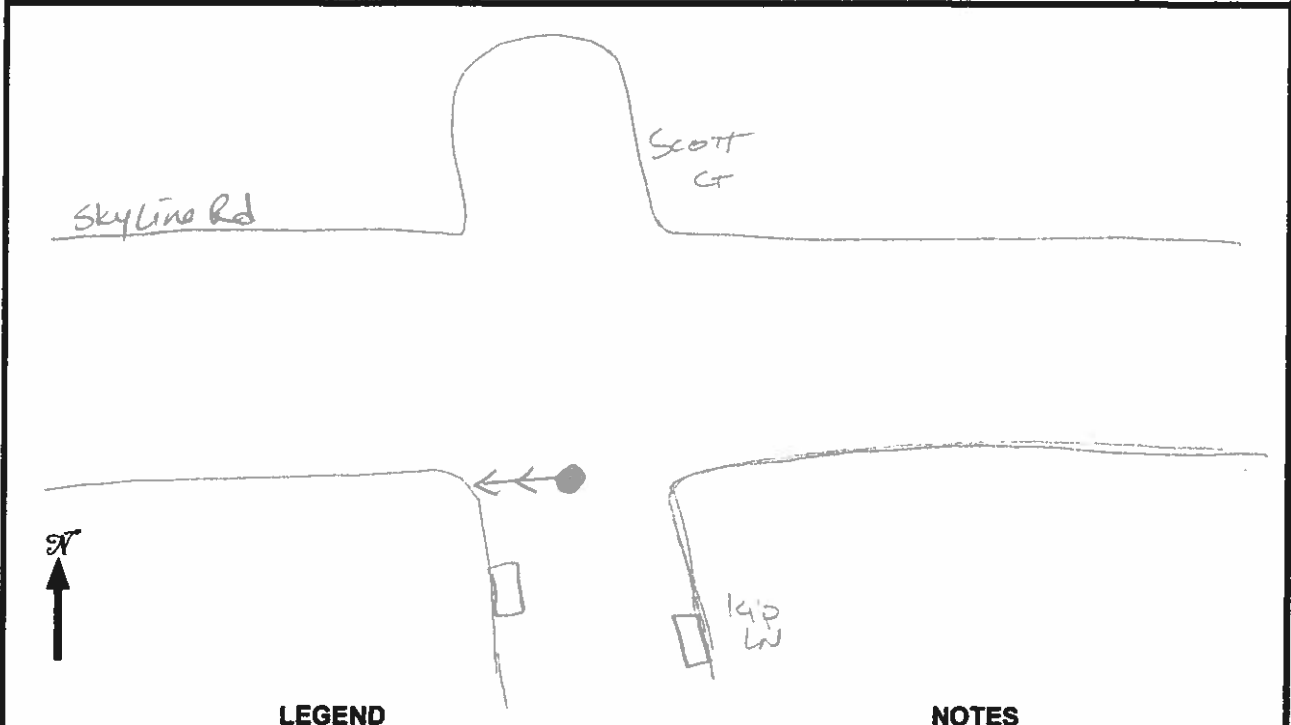
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|---|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line → → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|---|---|

NOTES

Asset #:	43
Completed by:	AR
Date:	2011-01-18
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	/
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	/
	Picture No.

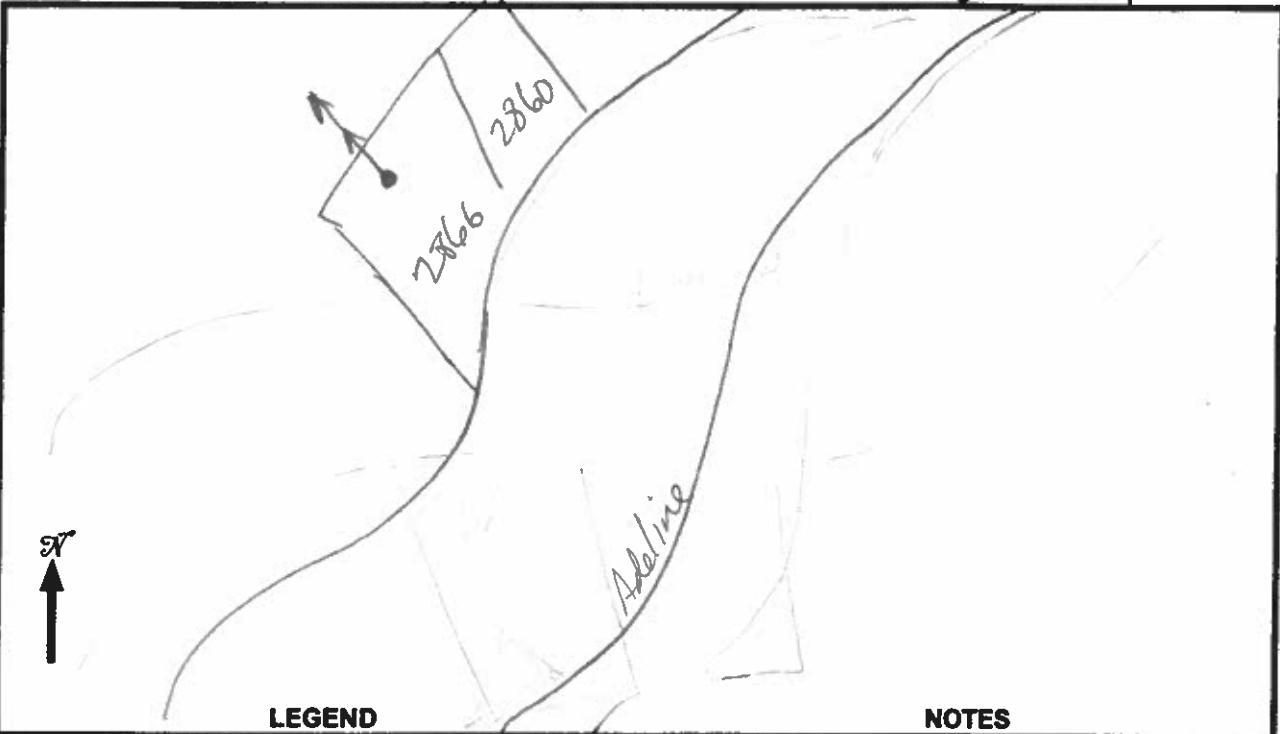
LOCATION CRITERIA FORM

Camera No. 840

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 45
 Completed by: AA
 Date: 2011-01-19
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4
	Picture No.

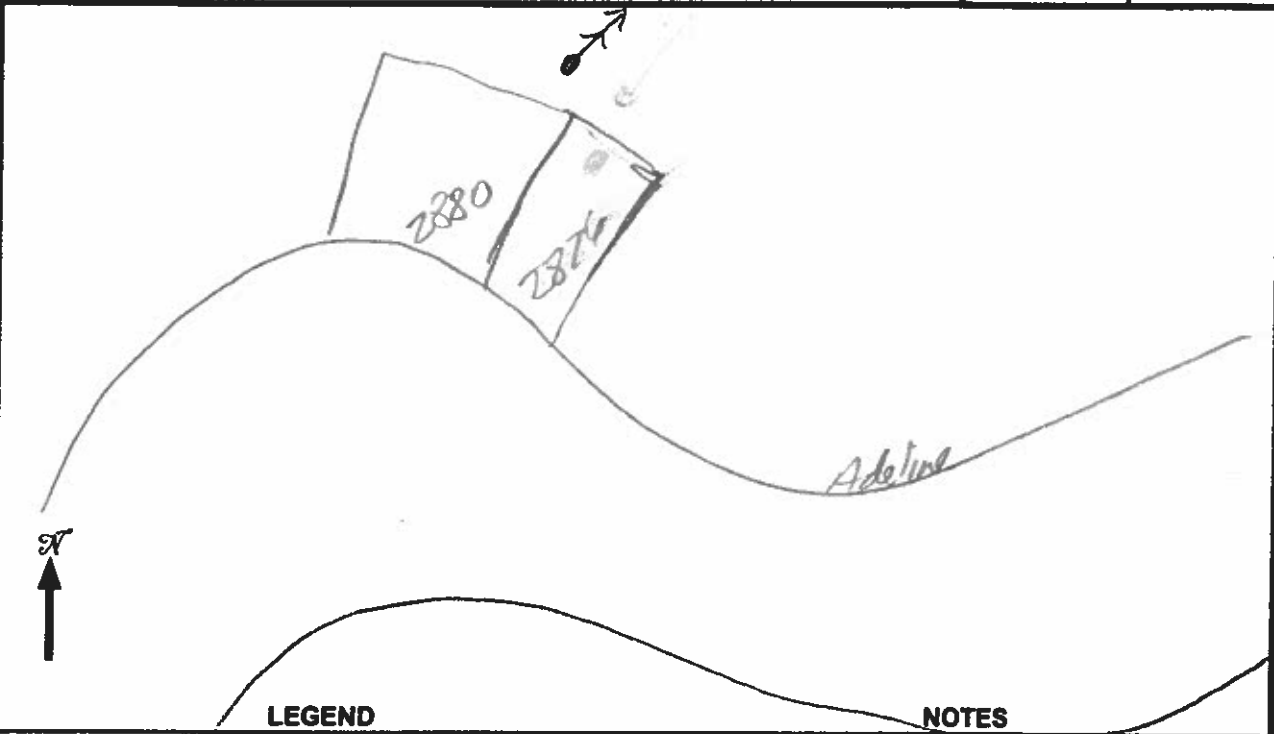
LOCATION CRITERIA FORM

Camera No. 870

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- → Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 46
 Completed by: (Signature)
 Date: 2011-01-19
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

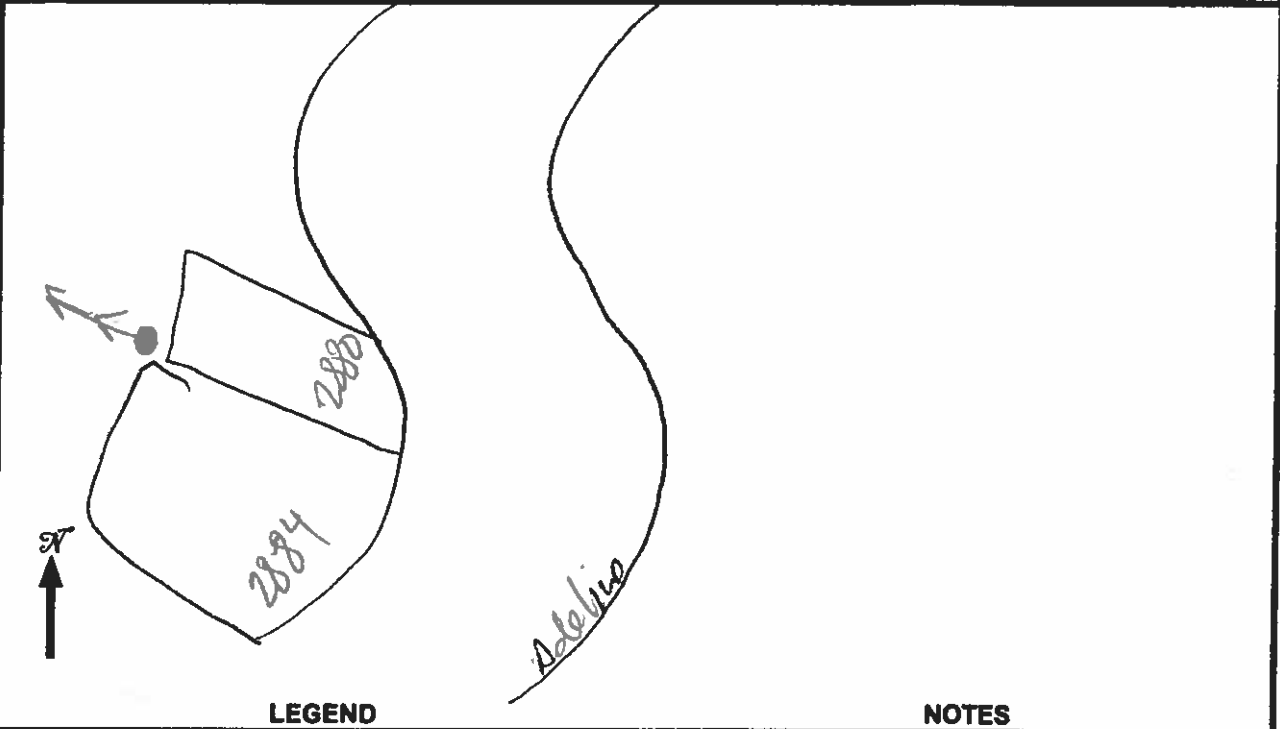
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1 Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4 Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4 Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| →→→ Likely spill path | ▷ Photo Direction |

NOTES

Asset #:	47
Completed by:	(Signature)
Date:	2011-01-19
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

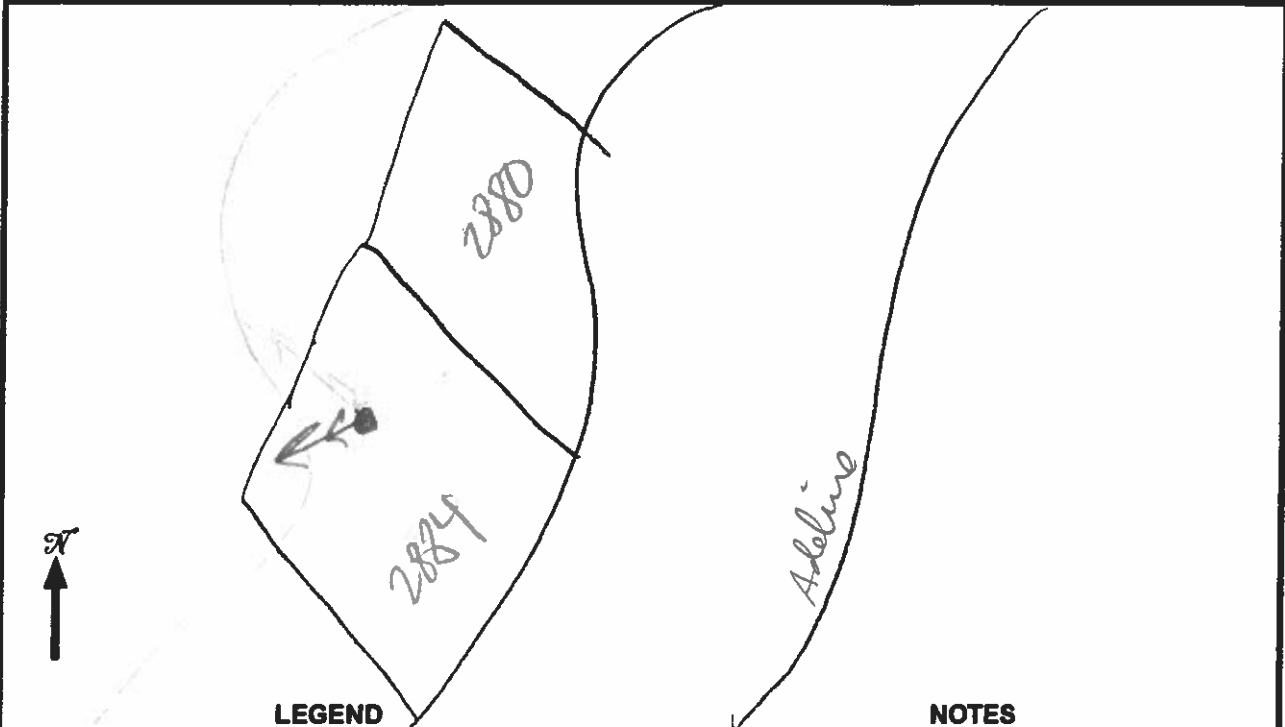
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4
	Picture No.

LOCATION CRITERIA FORM

Camera No. 840
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 48
 Completed by: AR
 Date: 2011-01-19
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4
	Picture No.

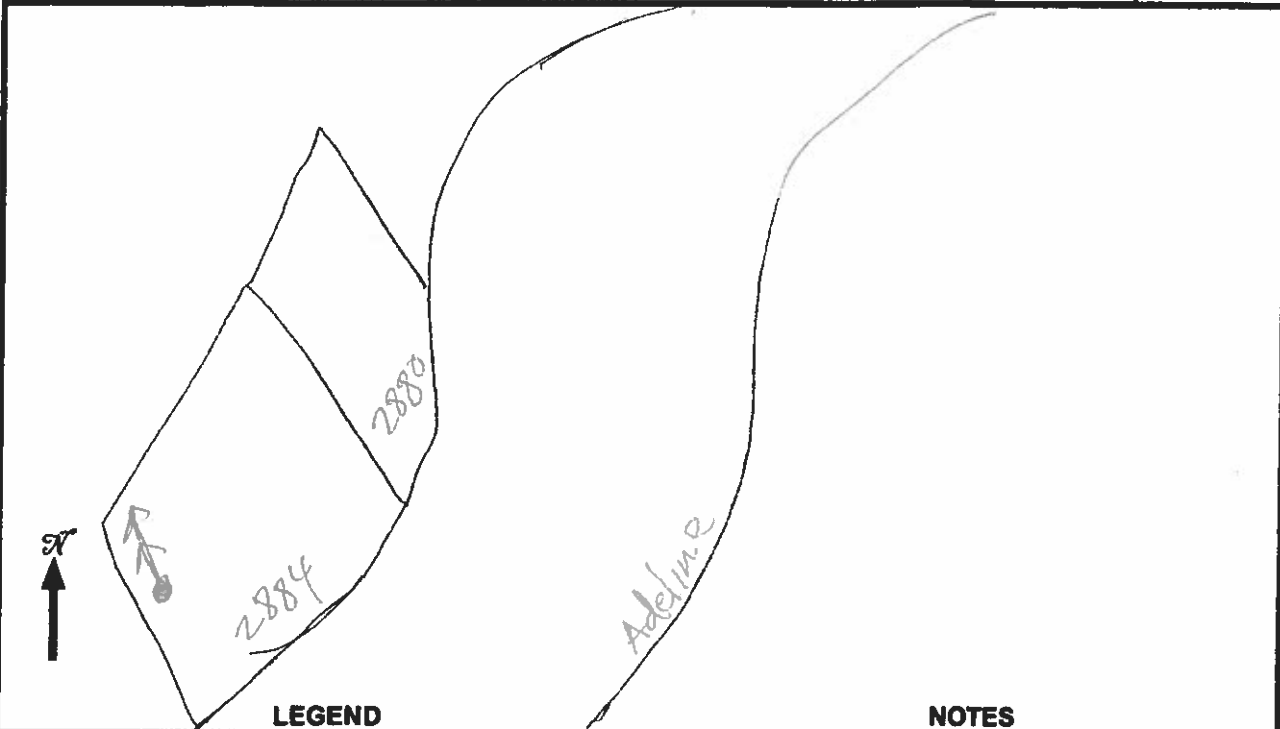
LOCATION CRITERIA FORM

Camera No. 840

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 49
 Completed by: [Signature]
 Date: 2011-01-19
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

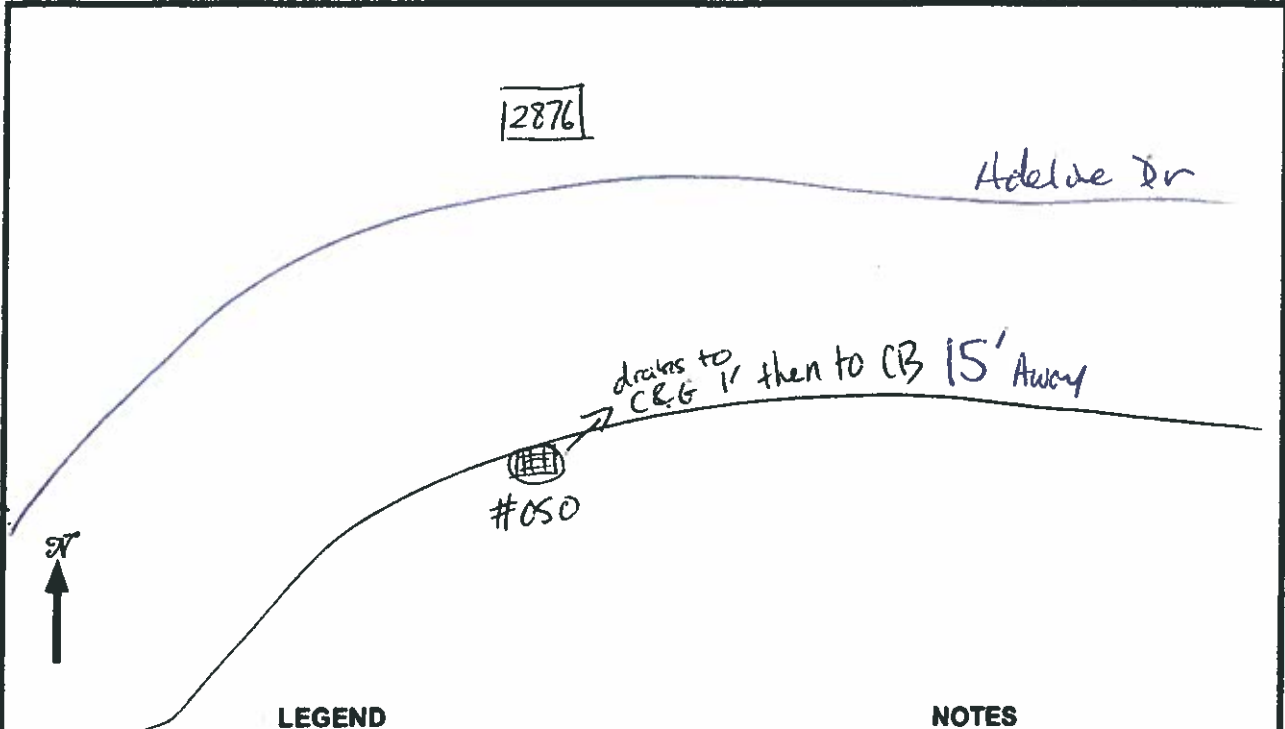
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4
	Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No.
 Drainage Picture No.

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 050
 Completed by: BK/RM
 Date: 1-21-11

O & M HISTORY (Applies to manhole and segment downstream of manhole)

Inspection #:
 Group Project#:

LOCATION DESCRIPTION

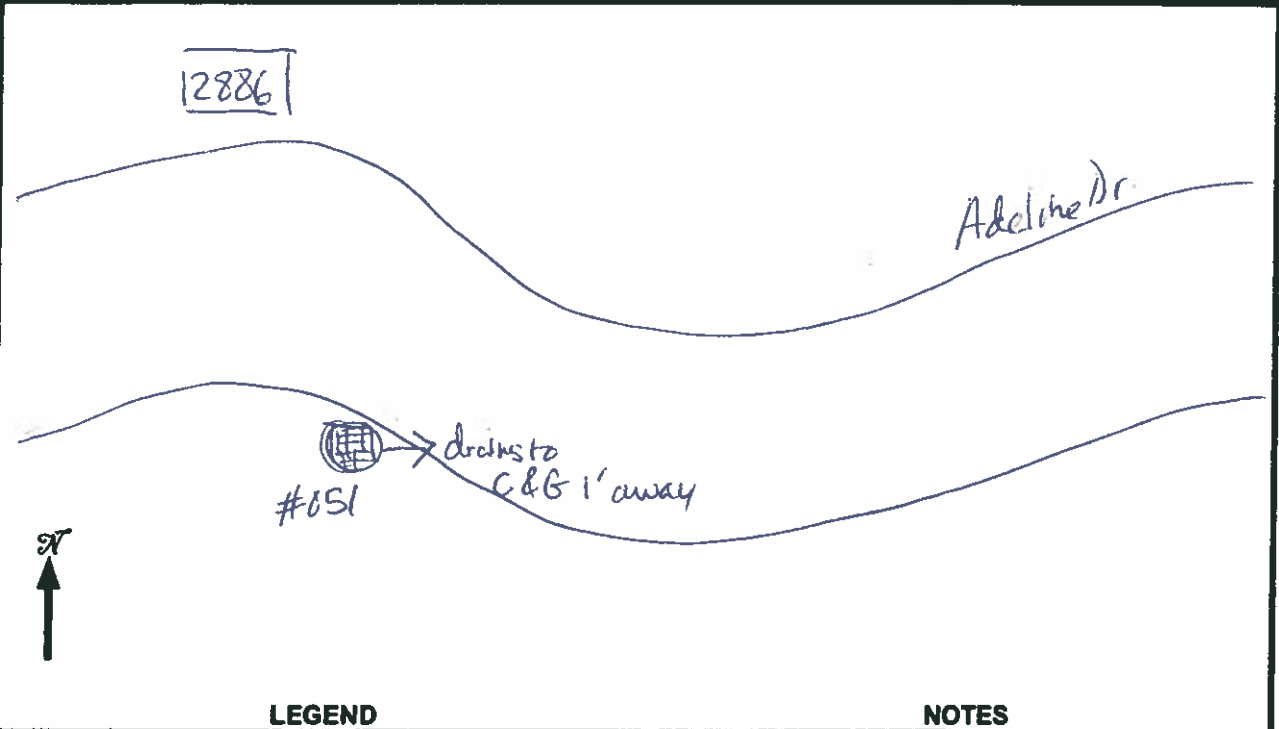
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No. 2886
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- | | |
|---|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|---|---|

Asset #: 051
 Completed by: RM/BK
 Date: 1-21-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

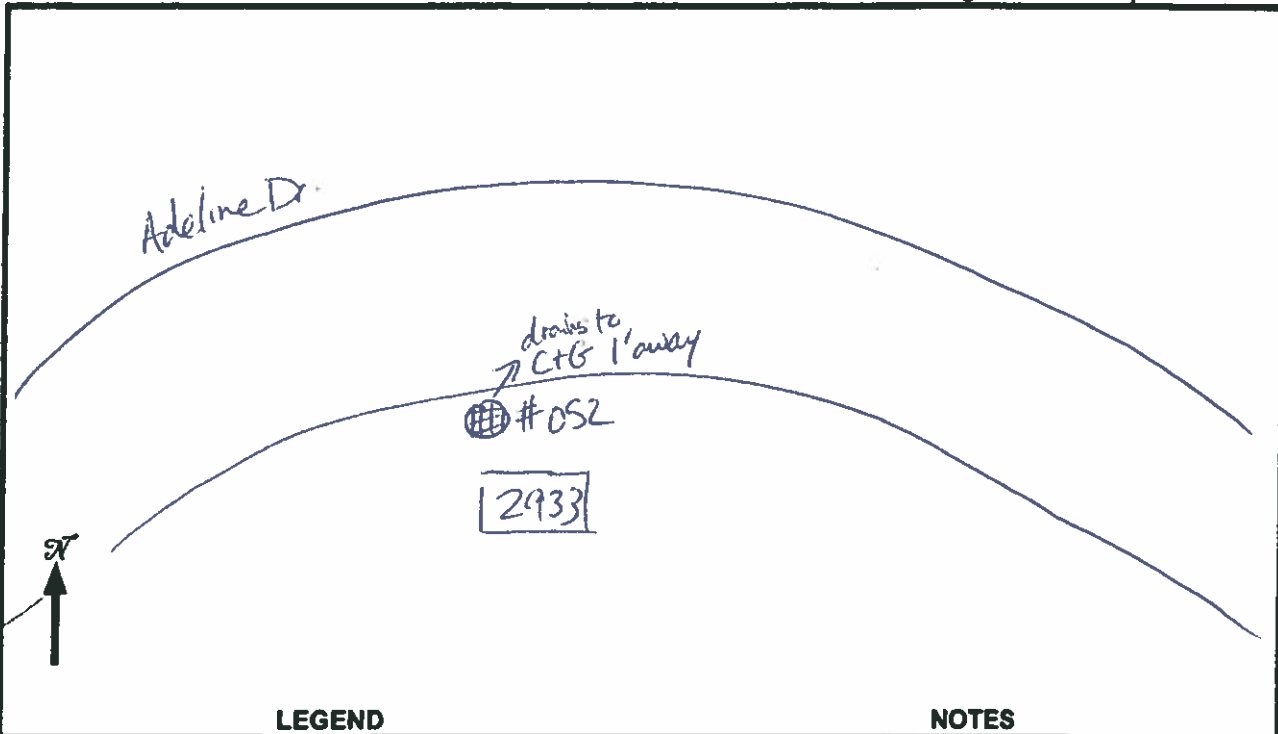
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → → Likely spill path | ➤ Photo Direction |

Asset #: 05352
 Completed by: RM/BK
 Date: 1-21-11

O & M HISTORY (Applies to manhole and segment downstream of manhole)

Inspection #: _____
 Group Project#: _____

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

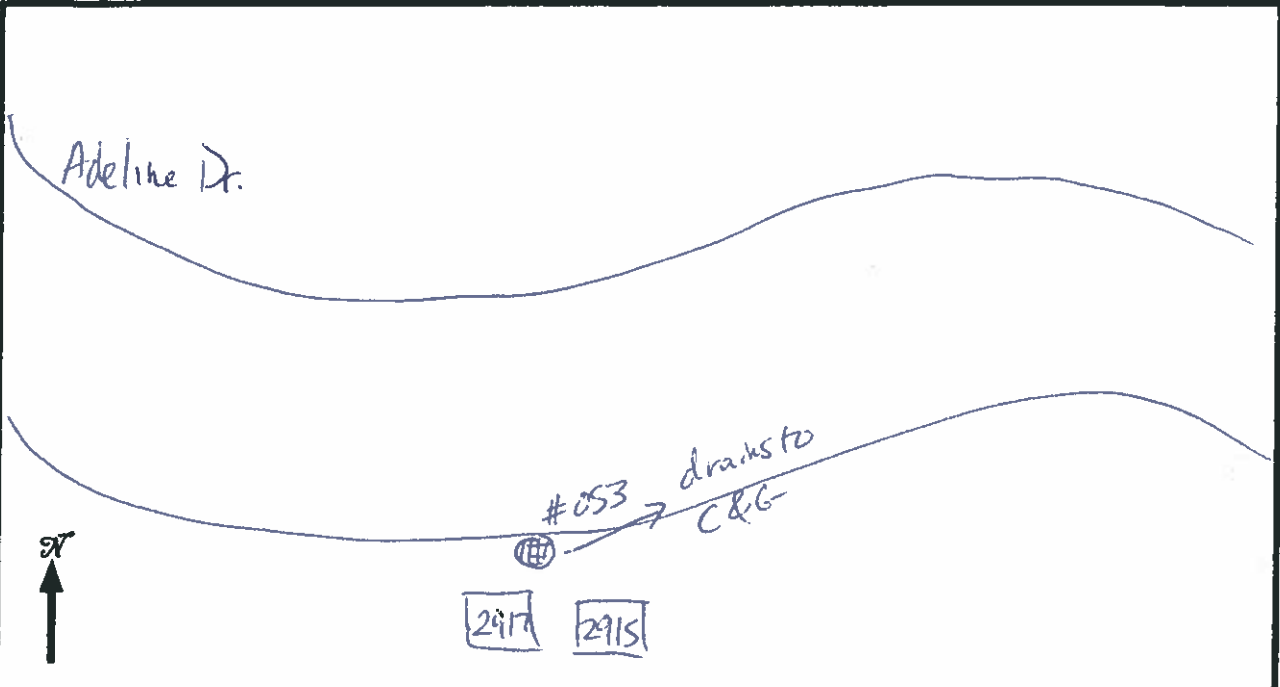
LOCATION CRITERIA FORM

Camera No. 775

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 053
 Completed by: RM/BK
 Date: 1-21-11

O & M HISTORY (Applies to manhole and segment downstream of manhole)

Inspection #: _____
 Group Project#: _____

LOCATION DESCRIPTION

PRIORITY

Public Impact
 (Proximity to public facilities, Economic impact, Public health or safety concerns)

1
 Picture No. _____

Environmental
 (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)

5
 Picture No. _____

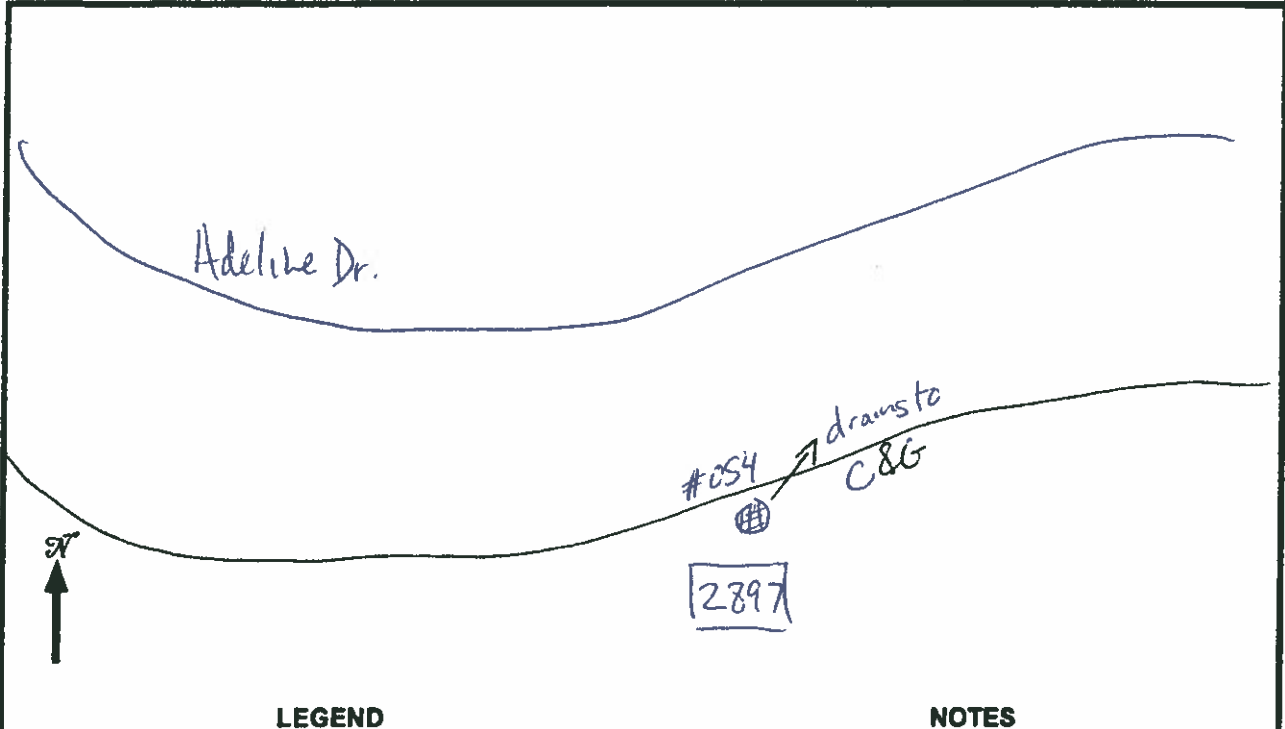
Access / Safety
 (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)

1
 Picture No. _____

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 054
 Completed by: BK/PM
 Date: 1-21-11

O & M HISTORY (Applies to manhole and segment downstream of manhole)

Inspection #: _____
 Group Project#: _____

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

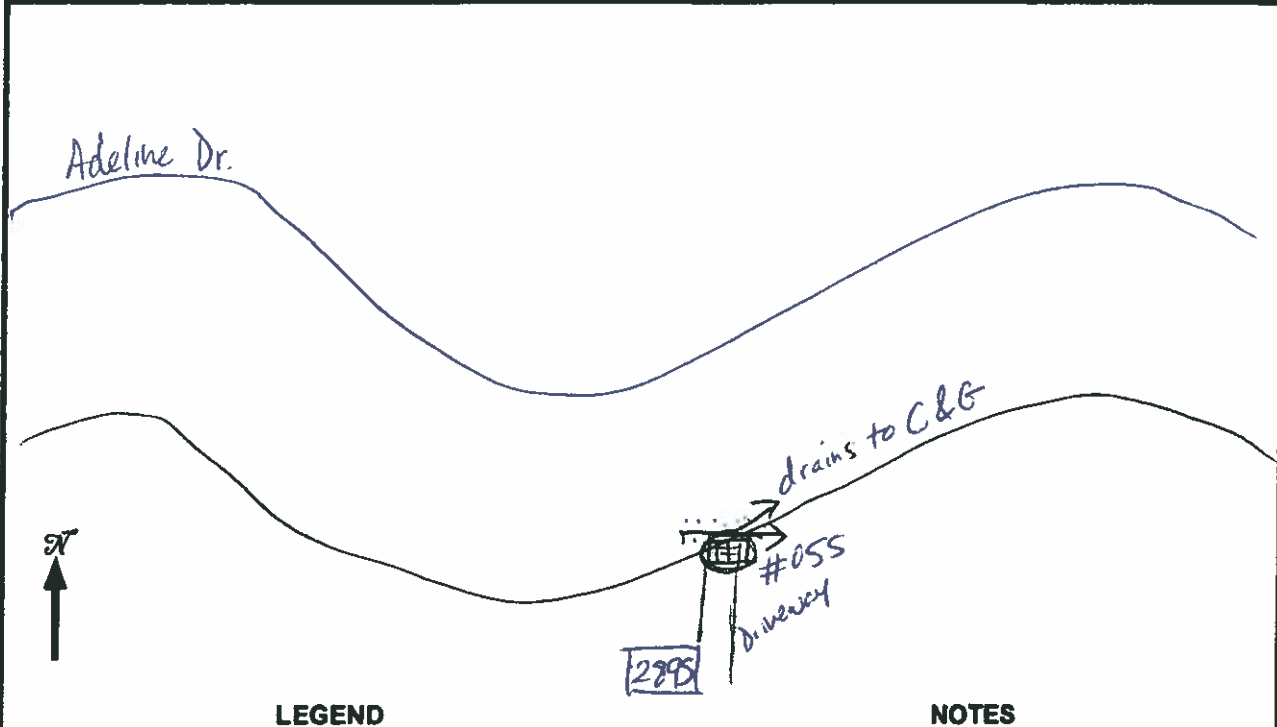
LOCATION CRITERIA FORM

Camera No. 885

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 055
 Completed by: RM / BK
 Date: 1-21-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

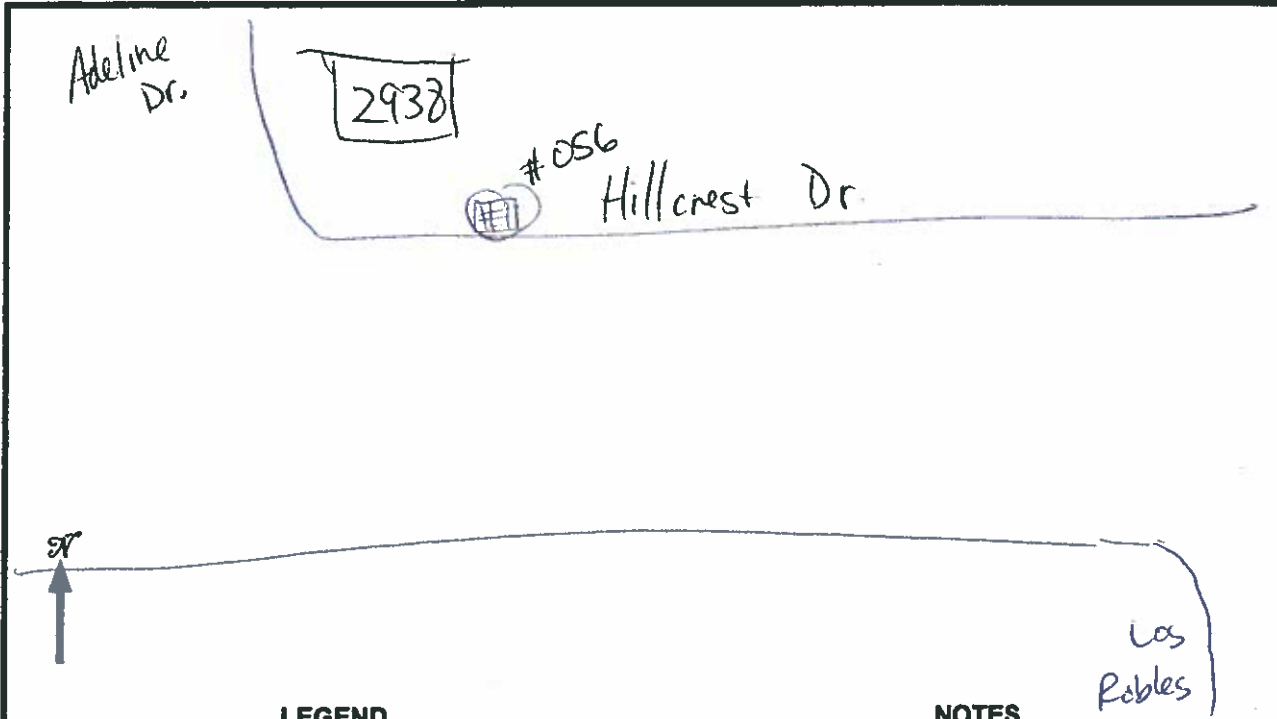
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1 Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5 Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1 Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 056
 Completed by: RM/BK
 Date: 1-19-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

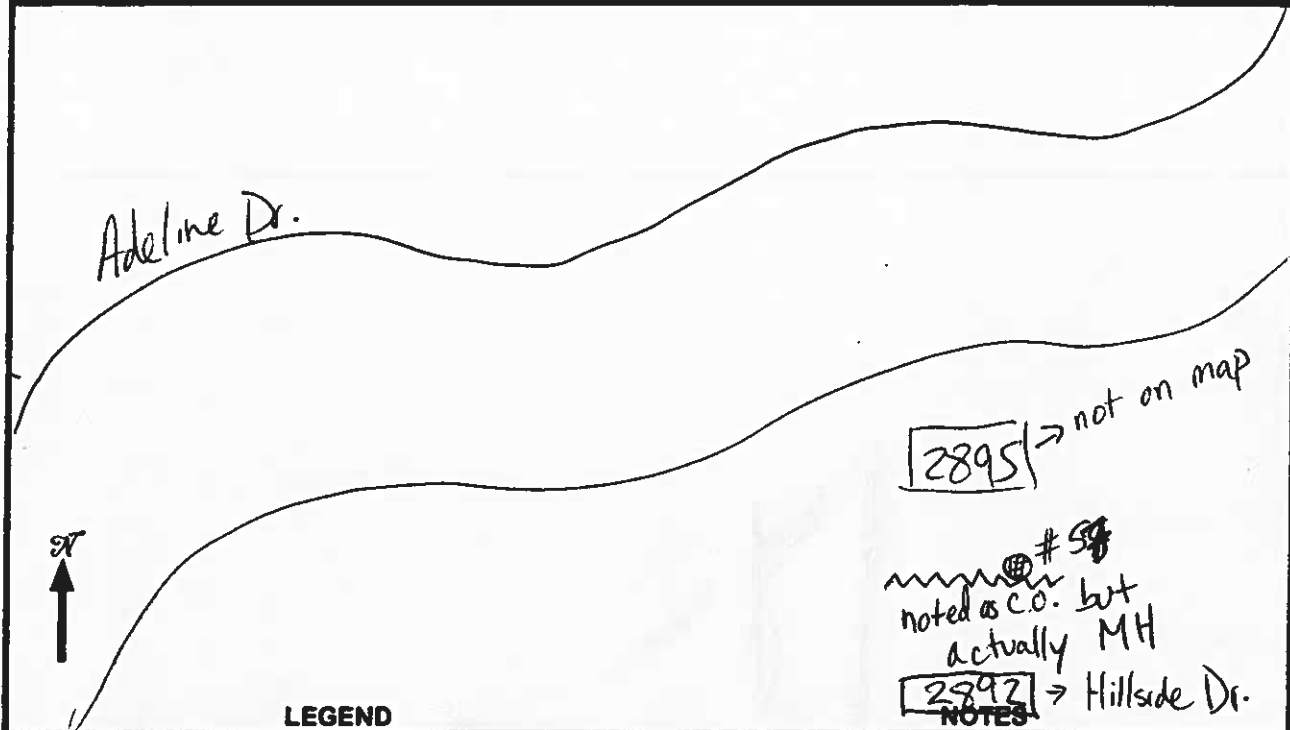
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|---|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|---|---|

Asset #: 058
 Completed by: RM/BK
 Date: 1-26-11
 Inspection #: _____
 Group Project#: _____

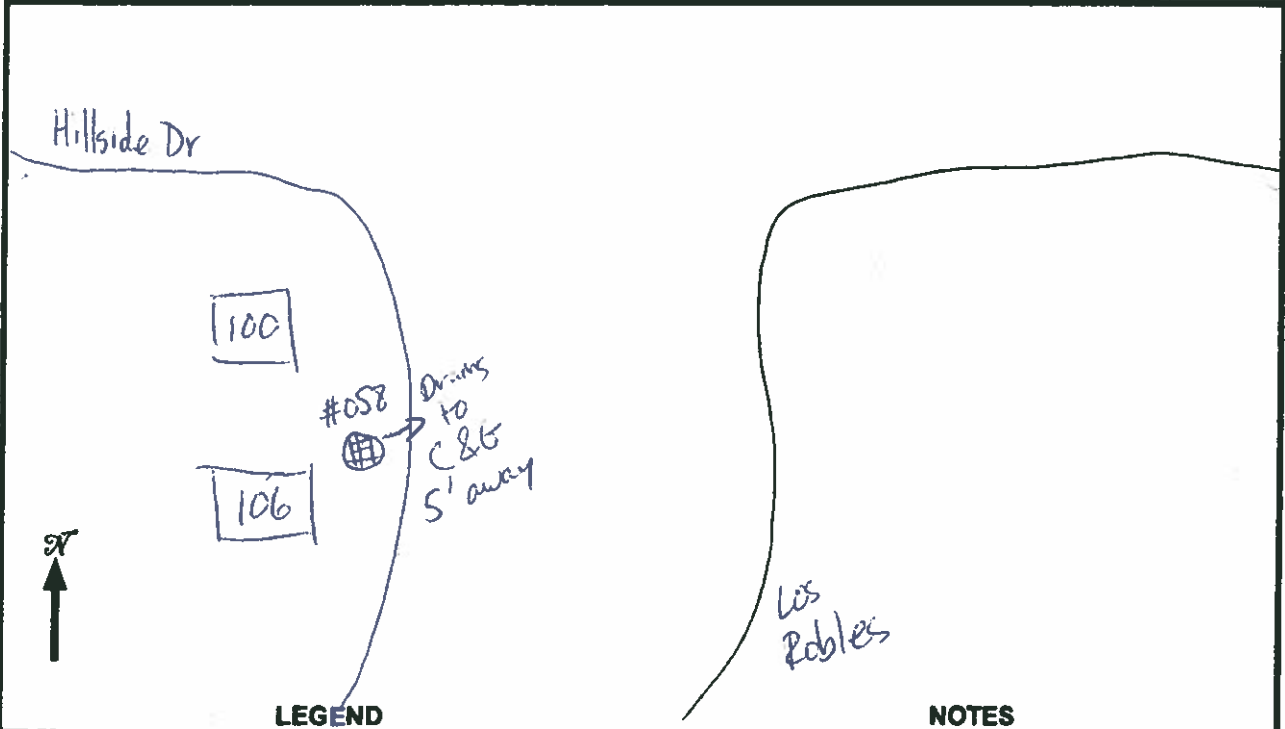
O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION	PRIORITY
Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 058
 Completed by: RM/BIC
 Date: 1-20-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

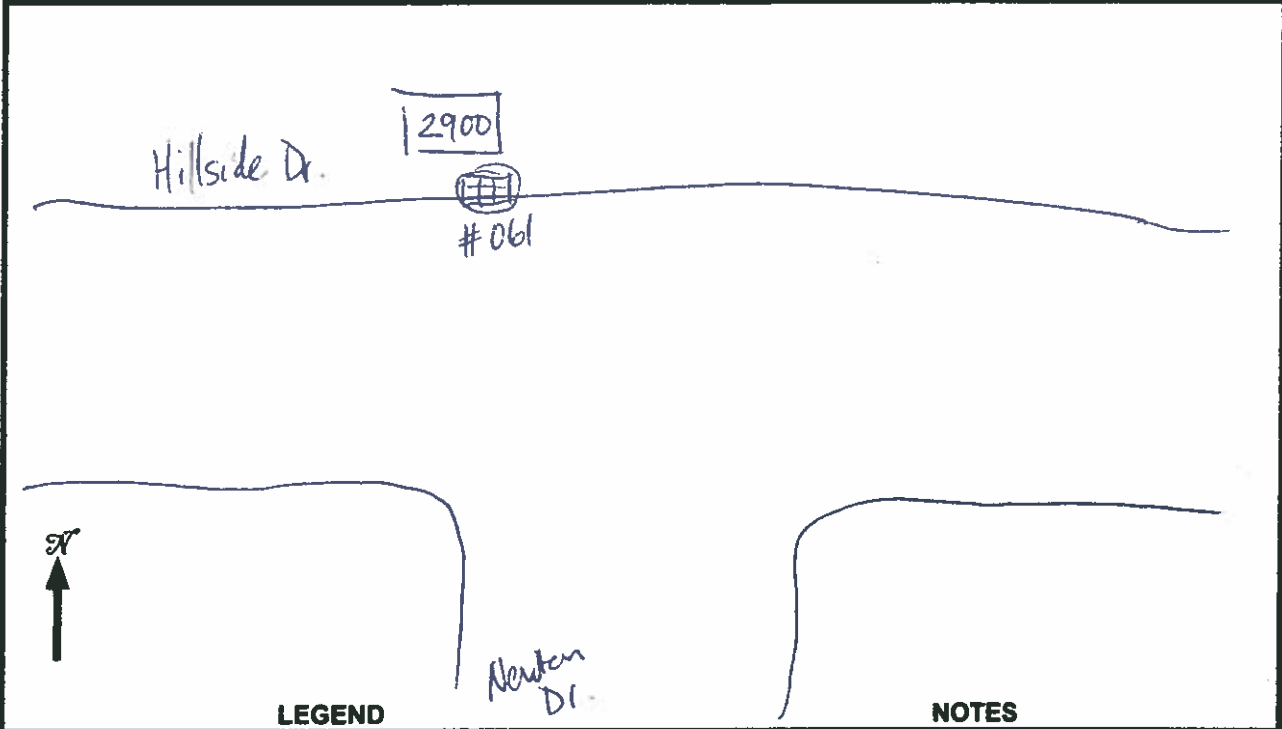
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic Importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- → Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 061
 Completed by: BK/PM
 Date: 1-19-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

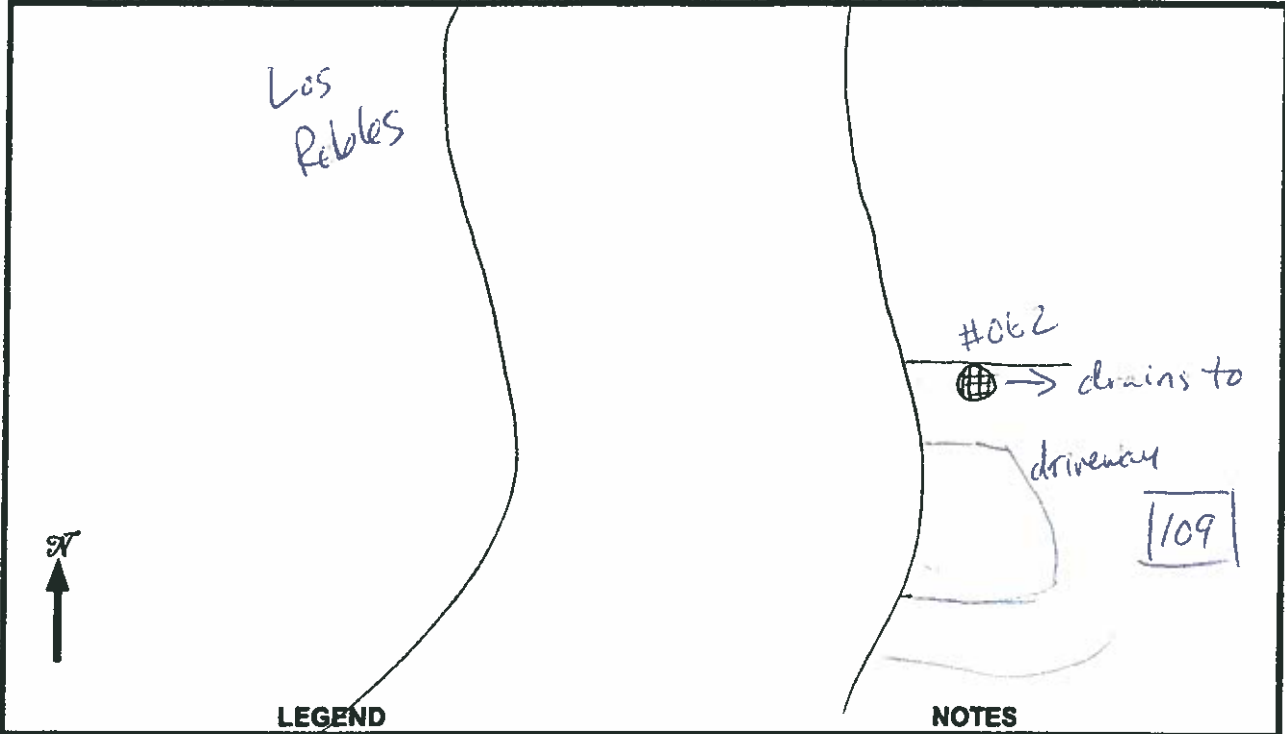
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊠ Valve
- ▷ Photo Direction

Asset #: 062
 Completed by: BK/RM
 Date: 1-20-11

O & M HISTORY (Applies to manhole and segment downstream of manhole)

Inspection #: _____
 Group Project#: _____

LOCATION DESCRIPTION **PRIORITY**

Public Impact 1
 (Proximity to public facilities, Economic impact, Public health or safety concerns) Picture No.

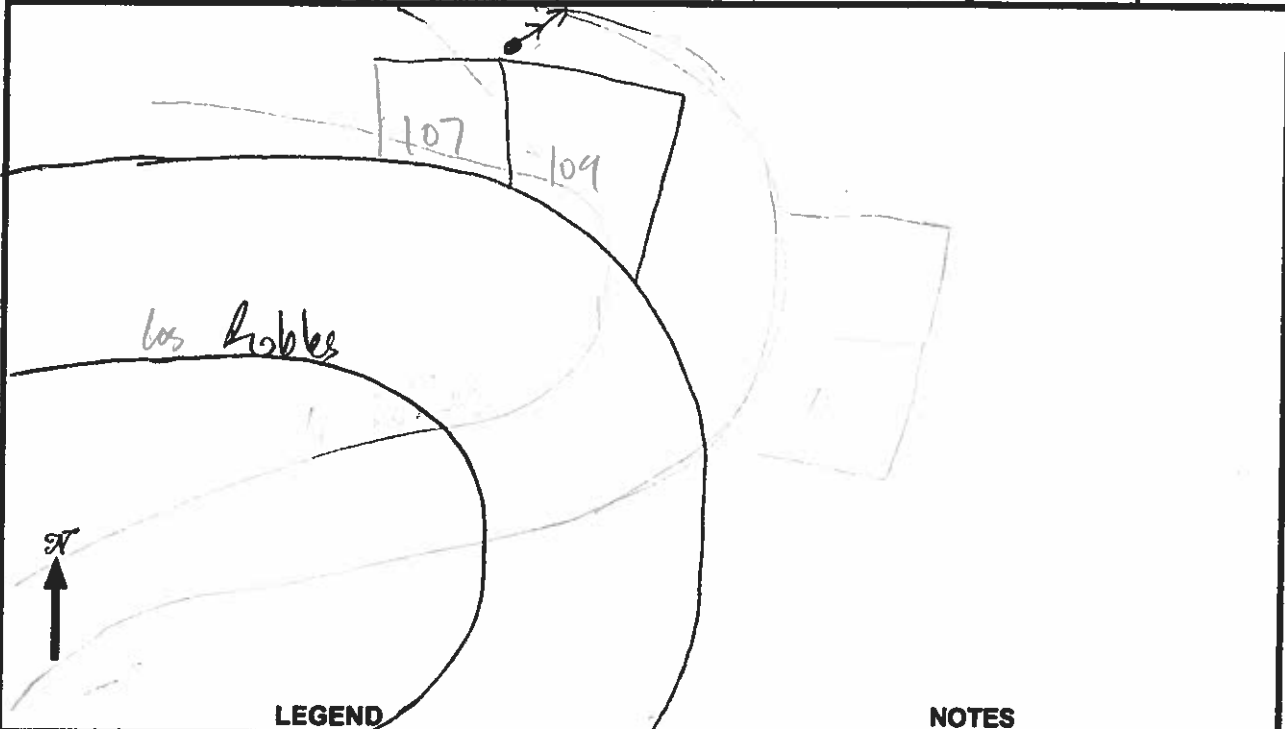
Environmental 5
 (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions) Picture No.

Access / Safety 1
 (Safe, readily accessible area, Traffic level, Strategic importance to operation of system) Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| →→→ Likely spill path | ▷ Photo Direction |

NOTES

Asset #:	63
Completed by:	AK
Date:	2011-01-25
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1 Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4 Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4 Picture No.

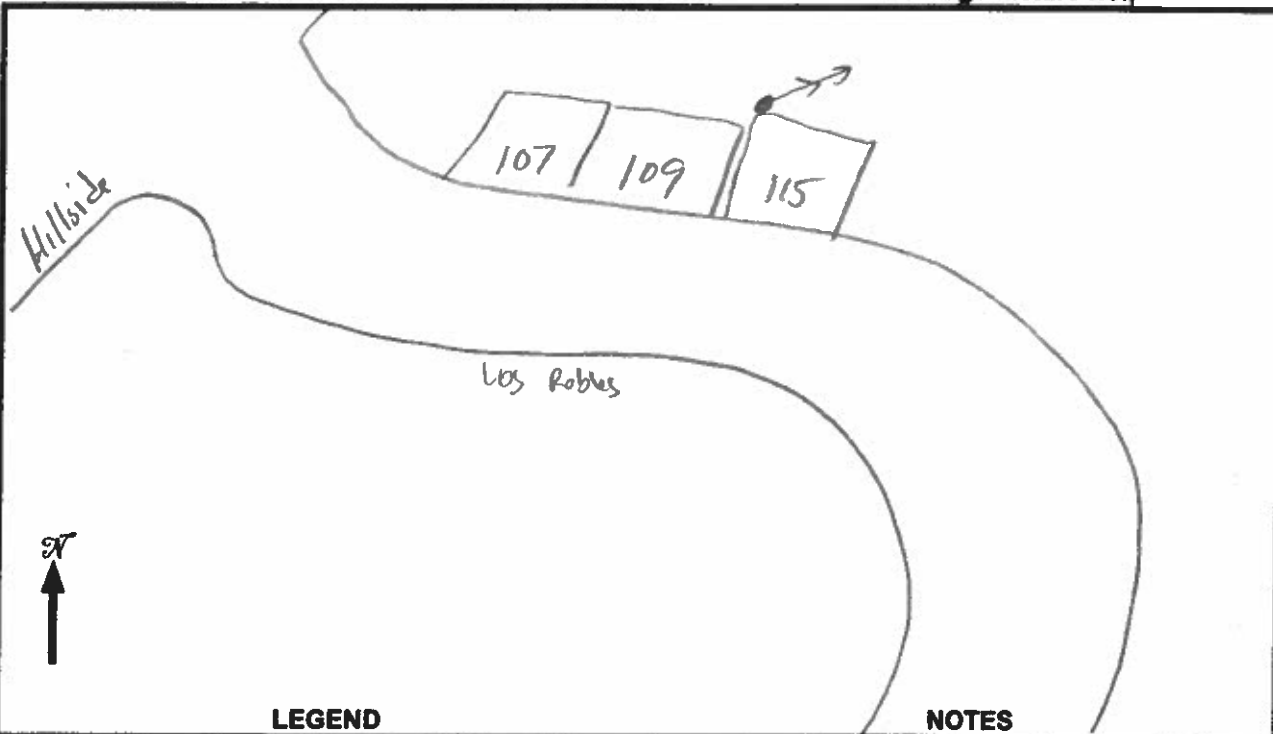
LOCATION CRITERIA FORM

Camera No. 840

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 64
 Completed by: [Signature]
 Date: 2011-01-25
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

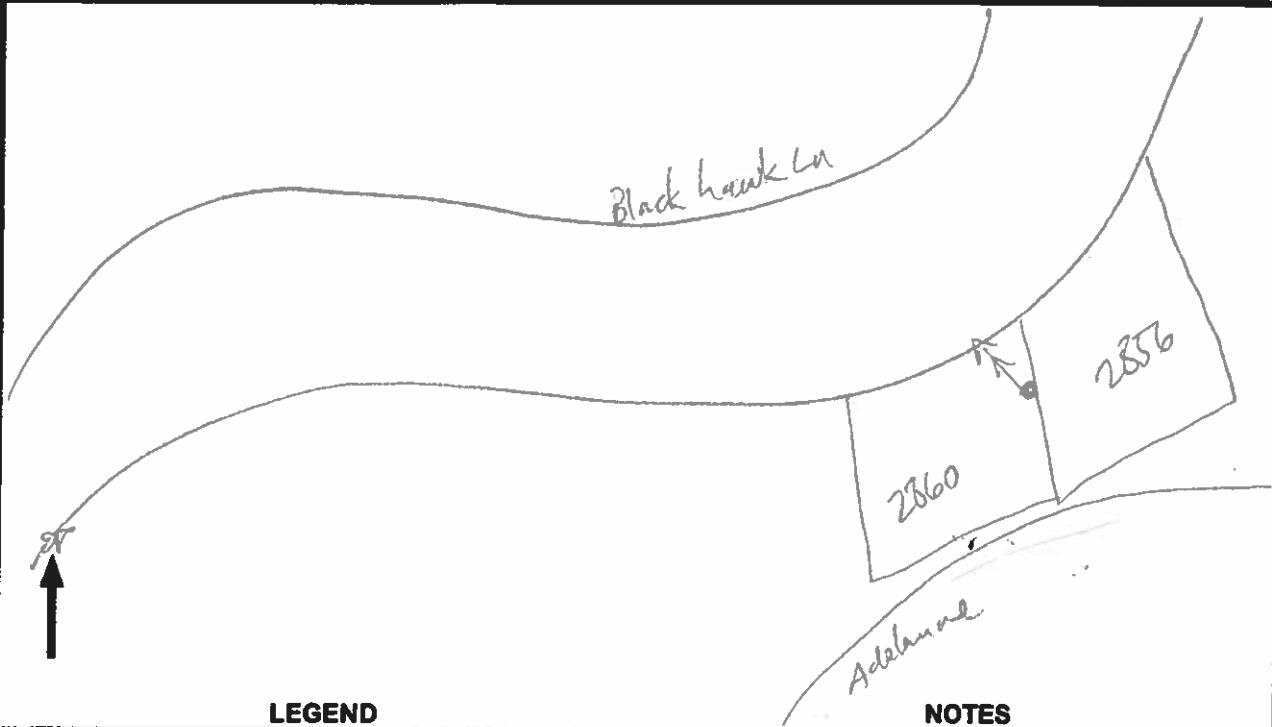
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4
	Picture No.

LOCATION CRITERIA FORM

Camera No.	340
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|---|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|---|---|

NOTES

Asset #:	65
Completed by:	AR
Date:	2011-01-19
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4
	Picture No.

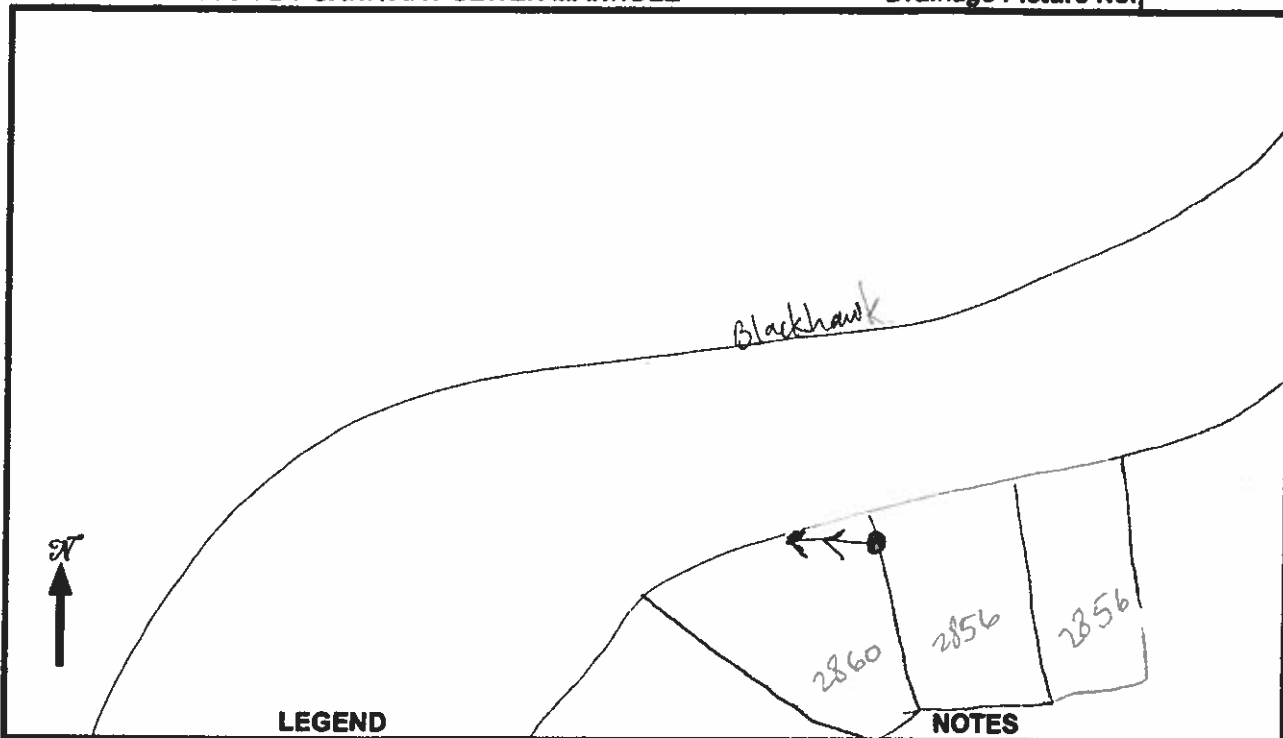
LOCATION CRITERIA FORM

Camera No. 890

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 66
 Completed by: AD
 Date: 2011-01-19
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact

(Proximity to public facilities, Economic impact, Public health or safety concerns)

1
Picture No.

Environmental

(Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)

4
Picture No.

Access / Safety

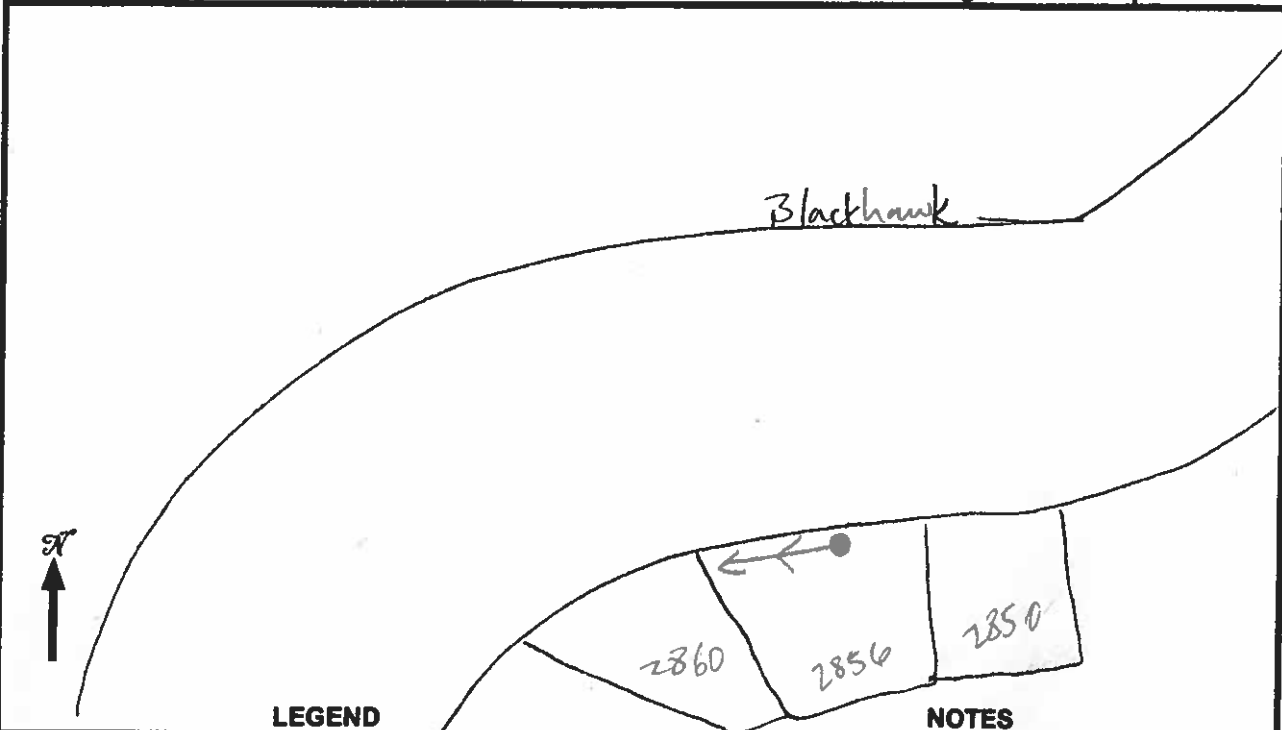
(Safe, readily accessible area, Traffic level, Strategic importance to operation of system)

4
Picture No.

LOCATION CRITERIA FORM

LOCATION SKETCH BY SANITARY SEWER MANHOLE

Camera No. 840
 General Picture No. _____
 Drainage Picture No. _____



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 67
 Completed by: AR
 Date: 2011-01-19
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

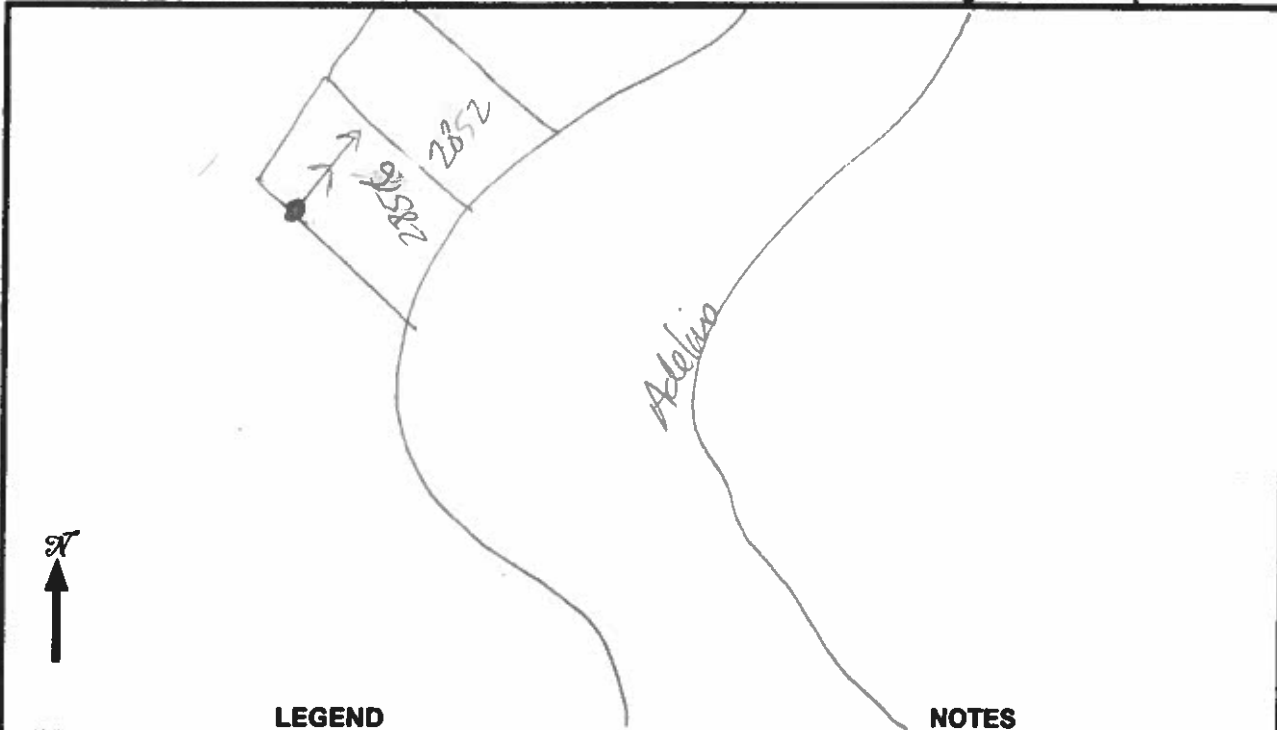
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4
	Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|--------------------------|-------------------|
| ———— Sewer Line | ● Sewer MH |
| - - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → → Likely spill path | ▷ Photo Direction |

NOTES

Asset #:	68
Completed by:	Pyl
Date:	2011-01-19
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4
	Picture No.

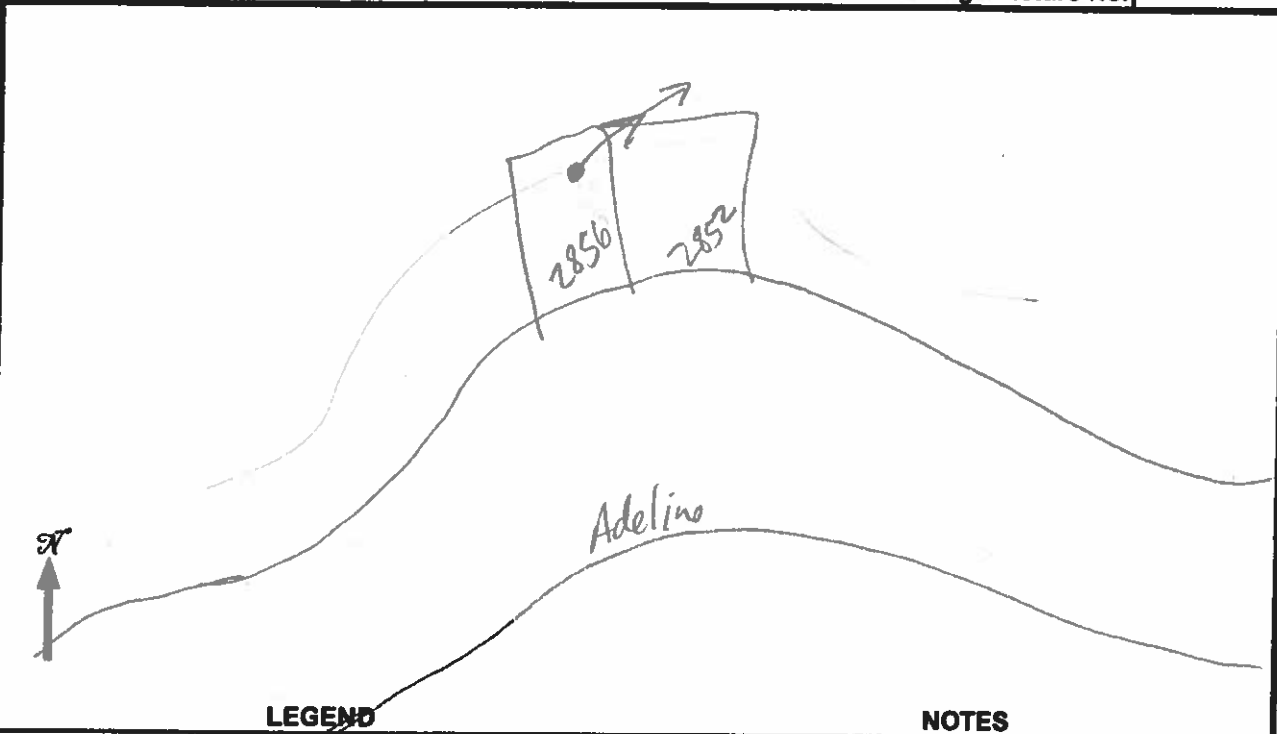
LOCATION CRITERIA FORM

Camera No. 840

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- → Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 69
 Completed by: [Signature]
 Date: 2011-01-19
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

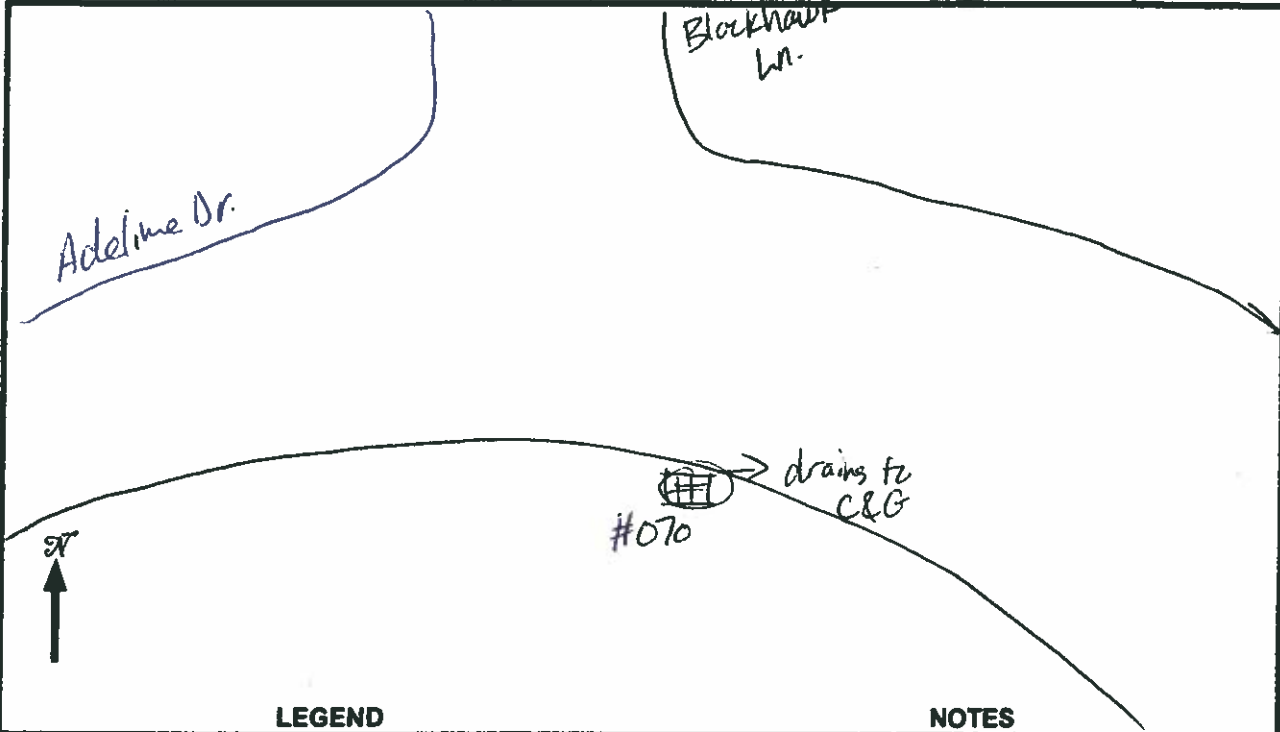
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4
	Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 070
 Completed by: RM/BK
 Date: 1-21-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

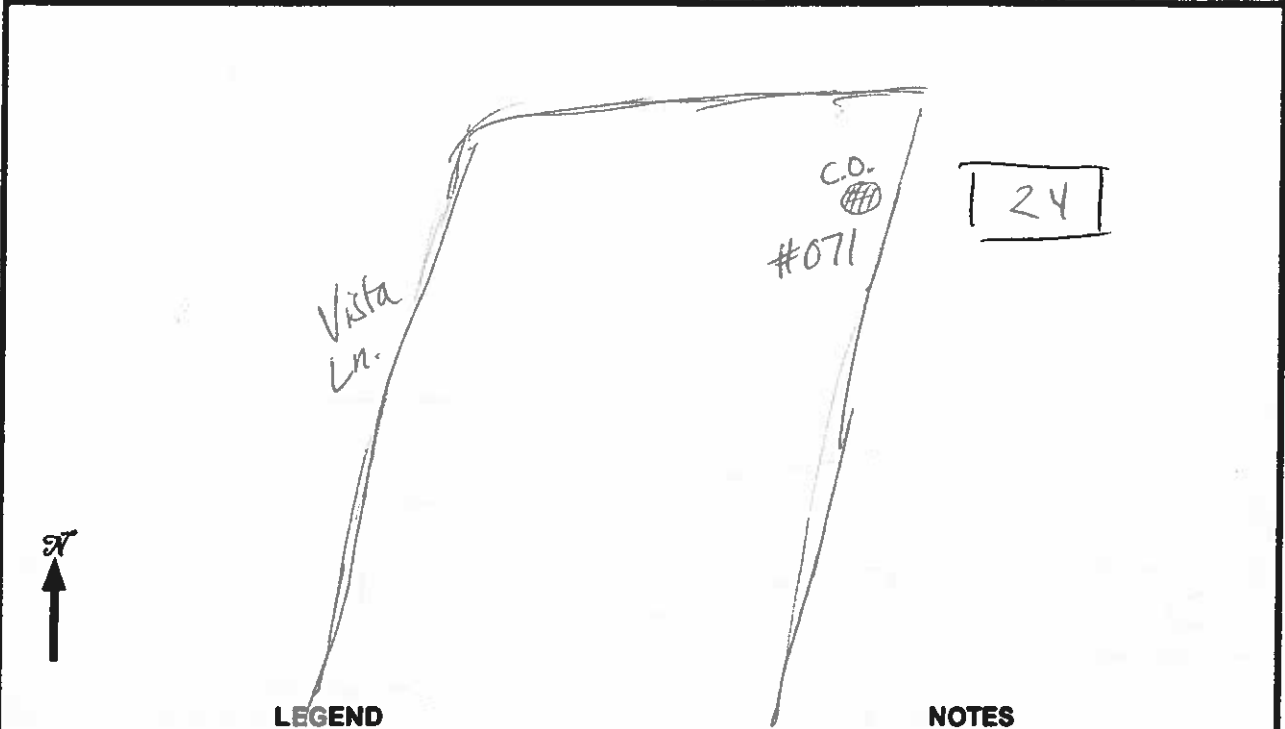
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No. 385
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 071
 Completed by: RM/BK
 Date: 1-24-11
 Inspection #: _____
 Group Project#: _____

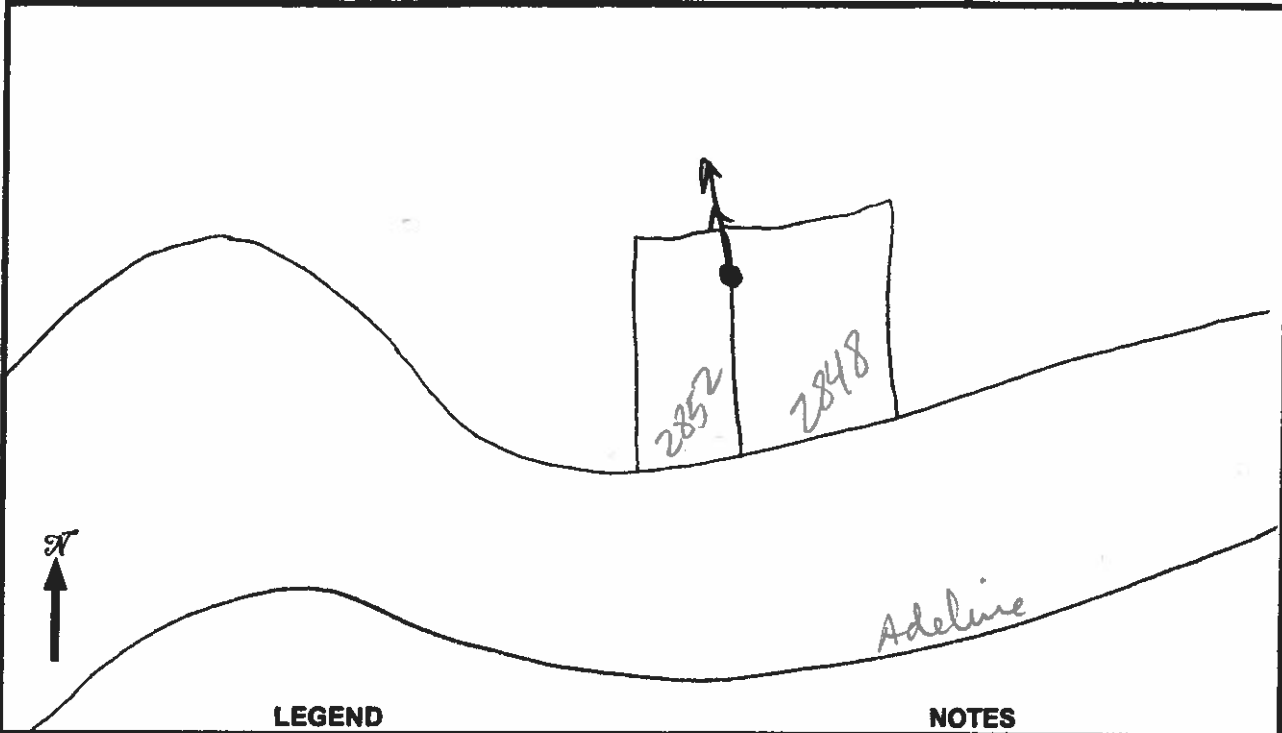
O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION	PRIORITY
Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No.	240
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → Likely spill path | ▷ Photo Direction |

NOTES

Asset #:	72
Completed by:	AD
Date:	2011-01-19
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

*2nd lid under cover is cracked
pics? 1996*

LOCATION DESCRIPTION

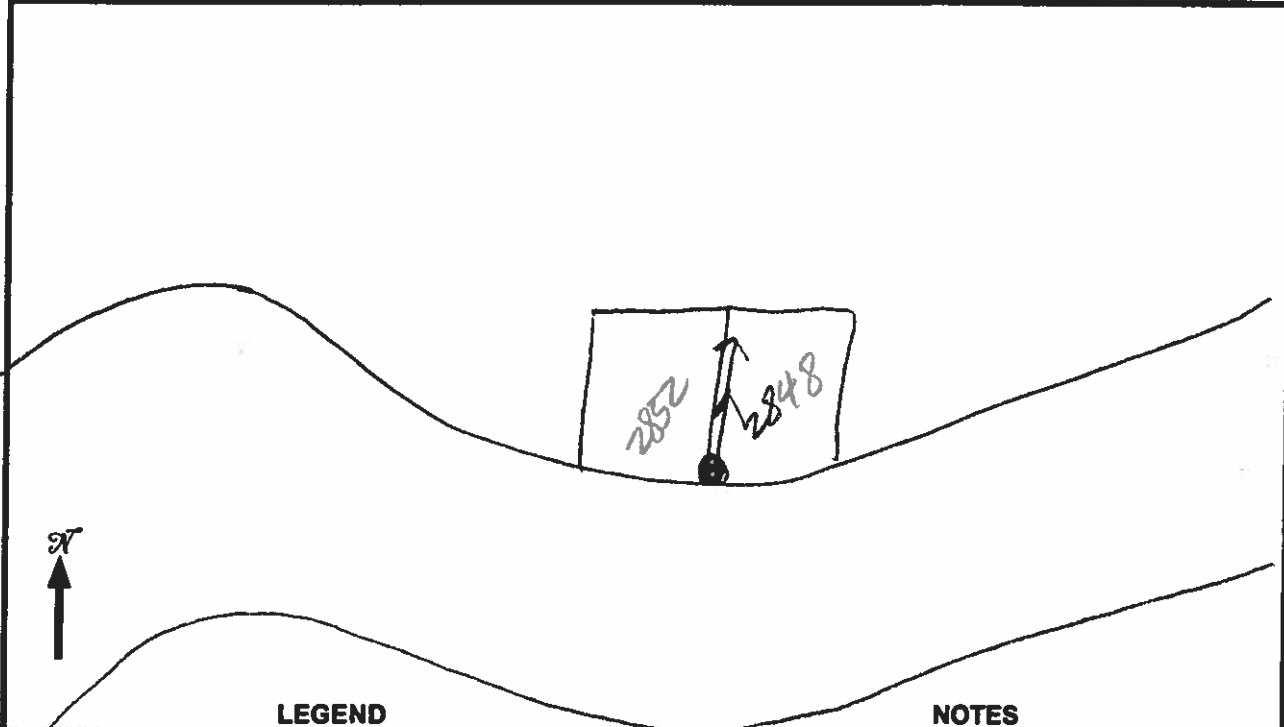
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4
	Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|--------------------------|-------------------|
| ———— Sewer Line | ● Sewer MH |
| - - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → → Likely spill path | ▷ Photo Direction |

NOTES

Asset #: 73

Completed by: AZ

Date: 2011-01-19

Inspection #: _____

Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

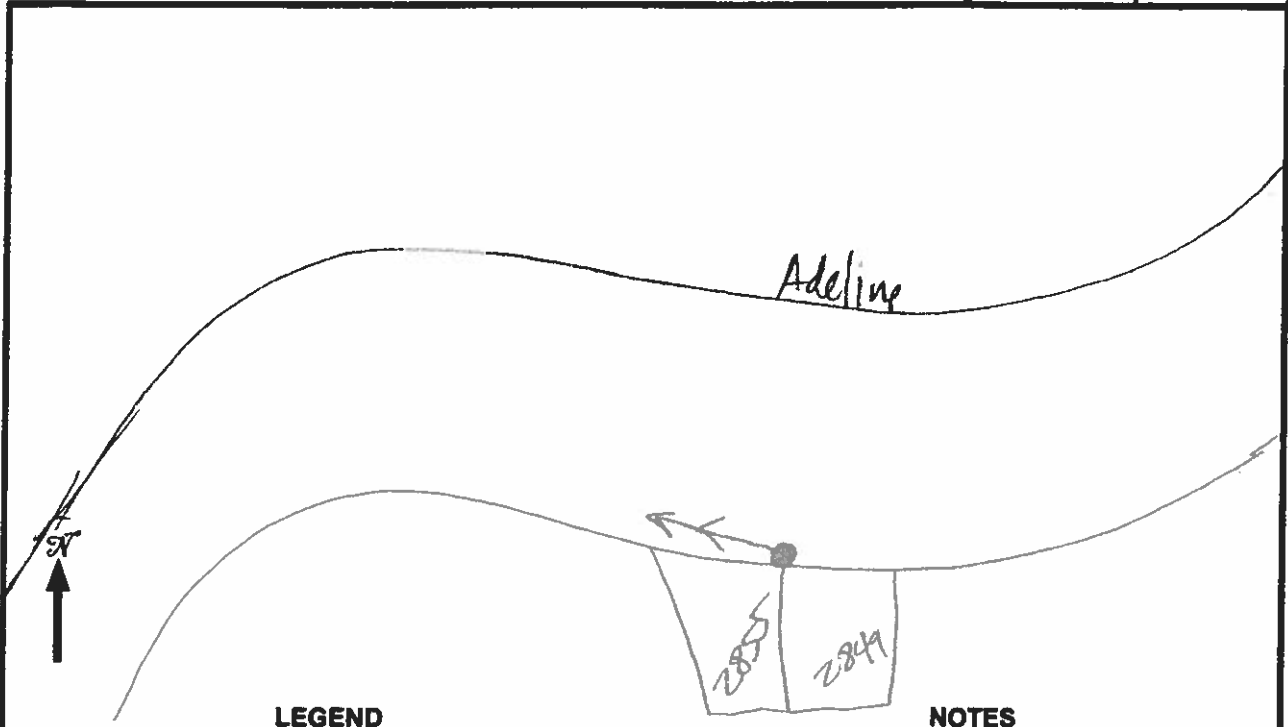
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4
	Picture No.

LOCATION CRITERIA FORM

Camera No. 890
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 74
 Completed by: AL
 Date: 2011-01-19
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION **PRIORITY**

Public Impact 1
 (Proximity to public facilities, Economic impact, Public health or safety concerns) Picture No.

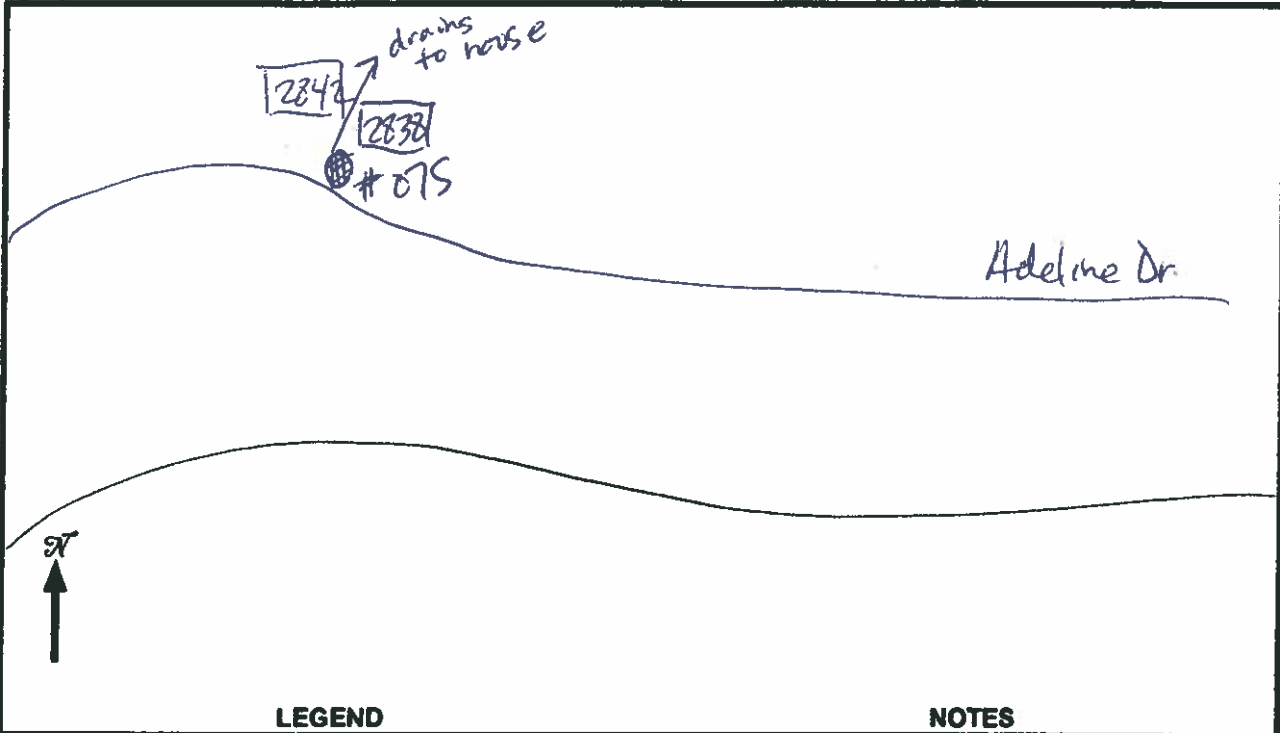
Environmental 4
 (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions) Picture No.

Access / Safety 4
 (Safe, readily accessible area, Traffic level, Strategic importance to operation of system) Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 075
 Completed by: BK/RM
 Date: 1-21-11

O & M HISTORY (Applies to manhole and segment downstream of manhole)

Inspection #: _____
 Group Project#: _____

LOCATION DESCRIPTION

PRIORITY

Public Impact
 (Proximity to public facilities, Economic impact, Public health or safety concerns)

1
 Picture No.

Environmental
 (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)

5
 Picture No.

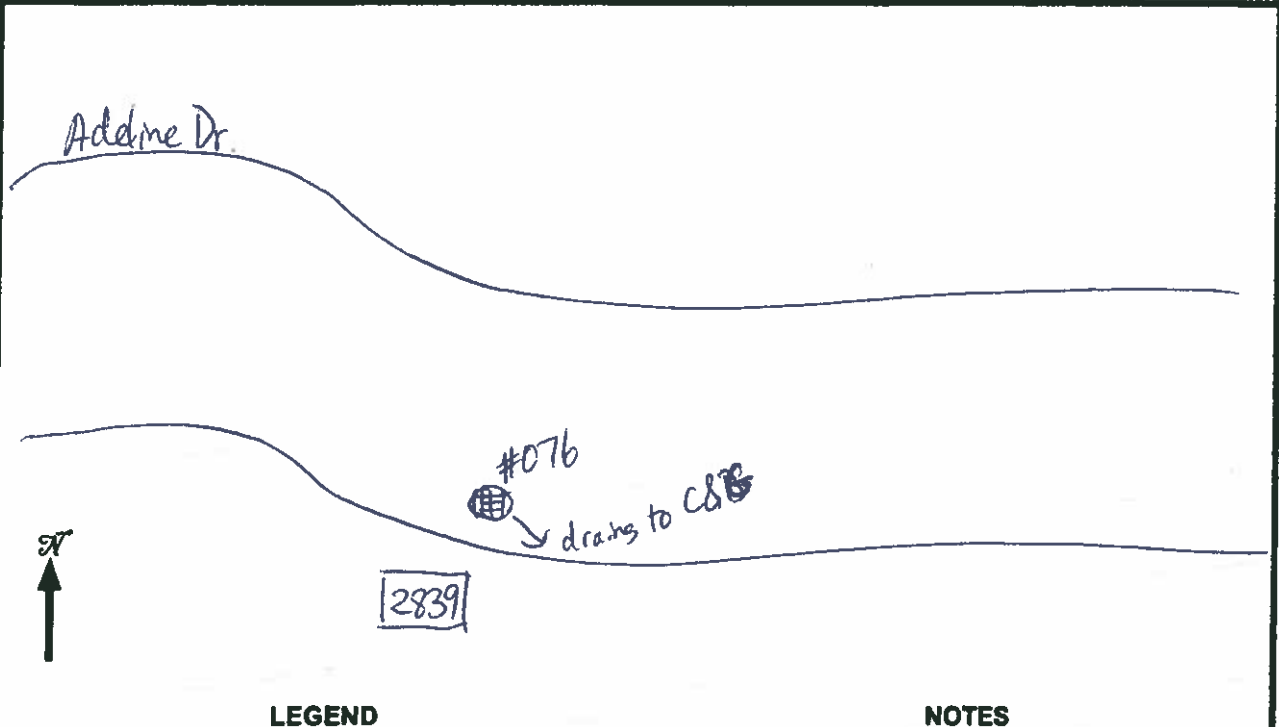
Access / Safety
 (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)

1
 Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → → Likely spill path | ▷ Photo Direction |

Asset #: 076
 Completed by: PM/BK
 Date: 1-21-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

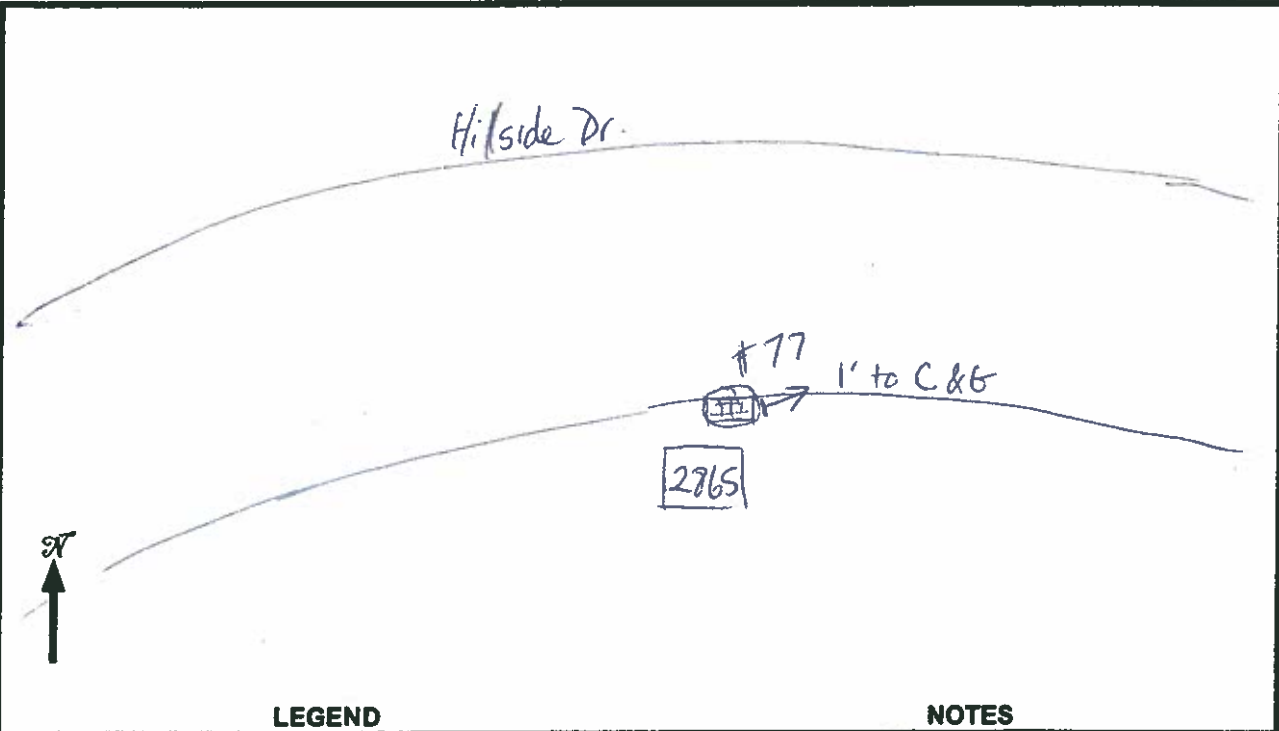
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	/
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	/
	Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 77
 Completed by: RM/BK
 Date: 1-19-11
 Inspection #: _____
 Group Project#: _____

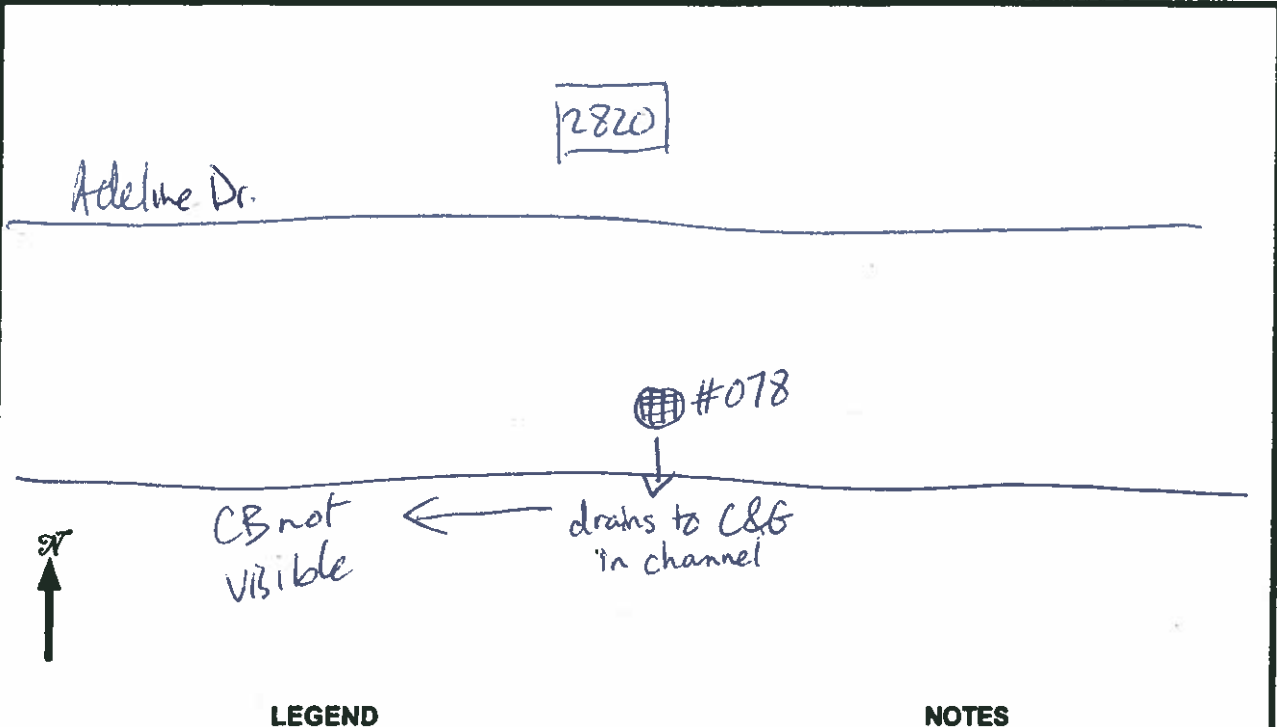
O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION	PRIORITY
Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 078
 Completed by: RM/BK
 Date: 1-21-11

O & M HISTORY (Applies to manhole and segment downstream of manhole)

Inspection #: _____
 Group Project#: _____

LOCATION DESCRIPTION

PRIORITY

Public Impact
 (Proximity to public facilities, Economic Impact, Public health or safety concerns)

1
 Picture No.

Environmental
 (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)

5
 Picture No.

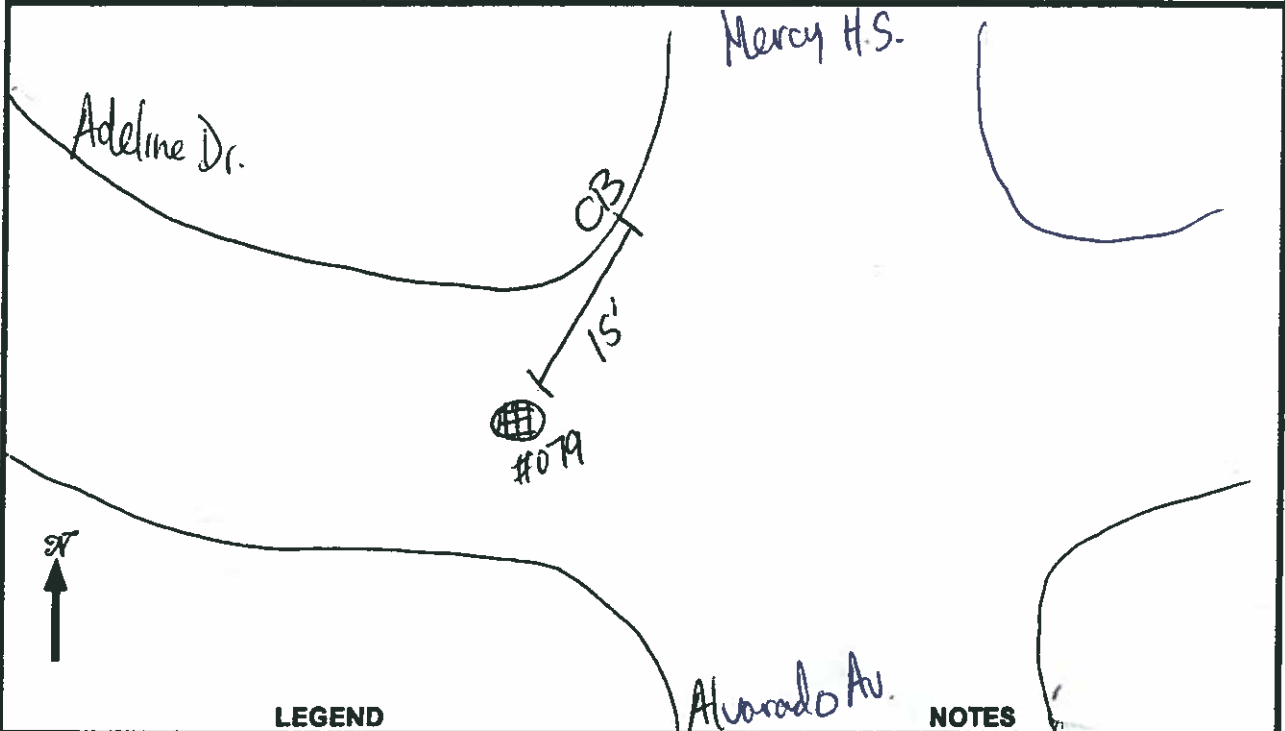
Access / Safety
 (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)

1
 Picture No.

LOCATION CRITERIA FORM

Camera No.	885
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- | | |
|---|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|---|---|

Asset #: 079

Completed by: BK/RM

Date: 1-21-11

Inspection #: _____

Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION	PRIORITY
----------------------	----------

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1 Picture No.
---	------------------

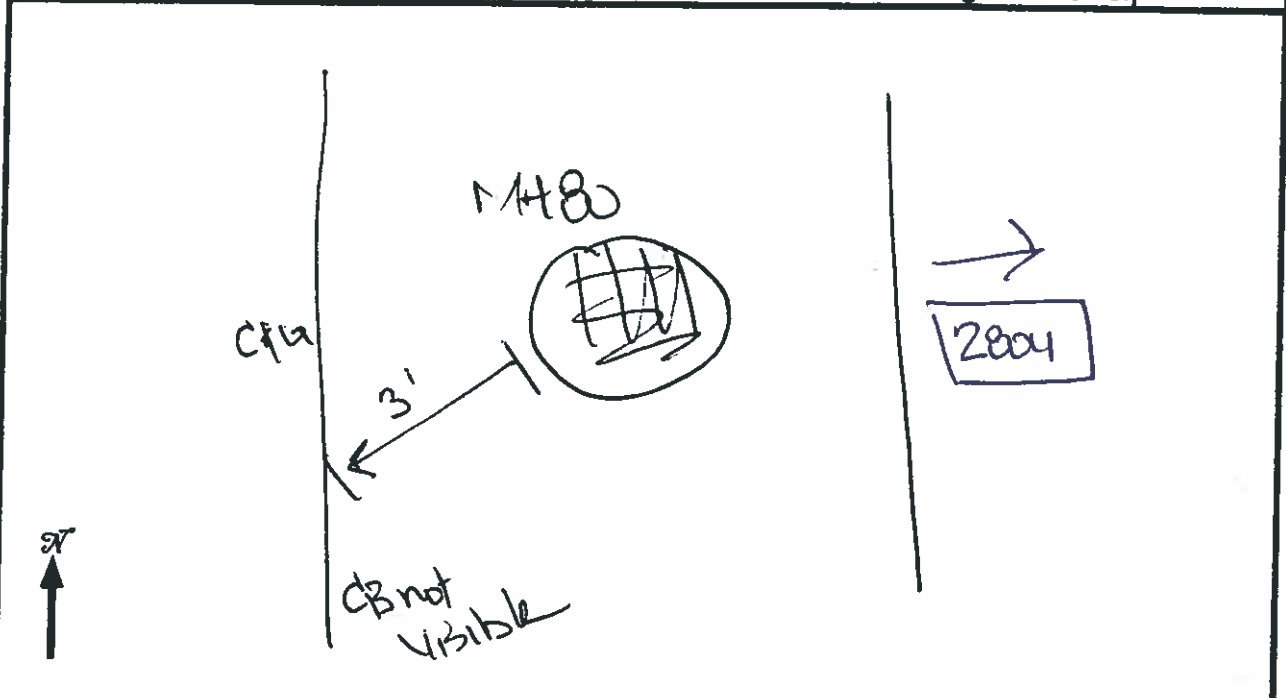
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5 Picture No.
---	------------------

Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1 Picture No.
---	------------------

LOCATION CRITERIA FORM

LOCATION SKETCH BY SANITARY SEWER MANHOLE

Camera No. BB5
 General Picture No. _____
 Drainage Picture No. _____



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 80
 Completed by: BK / P-1
 Date: 1/21/11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

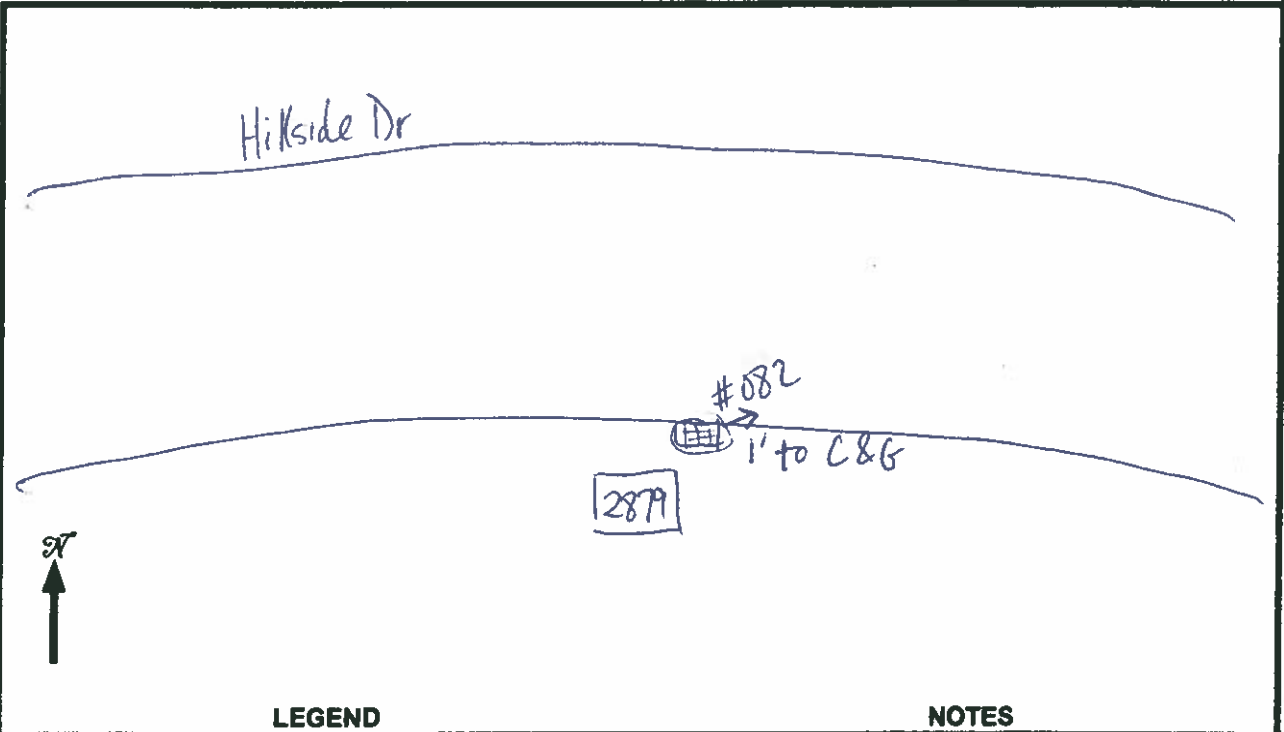
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No.	885
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- | | |
|--|---|
| <ul style="list-style-type: none"> ———— Sewer Line - - - - Storm Drain Line Water Line → → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|--|---|

Asset #:	082
Completed by:	BK/RM
Date:	1-19-11
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

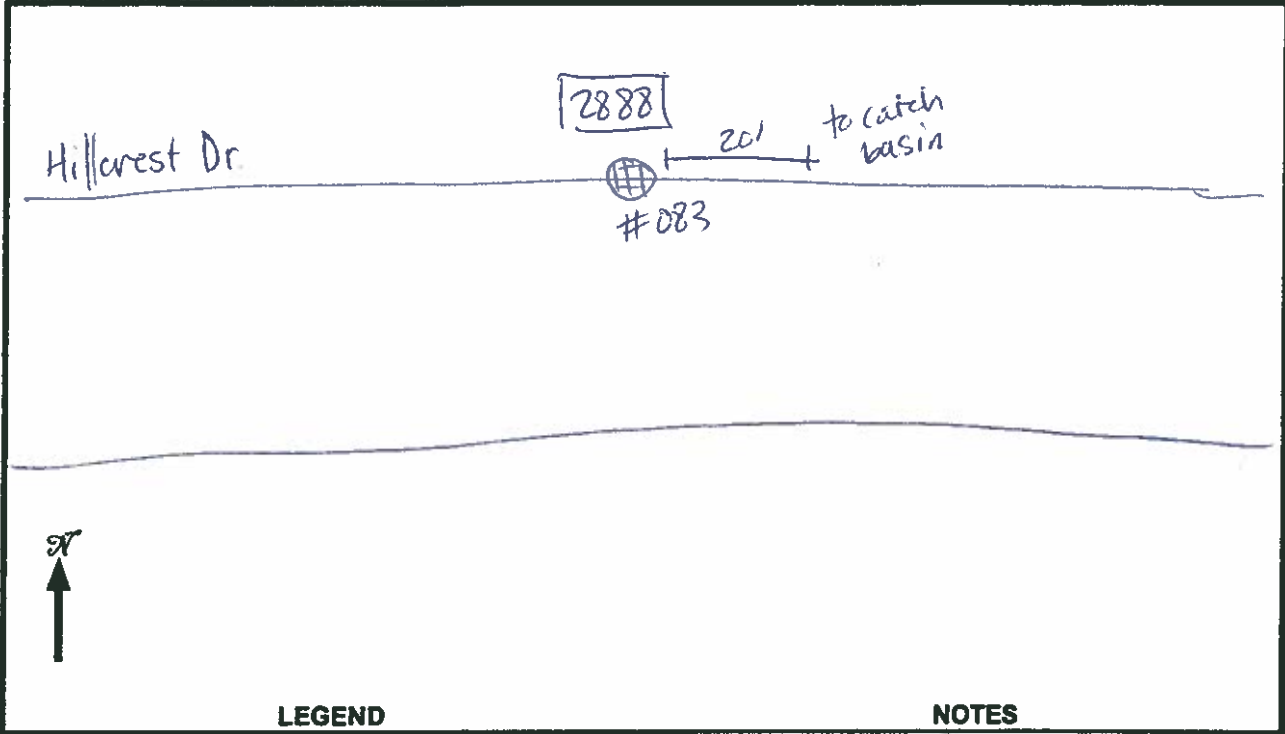
PRIORITY

Public Impact	1
(Proximity to public facilities, Economic impact, Public health or safety concerns)	Picture No.
Environmental	4
(Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	Picture No.
Access / Safety	1
(Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	Picture No.

LOCATION CRITERIA FORM

Camera No.	885
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- | | |
|---|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line → → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|---|---|

Asset #:	083
Completed by:	BK / RM
Date:	1-19-11
Inspection #:	
Group Project#:	

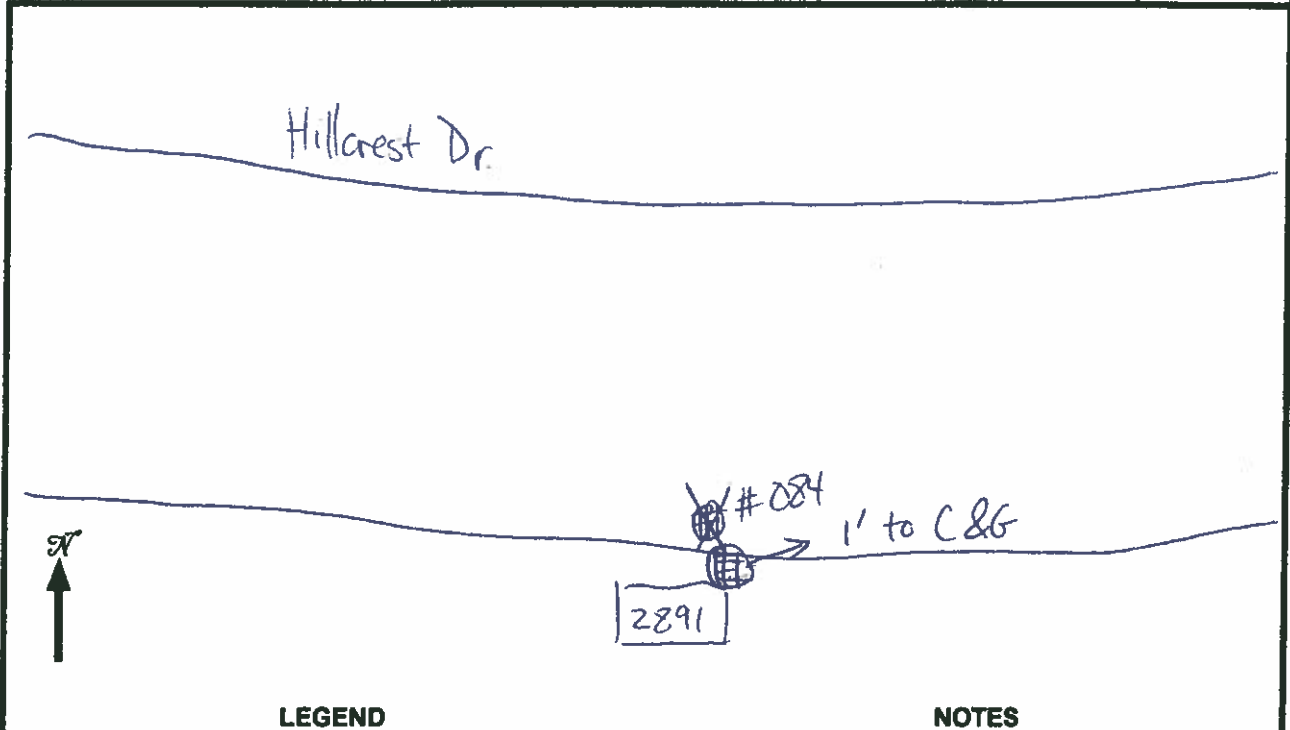
O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION	PRIORITY
Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No. 285
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- → Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 084
 Completed by: RM / BK
 Date: 1-19-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

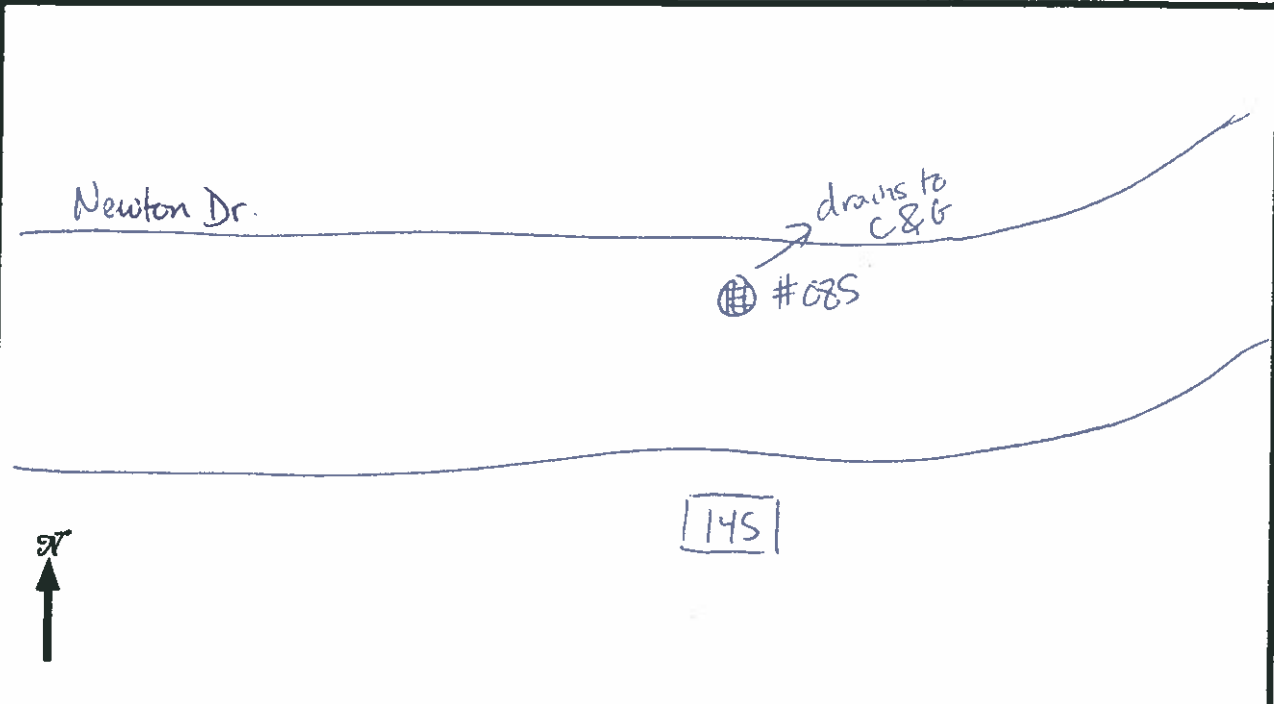
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 085
 Completed by: BK/RM
 Date: 1-20-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

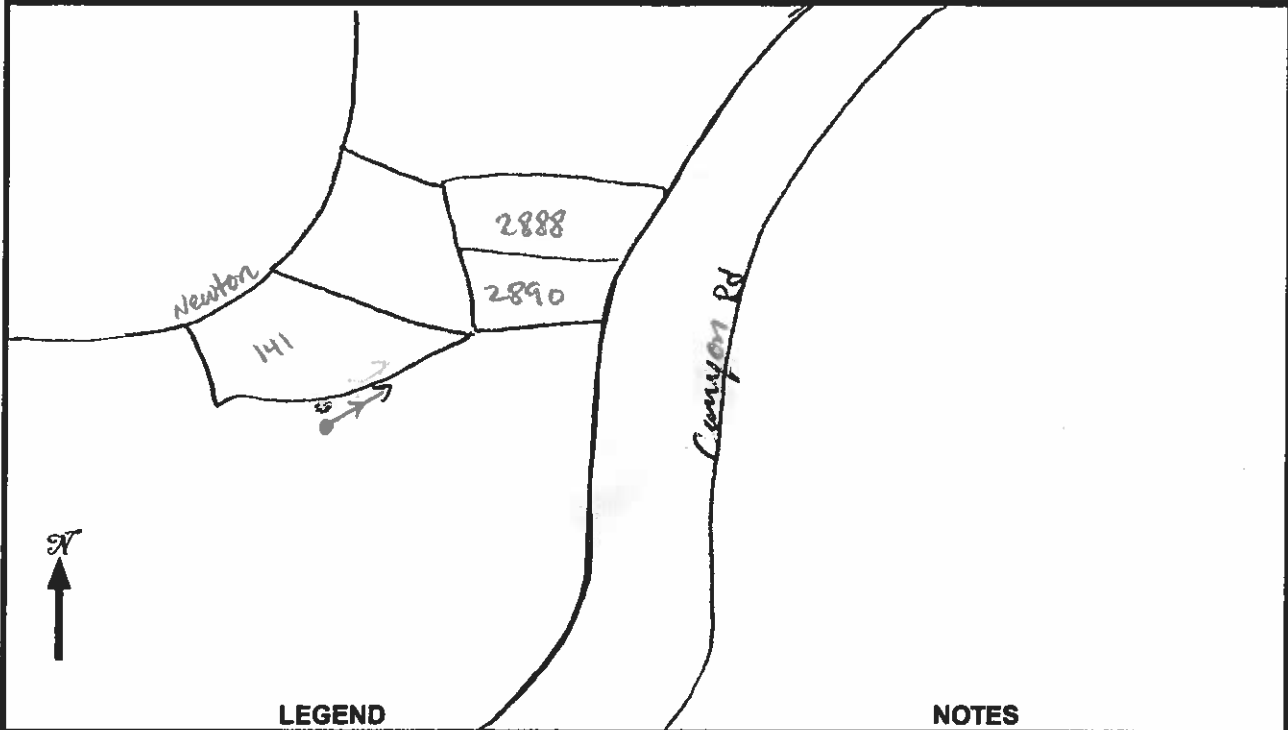
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → Likely spill path | ▷ Photo Direction |

NOTES

Asset #:	88
Completed by:	AR
Date:	2011-01-25
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

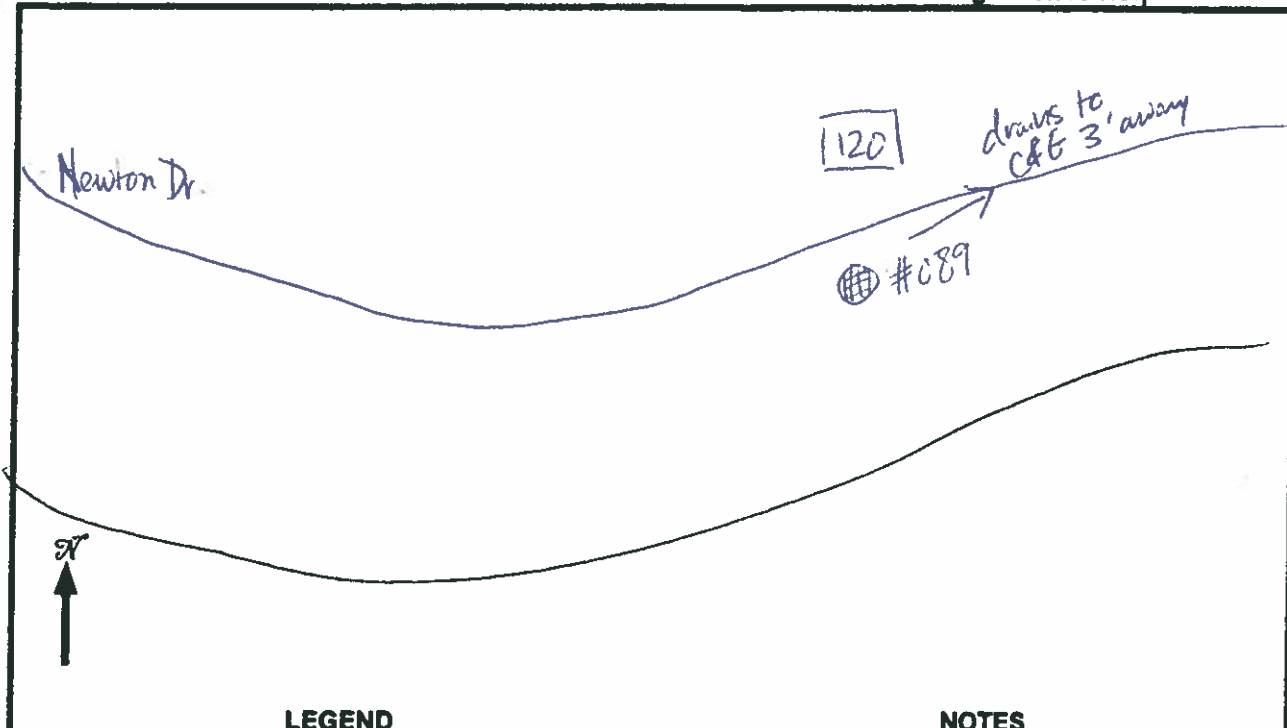
MH 88, Failed, collapsed to bottom of hill. PVC pipe above ground re route flow to MH 172

LOCATION DESCRIPTION	PRIORITY
Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4
	Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 089
 Completed by: RM/BK
 Date: 1-20-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1 Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5 Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4 Picture No.

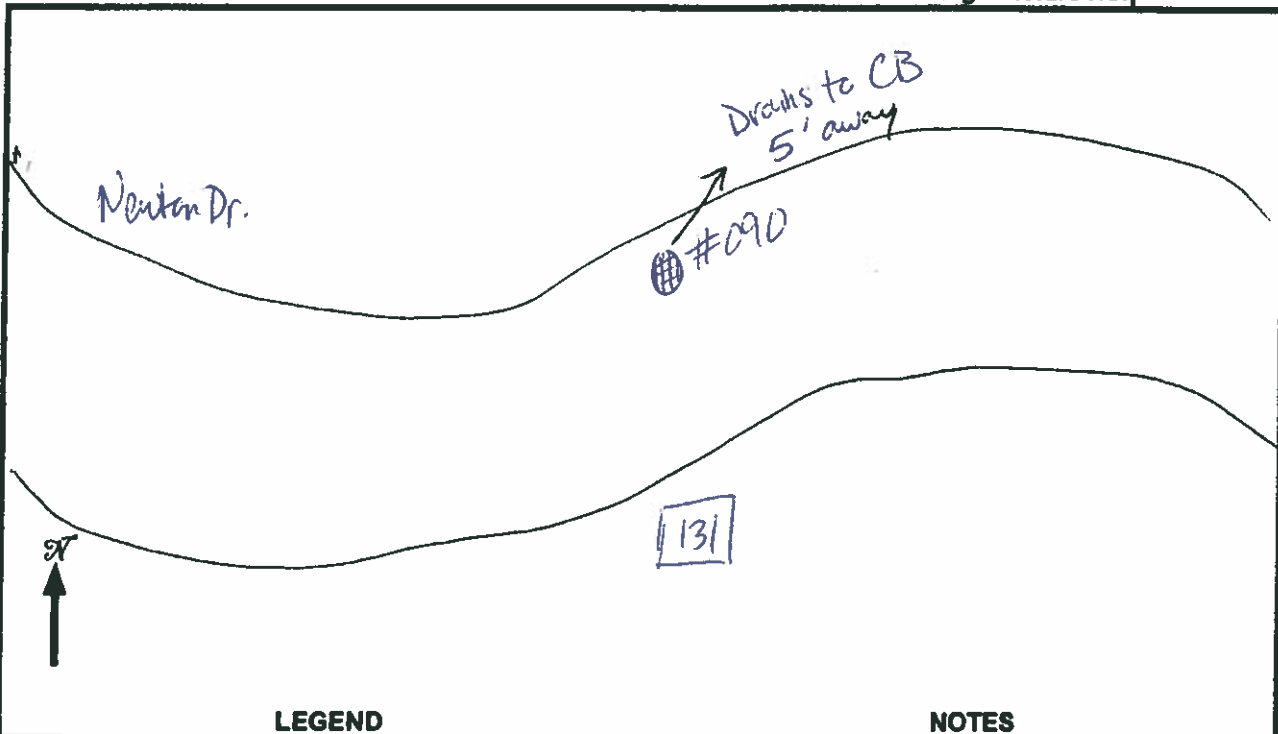
LOCATION CRITERIA FORM

Camera No. 885

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

Sewer Line	Sewer MH
Storm Drain Line	Drain Inlet
Water Line	Valve
Likely spill path	Photo Direction

Asset #: 090
 Completed by: PM/BK
 Date: 1-20-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

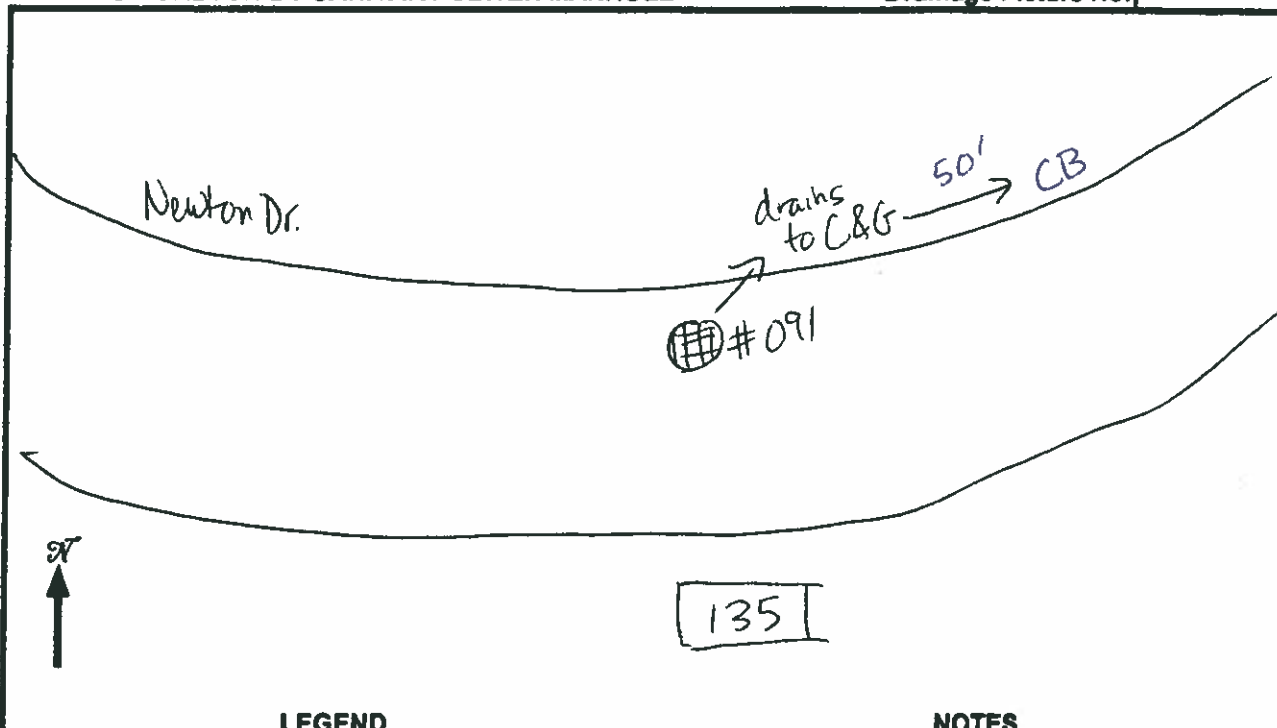
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	<u>1</u>
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	<u>5</u>
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	<u>1</u>
	Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 091
 Completed by: BK/RM
 Date: 1-20-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

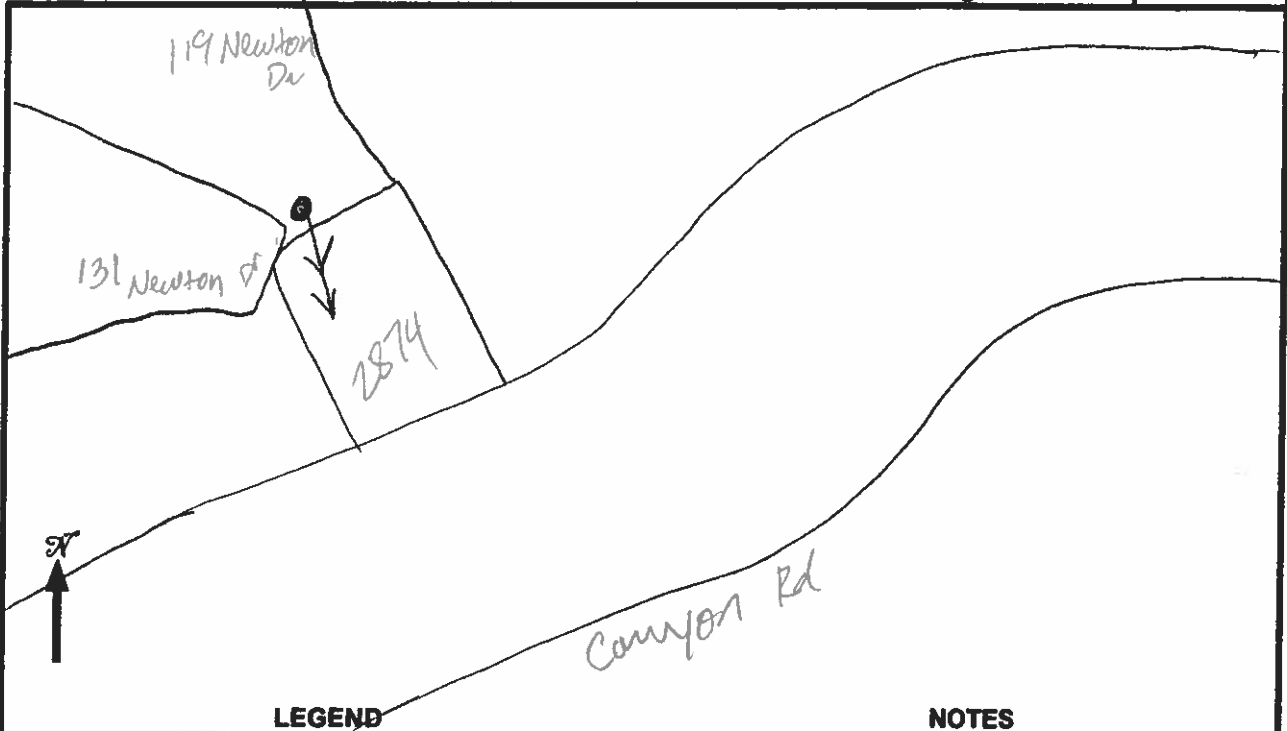
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- | | |
|---|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|---|---|

Asset #:	92
Completed by:	AR
Date:	2011-01-20
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4
	Picture No.

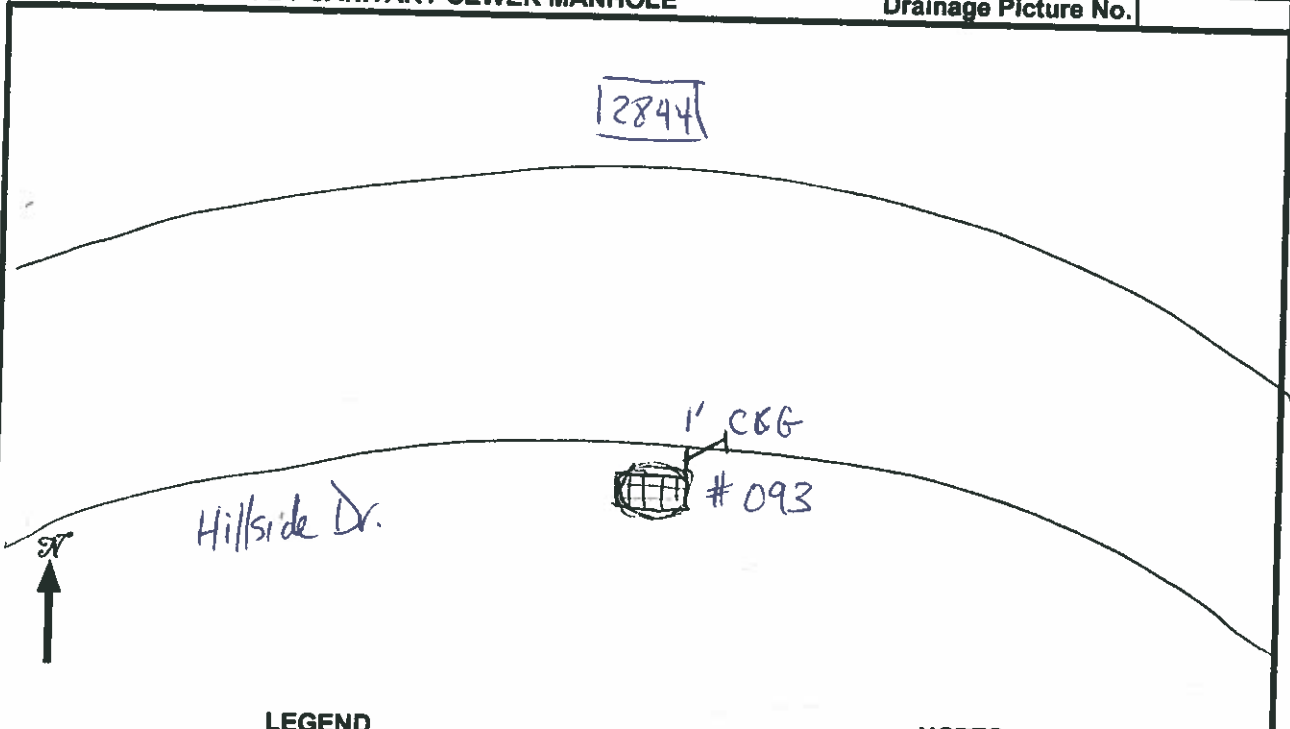
LOCATION CRITERIA FORM

Camera No. 885

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 093

Completed by: EM/BK

Date: 1-19-11

Inspection #: _____

Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

Public Impact

(Proximity to public facilities, Economic impact, Public health or safety concerns)

PRIORITY

3

Picture No.

Environmental

(Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)

4

Picture No.

Access / Safety

(Safe, readily accessible area, Traffic level, Strategic importance to operation of system)

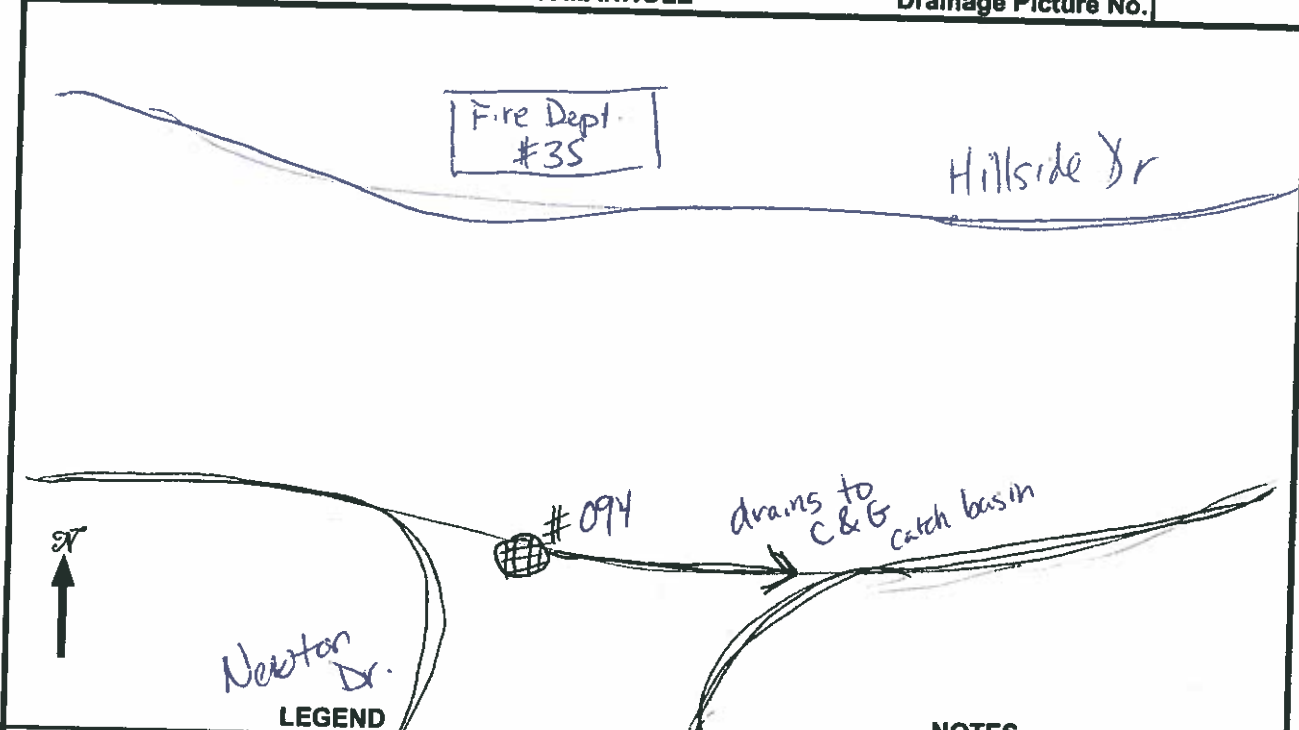
1

Picture No.

LOCATION CRITERIA FORM

LOCATION SKETCH BY SANITARY SEWER MANHOLE

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 094
 Completed by: BR / RM
 Date: 1-19-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

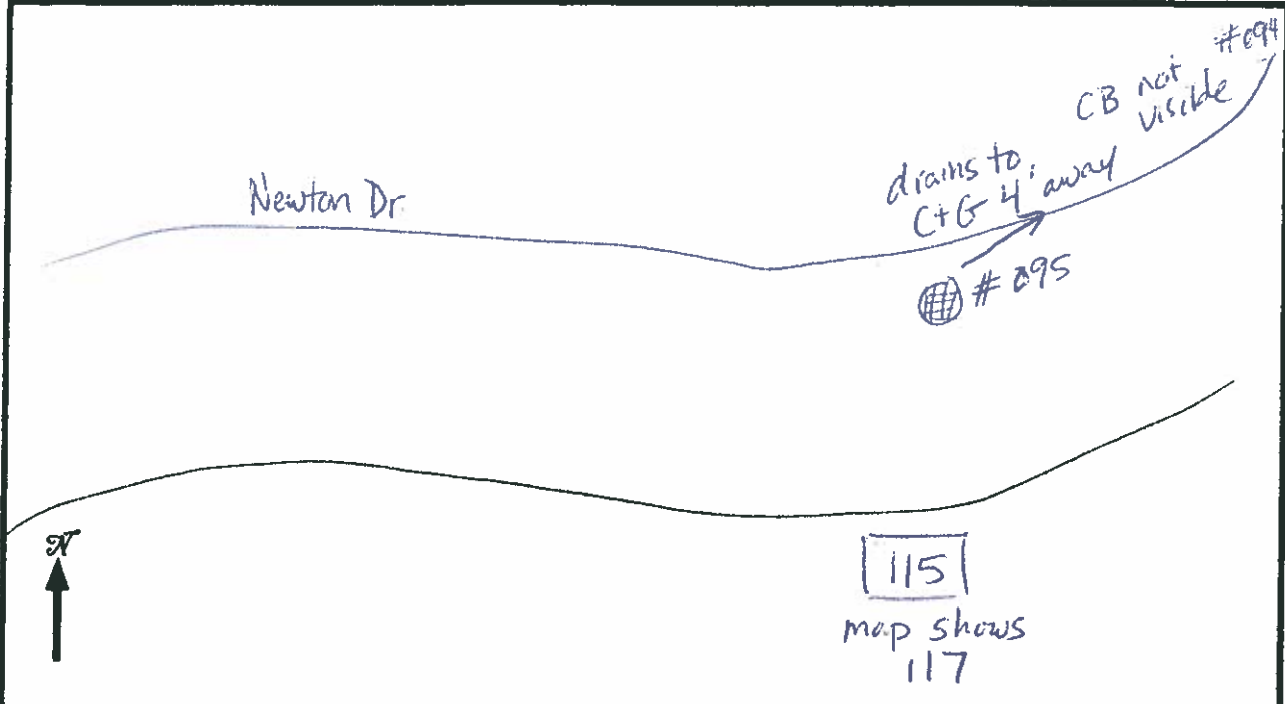
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	<u>3</u>
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	<u>4</u>
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	<u>1</u>
	Picture No.

LOCATION CRITERIA FORM

LOCATION SKETCH BY SANITARY SEWER MANHOLE

Camera No.	885
General Picture No.	
Drainage Picture No.	



LEGEND

NOTES

- | | |
|---|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|---|---|

Asset #: 095
Completed by: RM/BKI
Date: 1-20-11
Inspection #: _____
Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

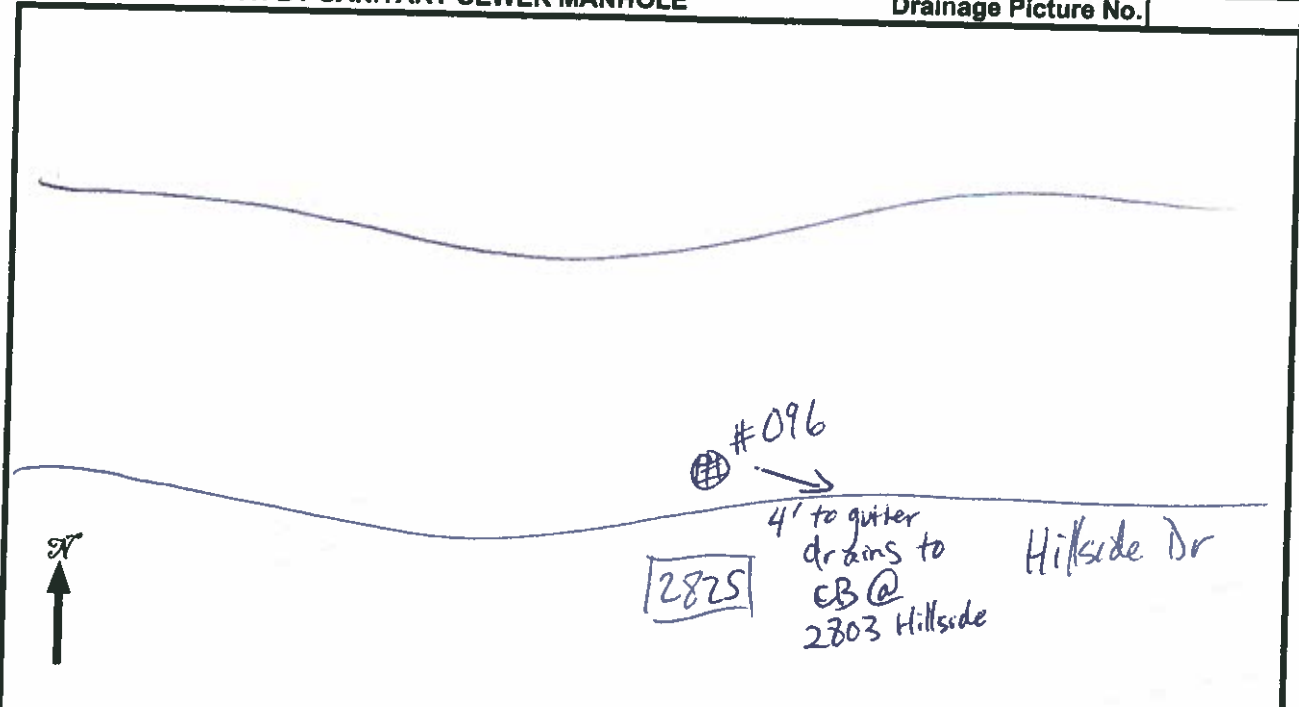
LOCATION CRITERIA FORM

Camera No. 885

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → Likely spill path | ▷ Photo Direction |

NOTES

Asset #: 096
 Completed by: BK/EM
 Date: 1-19-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact

(Proximity to public facilities, Economic impact, Public health or safety concerns)

1
Picture No.

Environmental

(Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)

4
Picture No.

Access / Safety

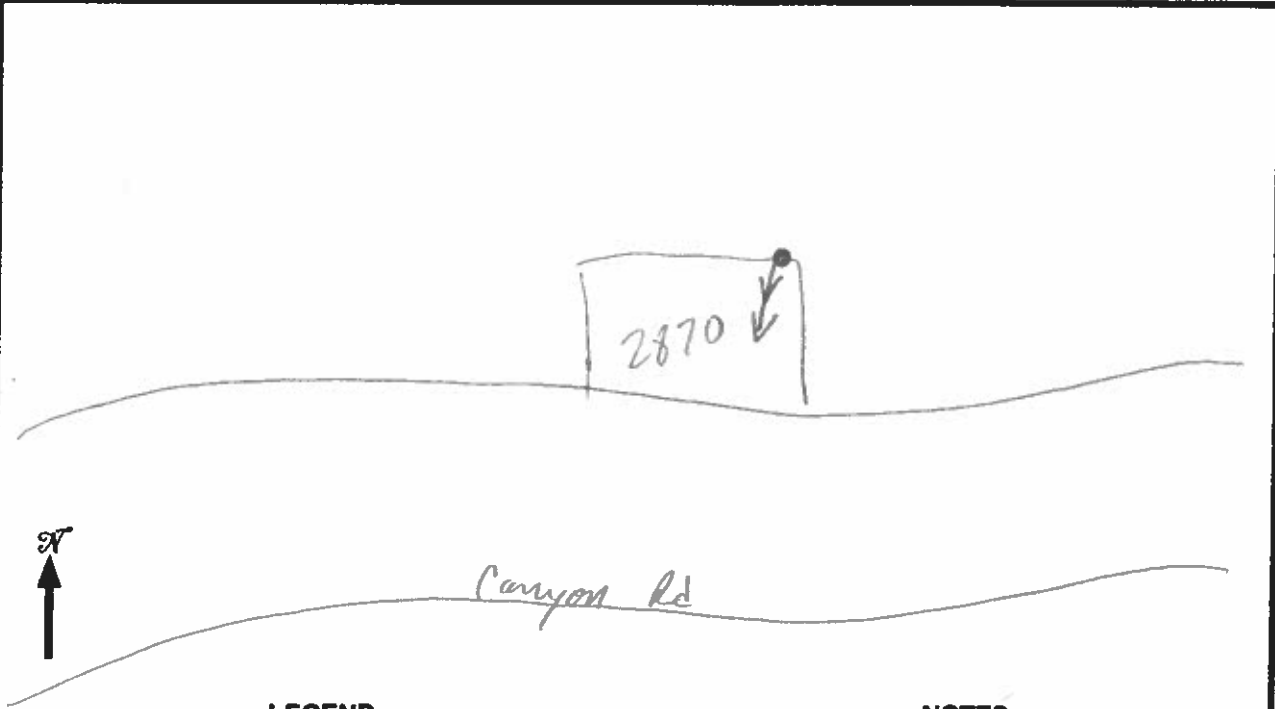
(Safe, readily accessible area, Traffic level, Strategic importance to operation of system)

1
Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → Likely spill path | ▷ Photo Direction |

Asset #: 98
 Completed by: AK
 Date: 2011-01-20
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

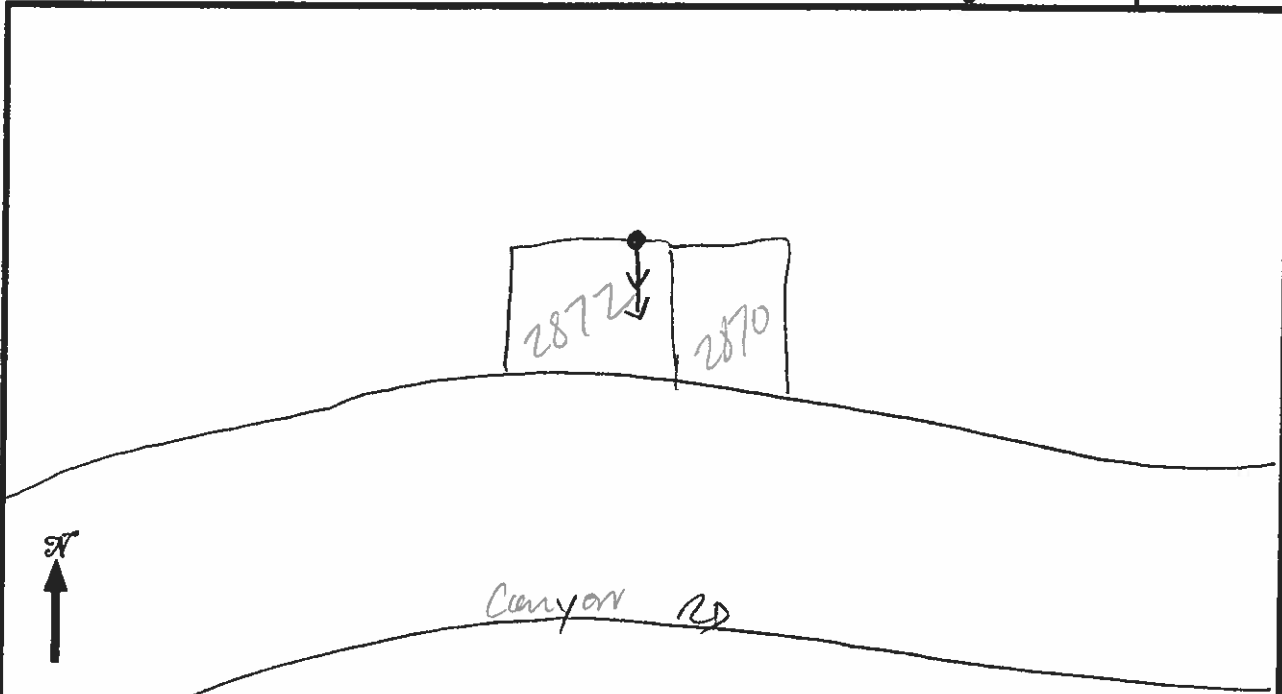
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4
	Picture No.

LOCATION CRITERIA FORM

Camera No.	890
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → Likely spill path | ▷ Photo Direction |

Asset #:	99
Completed by:	AK
Date:	2011-01-20
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

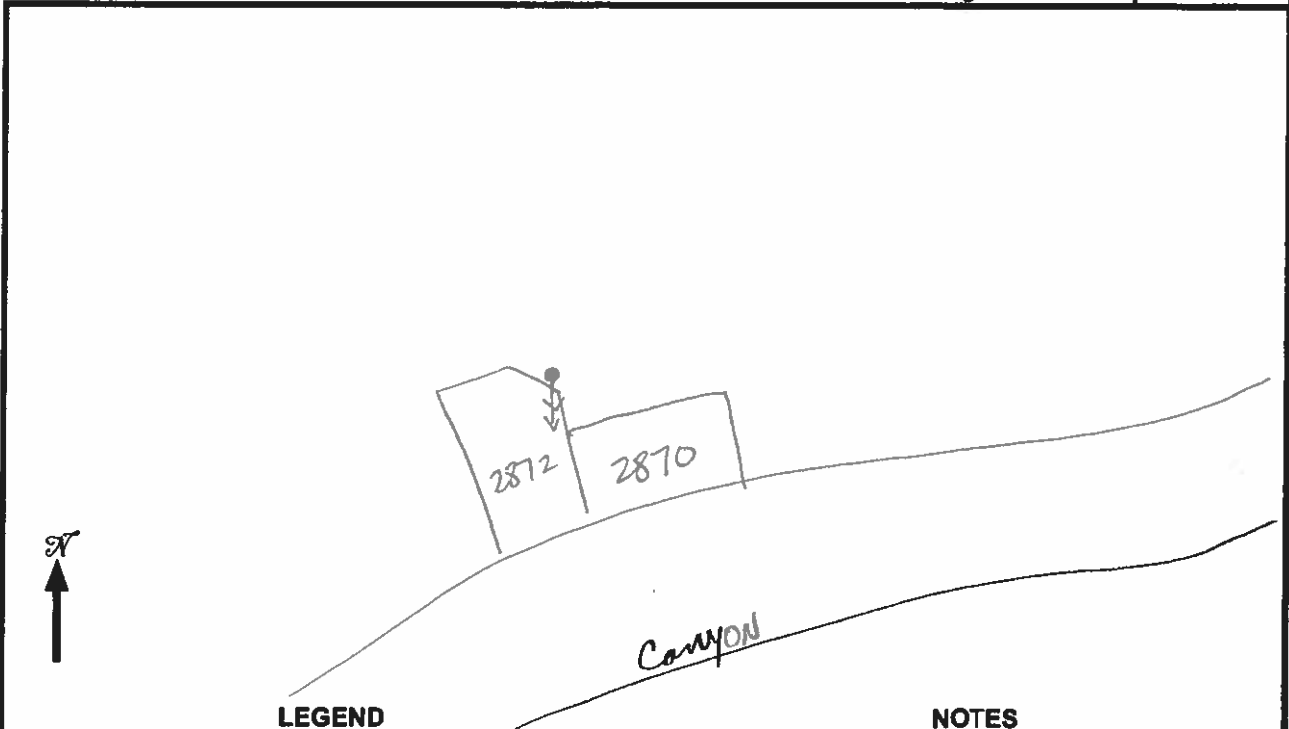
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4
	Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|---|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line → → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|---|---|

NOTES

Asset #:	100
Completed by:	AR
Date:	2011-01-20
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

Unable to open MH 100 due to large cactus & steep

LOCATION DESCRIPTION <i>Slope</i>	PRIORITY
--	-----------------

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.

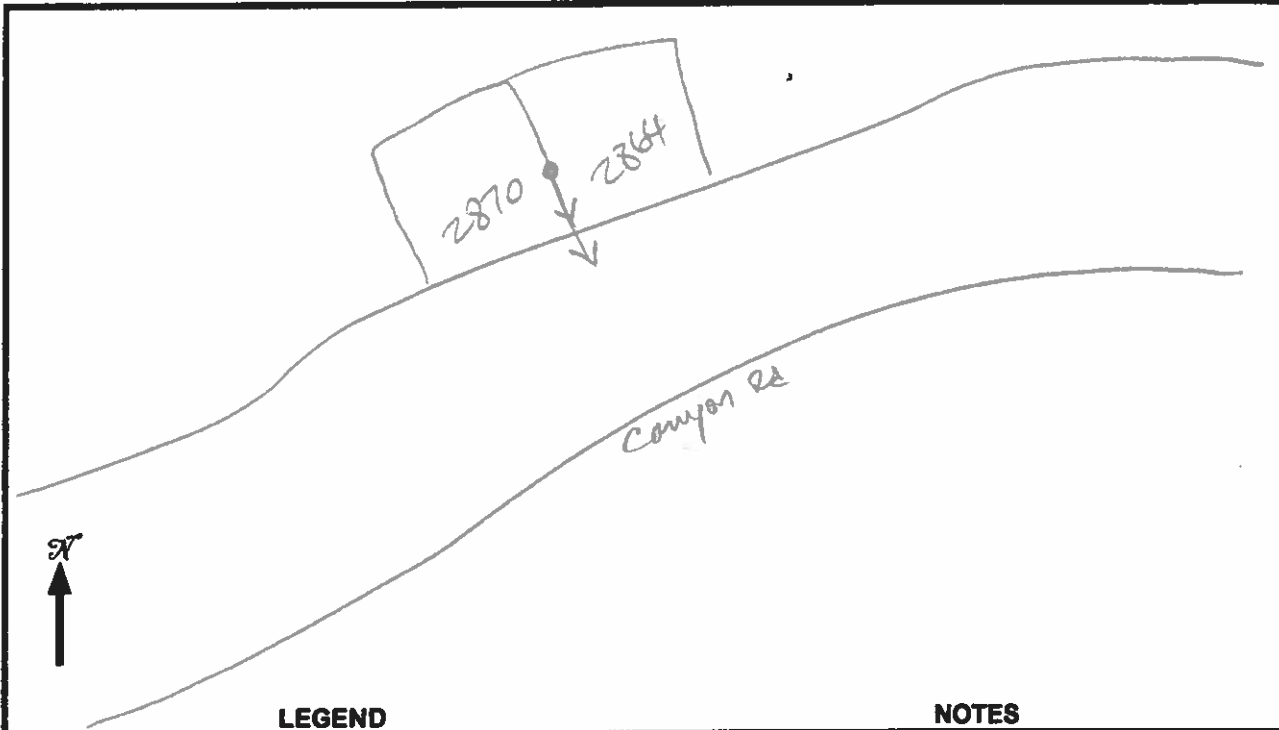
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.

Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4
	Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- | | |
|---|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|---|---|

Asset #:	102
Completed by:	AP
Date:	2011-01-20
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

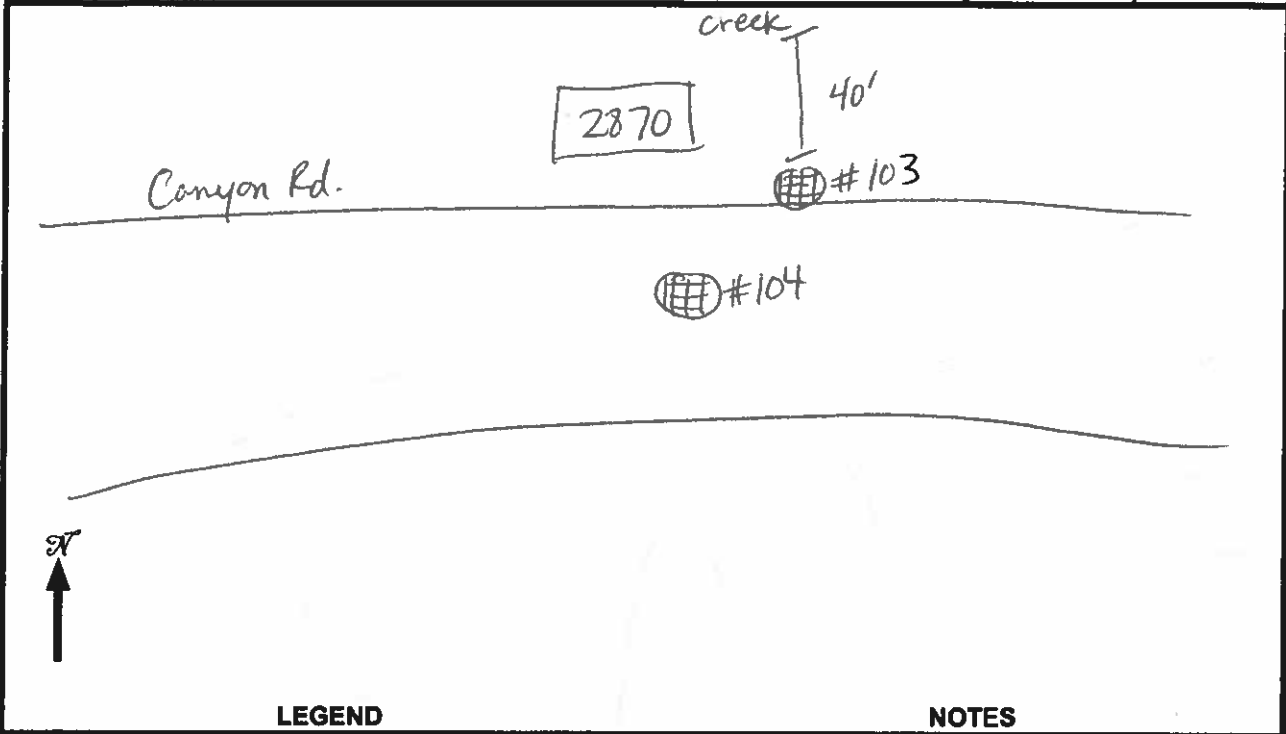
LOCATION DESCRIPTION	PRIORITY
----------------------	----------

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4
	Picture No.

LOCATION CRITERIA FORM

Camera No. 915
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → Likely spill path | ▷ Photo Direction |

NOTES

Asset #: 103
 Completed by: BK/RM
 Date: 1-18-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public impact
 (Proximity to public facilities, Economic impact, Public health or safety concerns)

1

Picture No.

Environmental
 (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)

5

Picture No.

Access / Safety
 (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)

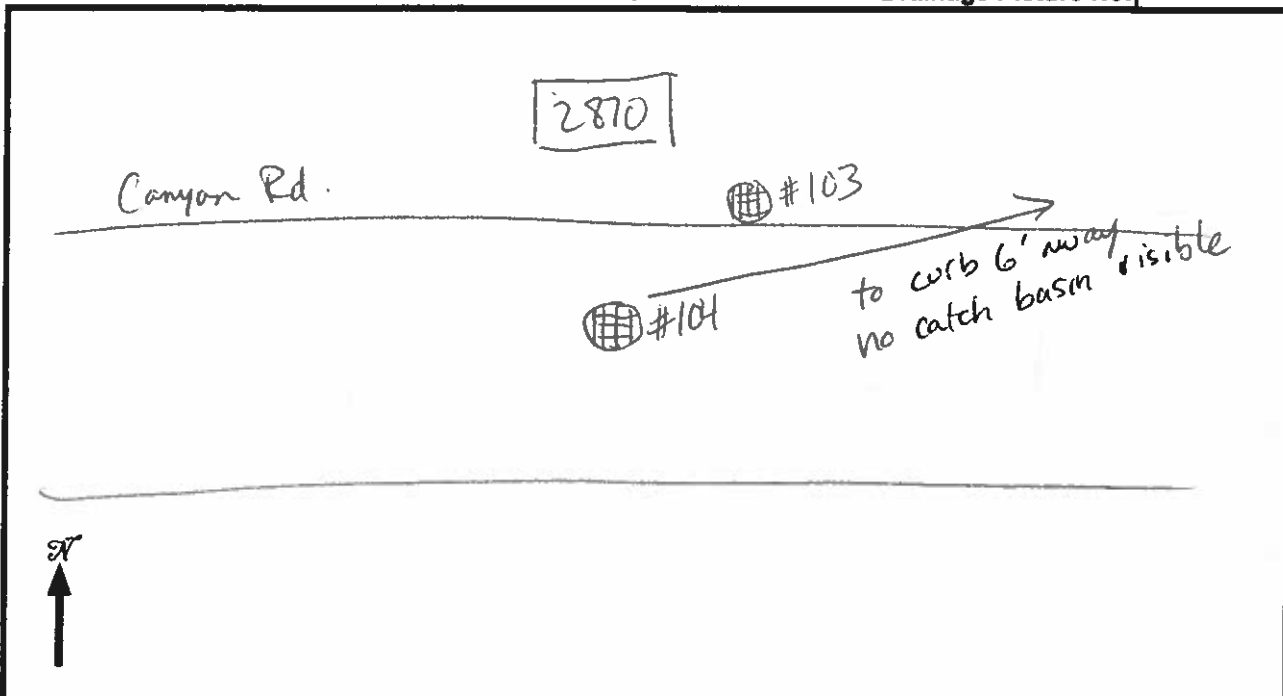
1

Picture No.

LOCATION CRITERIA FORM

Camera No.	915
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|---|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|---|---|

NOTES

Asset #: 104

Completed by: RM/BK

Date: 1-18-11

Inspection #: _____

Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

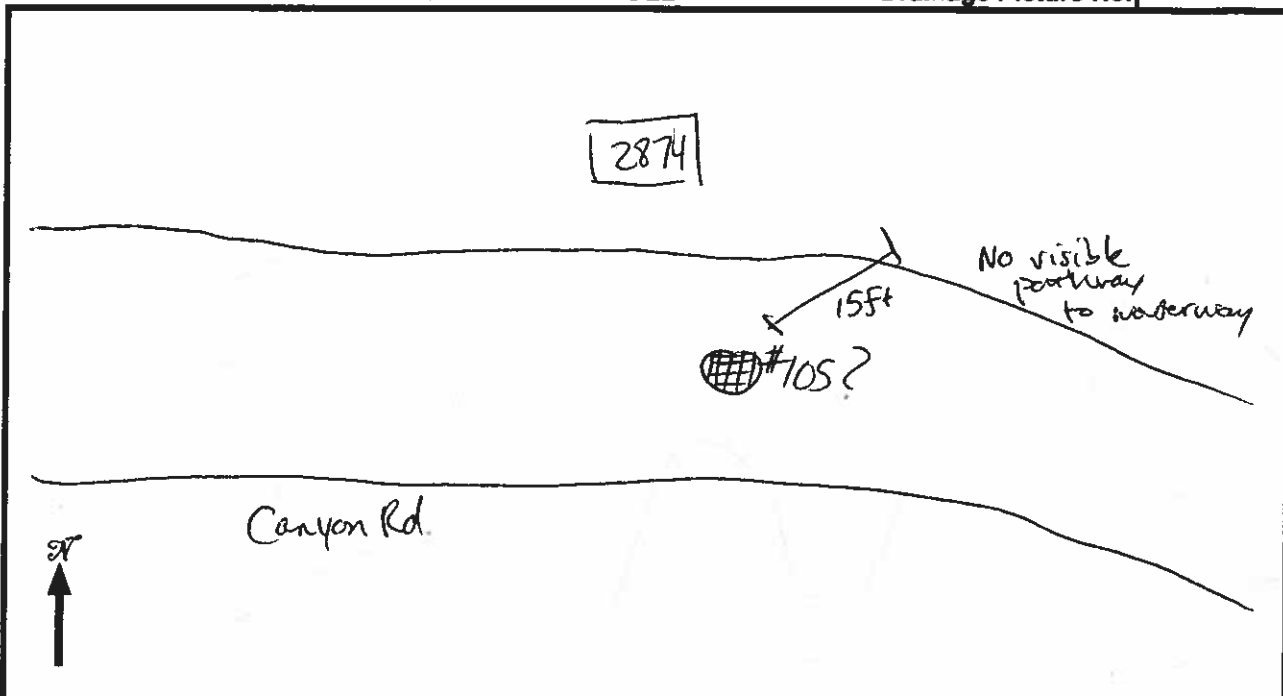
PRIORITY

Public Impact	1
(Proximity to public facilities, Economic impact, Public health or safety concerns)	Picture No.
Environmental	5
(Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	Picture No.
Access / Safety	1
(Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	Picture No.

LOCATION CRITERIA FORM

Camera No.	915
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|---|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|---|---|

NOTES

Asset #:	105
Completed by:	BK/RM
Date:	1-17-11
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

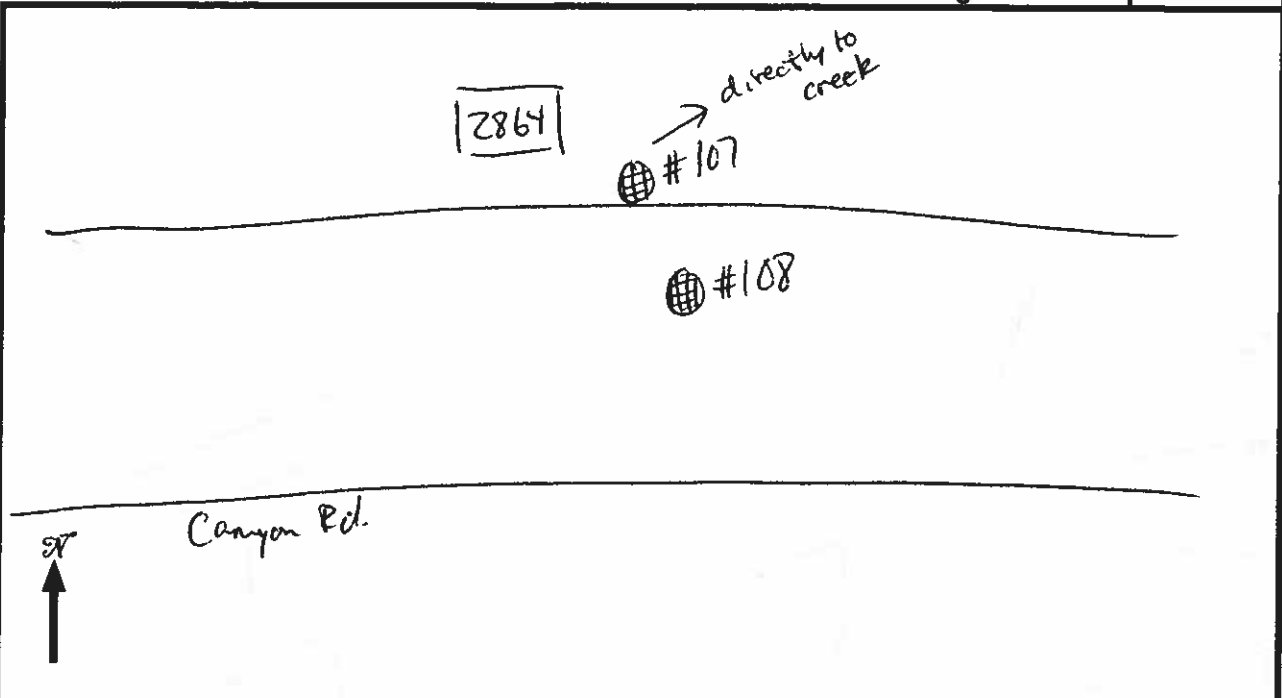
PRIORITY

Public Impact	1
(Proximity to public facilities, Economic impact, Public health or safety concerns)	Picture No.
Environmental	5
(Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	Picture No.
Access / Safety	
(Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|--------------------------|-------------------|
| ———— Sewer Line | ● Sewer MH |
| - - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → → Likely spill path | ▷ Photo Direction |

NOTES

Asset #: 107
 Completed by: BK/RM
 Date: 1-18-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

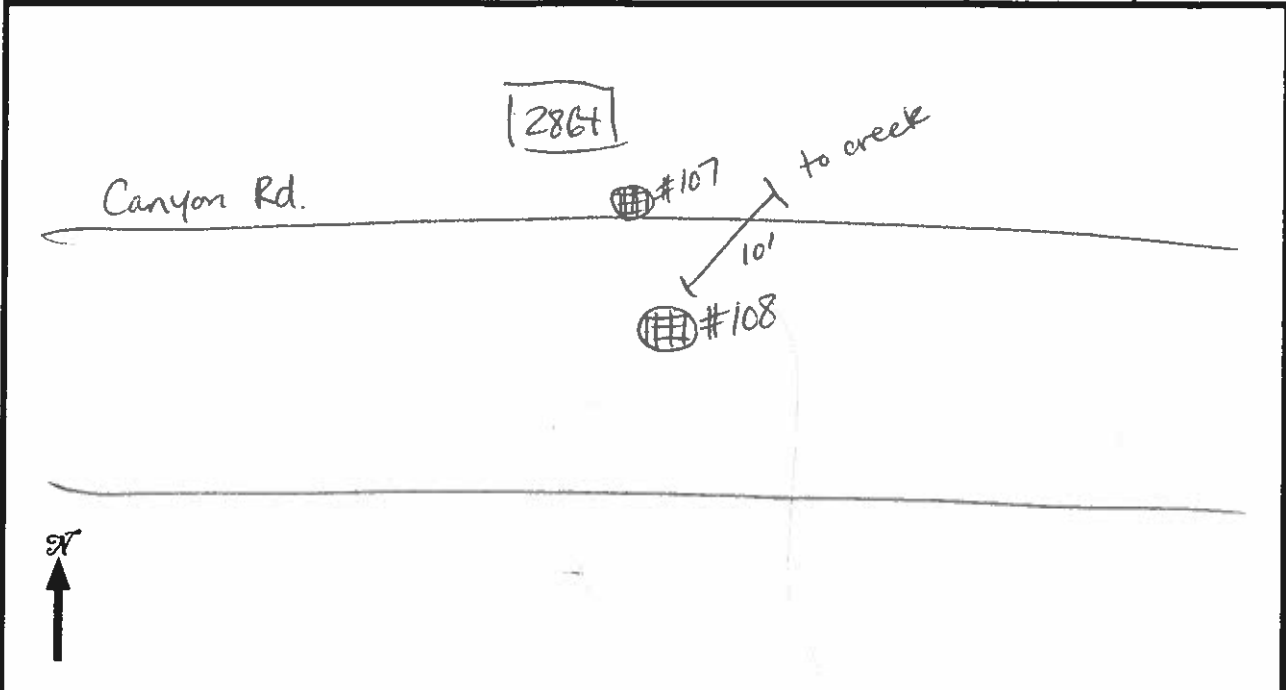
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No. 915/88
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|--------------------------|-------------------|
| ———— Sewer Line | ● Sewer MH |
| - - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → → Likely spill path | ▷ Photo Direction |

NOTES

Asset #: 108
 Completed by: BK/RM
 Date: 1-18-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

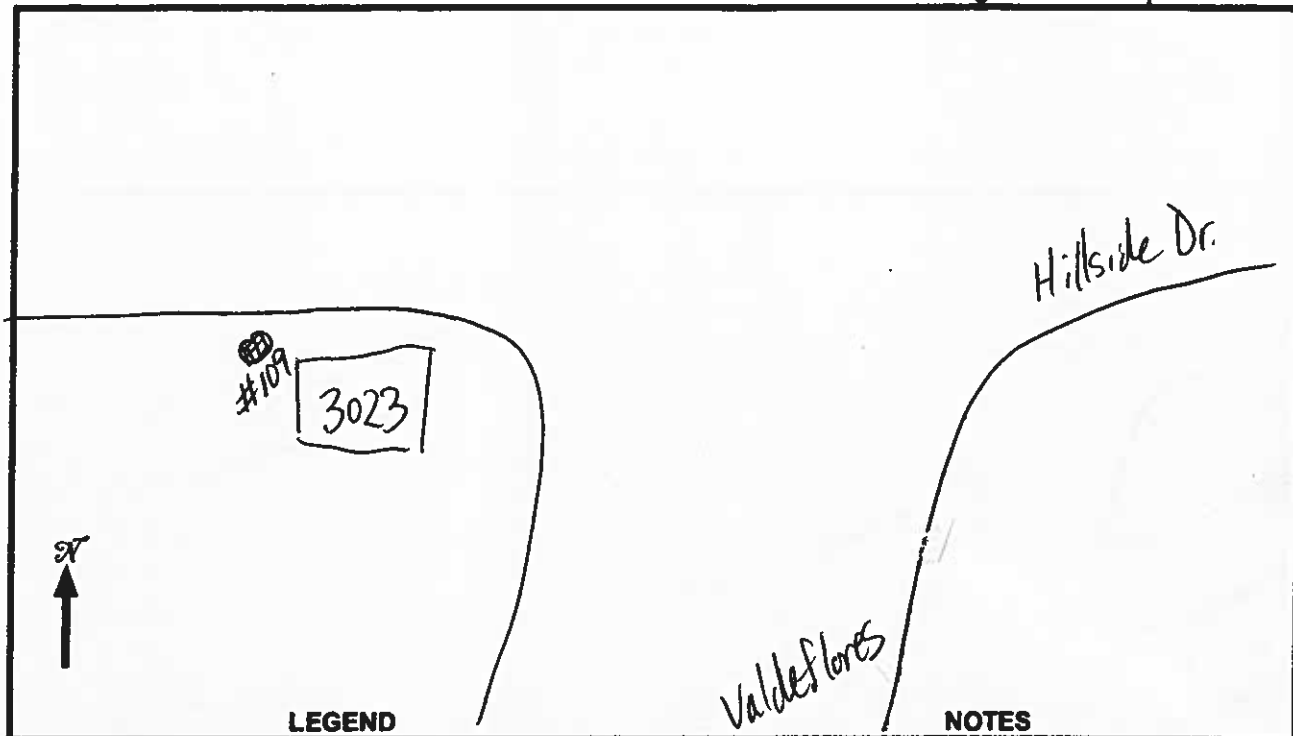
LOCATION CRITERIA FORM

Camera No. 885

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 109
 Completed by: BK/PM
 Date: 1-24-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

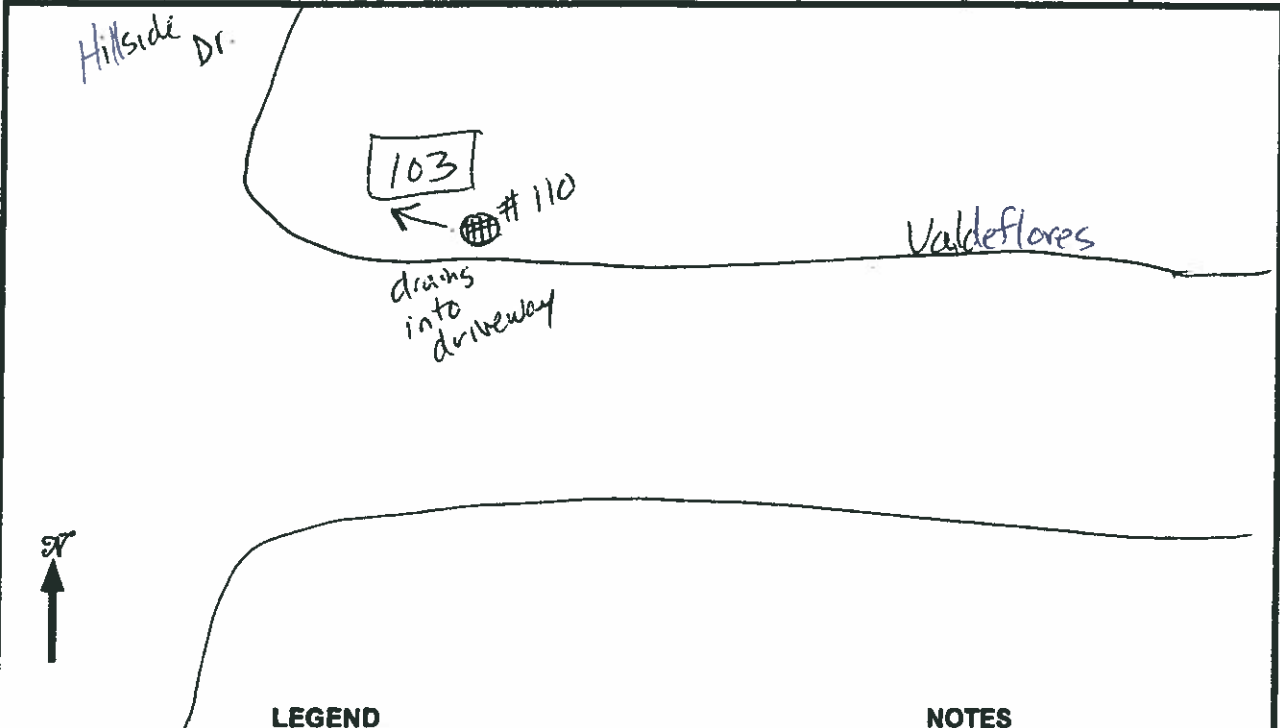
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No.	885
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- | | |
|---|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊠ Valve ▷ Photo Direction |
|---|---|

Asset #: 110

Completed by: RM/BK

Date: 1-21-11

Inspection #: _____

Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact	1
(Proximity to public facilities, Economic impact, Public health or safety concerns)	Picture No.
Environmental	5
(Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	Picture No.
Access / Safety	1
(Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	Picture No.

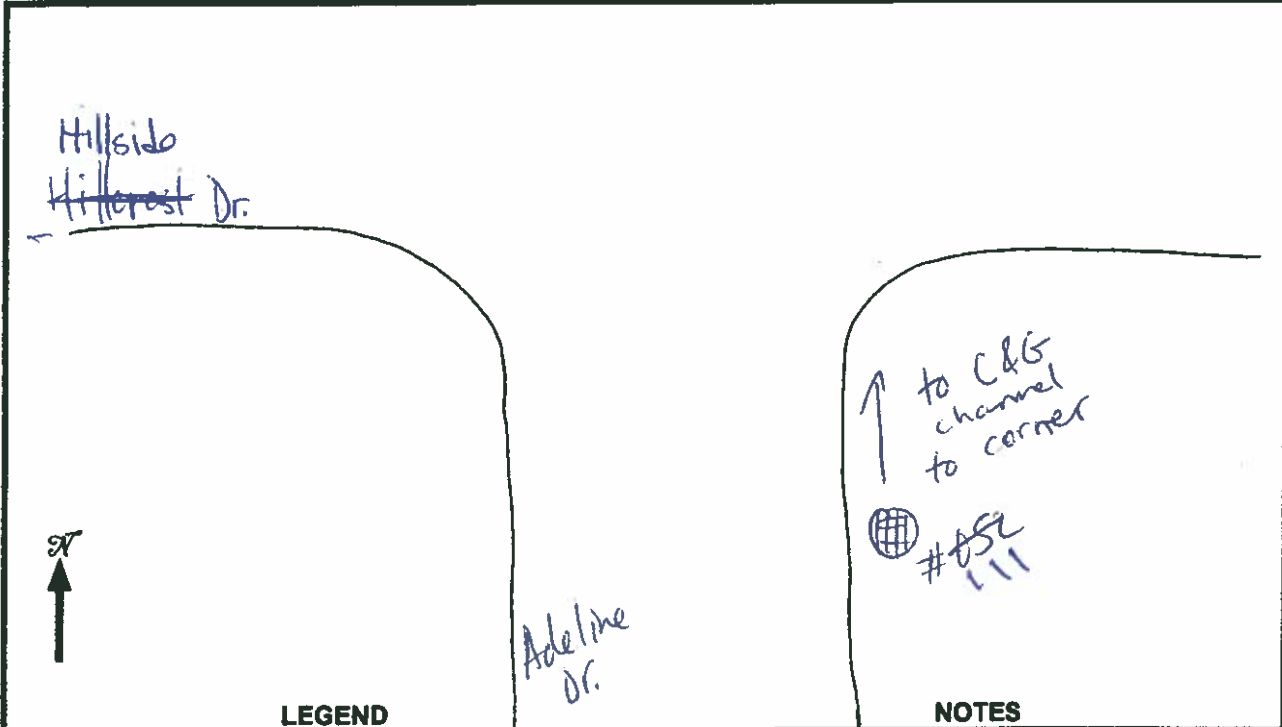
LOCATION CRITERIA FORM

Camera No. 885

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 052 III
 Completed by: BLK/RM
 Date: 1-19-11

O & M HISTORY (Applies to manhole and segment downstream of manhole)

Inspection #: _____
 Group Project#: _____

LOCATION DESCRIPTION

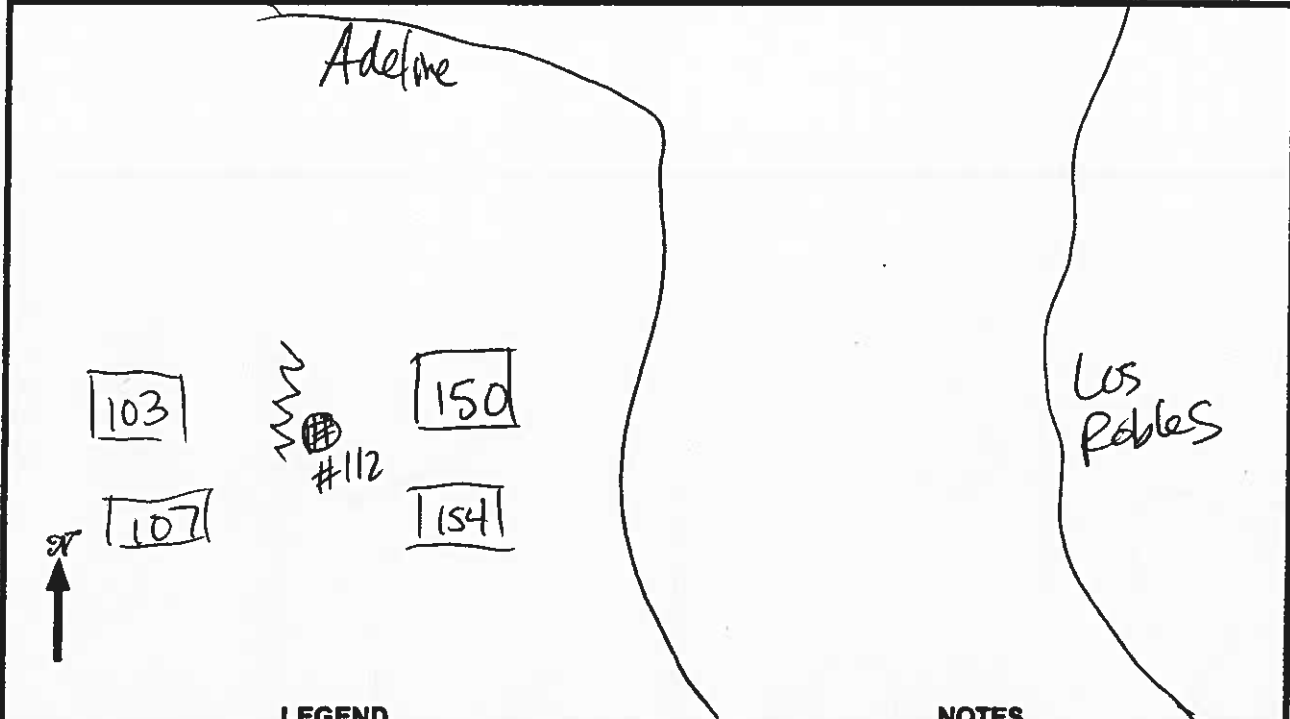
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 112
 Completed by: RM/BK
 Date: 1-26-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

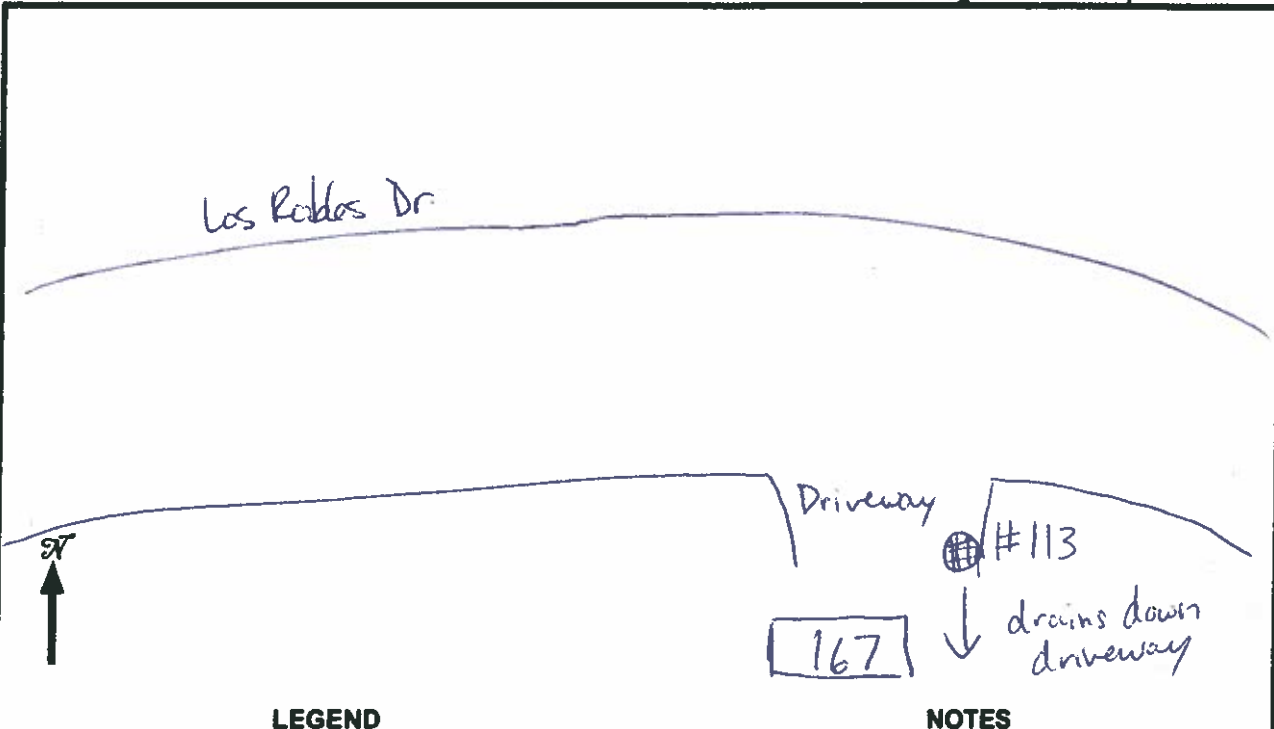
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	
	Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 113
 Completed by: RM/BK
 Date: 1-20-11

O & M HISTORY (Applies to manhole and segment downstream of manhole)

Inspection #: _____
 Group Project#: _____

LOCATION DESCRIPTION

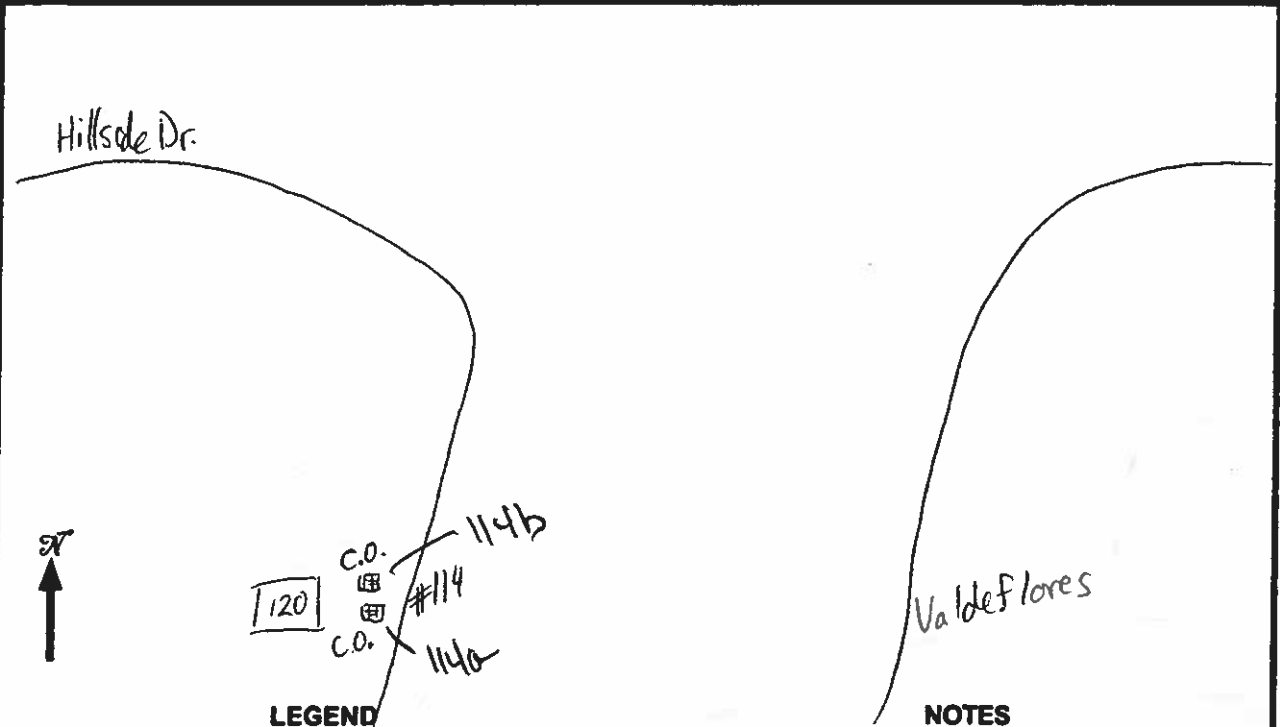
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 114
 Completed by: RM / BK
 Date: 1-24-11

O & M HISTORY (Applies to manhole and segment downstream of manhole)

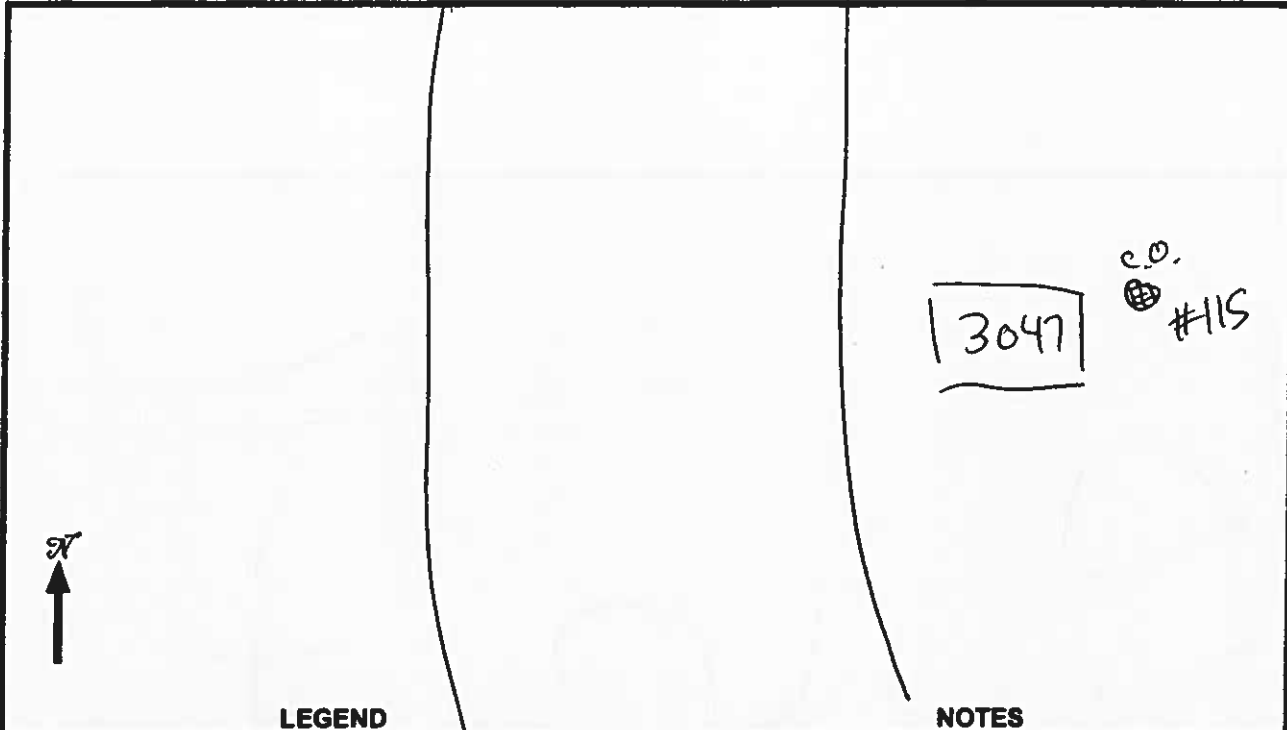
Inspection #: _____
 Group Project#: _____

LOCATION DESCRIPTION	PRIORITY
Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 115
 Completed by: BL/PM
 Date: 1-24-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION **PRIORITY**

Public Impact 1
 (Proximity to public facilities, Economic impact, Public health or safety concerns) Picture No.

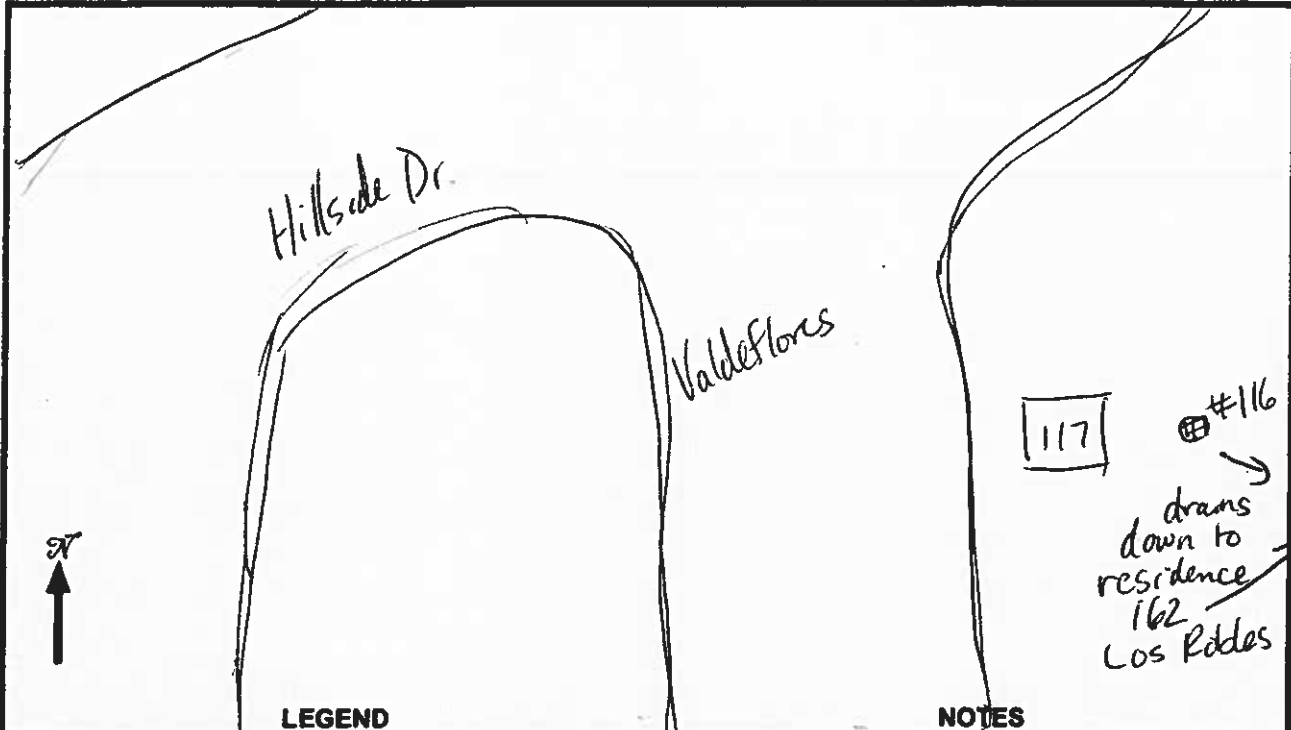
Environmental 4
 (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions) Picture No.

Access / Safety 1
 (Safe, readily accessible area, Traffic level, Strategic importance to operation of system) Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 116
 Completed by: RM/BK
 Date: 1-26-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

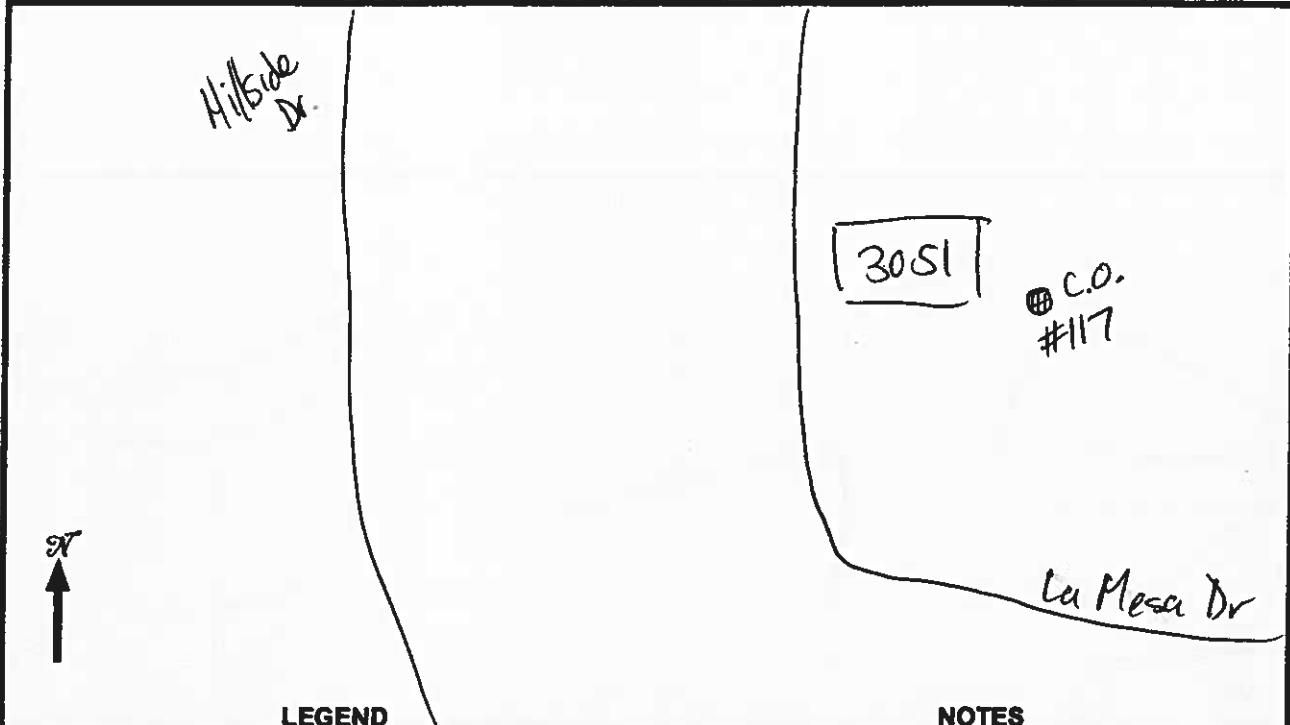
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 117
 Completed by: RM/BK
 Date: 1-24-11
 Inspection #: _____
 Group Project#: _____

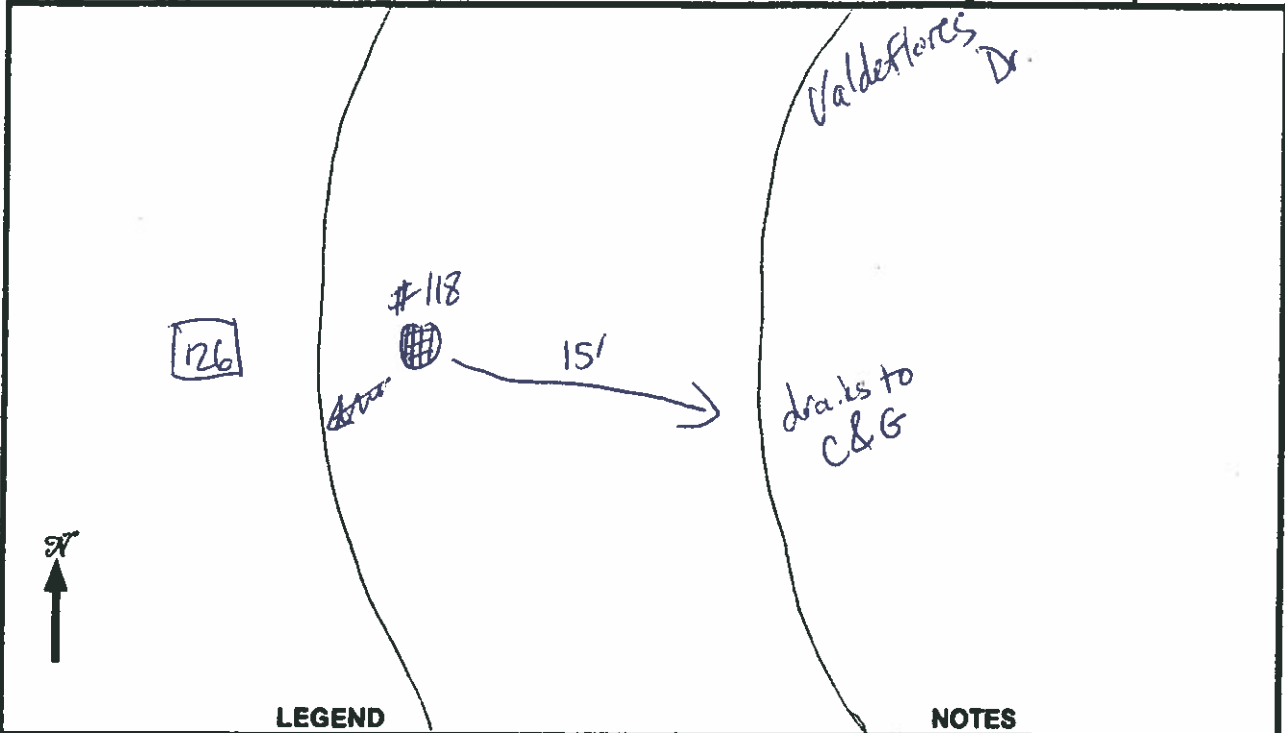
O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION	PRIORITY
Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 118
 Completed by: RM/BK
 Date: 1-21-11

O & M HISTORY (Applies to manhole and segment downstream of manhole)

Inspection #: _____
 Group Project#: _____

LOCATION DESCRIPTION **PRIORITY**

Public Impact 1
 (Proximity to public facilities, Economic impact, Public health or safety concerns) Picture No.

Environmental 4
 (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions) Picture No.

Access / Safety 1
 (Safe, readily accessible area, Traffic level, Strategic importance to operation of system) Picture No.

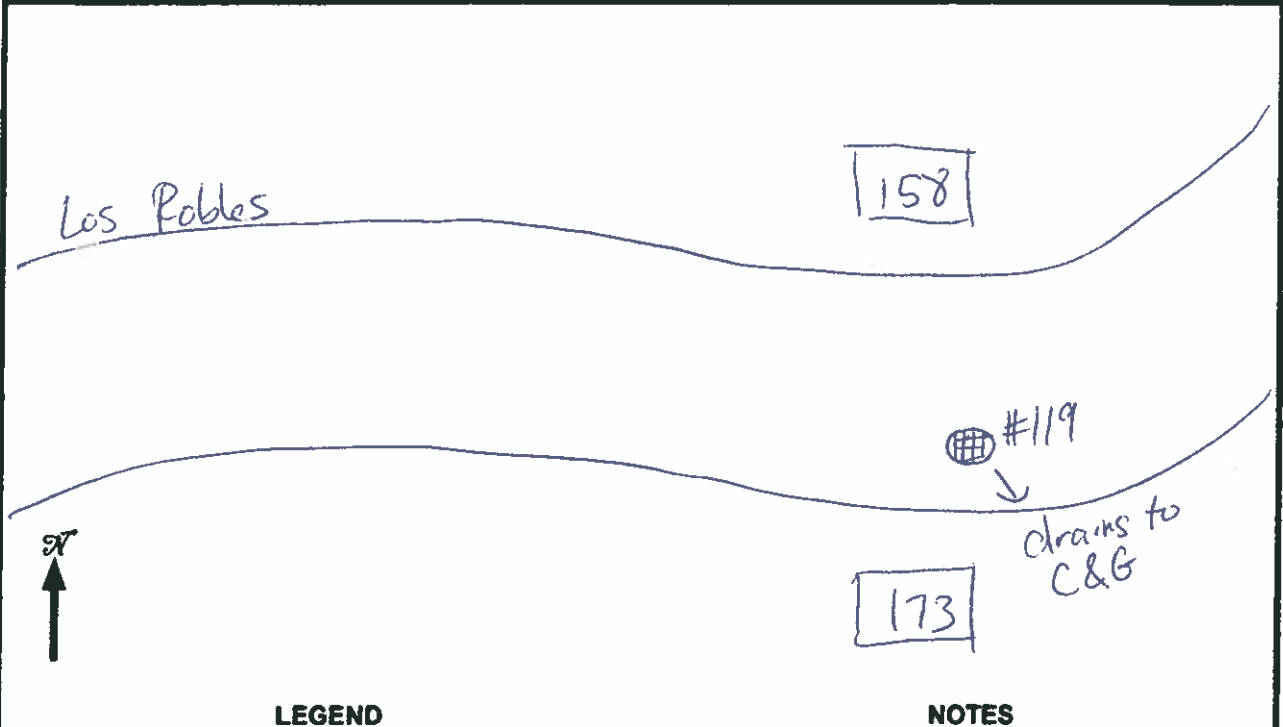
LOCATION CRITERIA FORM

Camera No. 885

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 119
 Completed by: BK/PM
 Date: 1-20-11

O & M HISTORY (Applies to manhole and segment downstream of manhole)

Inspection #: _____
 Group Project#: _____

LOCATION DESCRIPTION

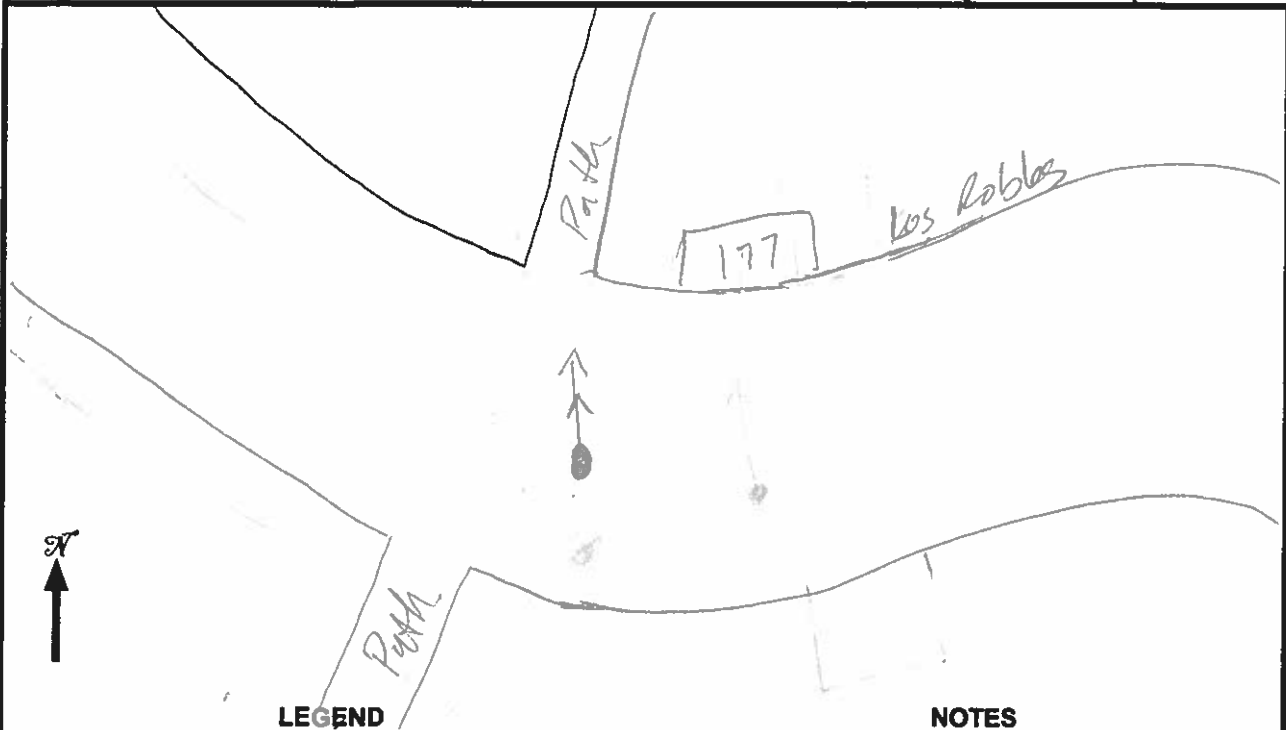
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → Likely spill path | ▷ Photo Direction |

NOTES

Asset #:	122
Completed by:	AR
Date:	2011-01-17
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

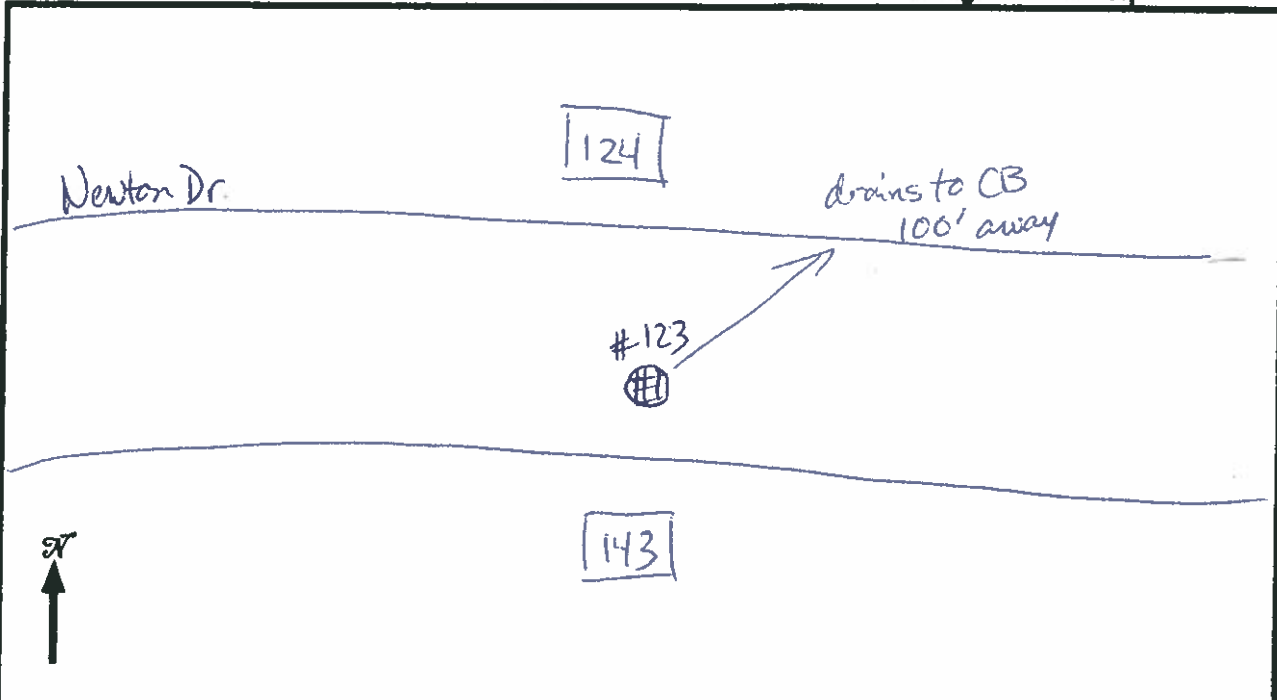
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 123
 Completed by: RM/BK
 Date: 1-20-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

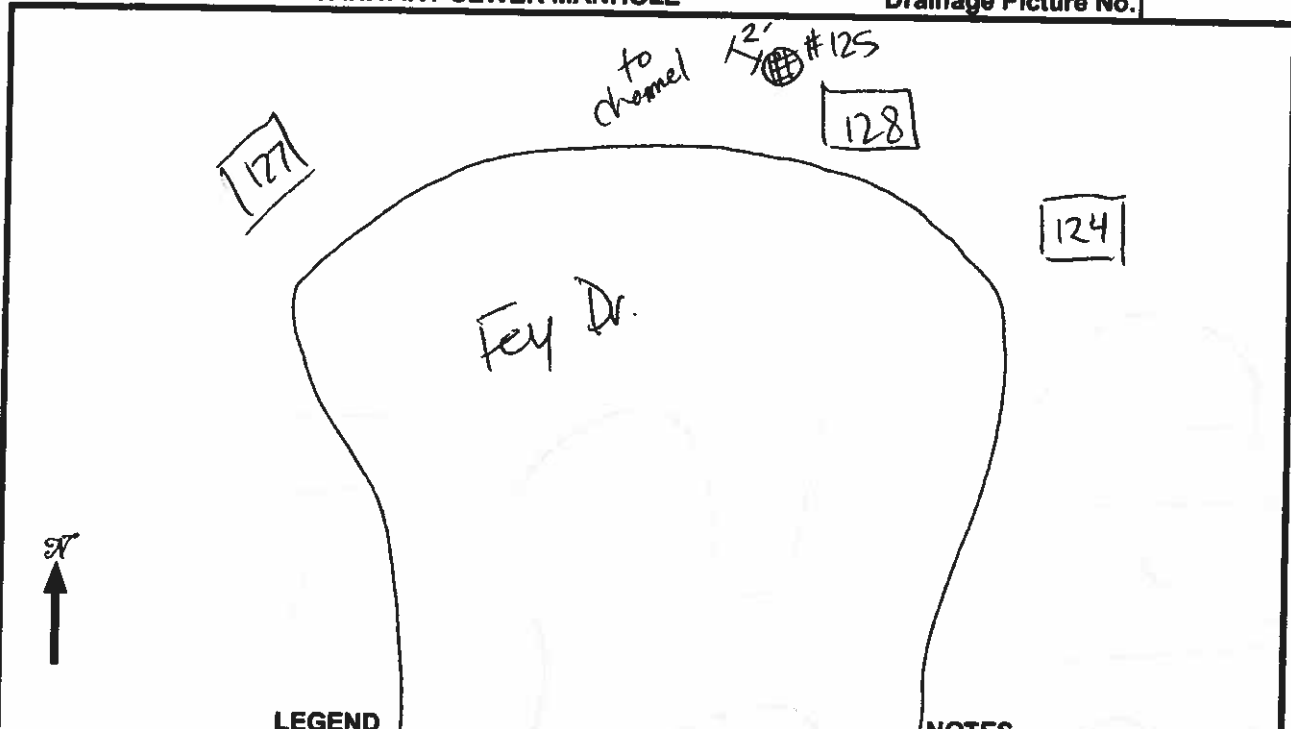
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 125
 Completed by: BK/RM
 Date: 1-18-11
 Inspection #: _____
 Group Project#: _____

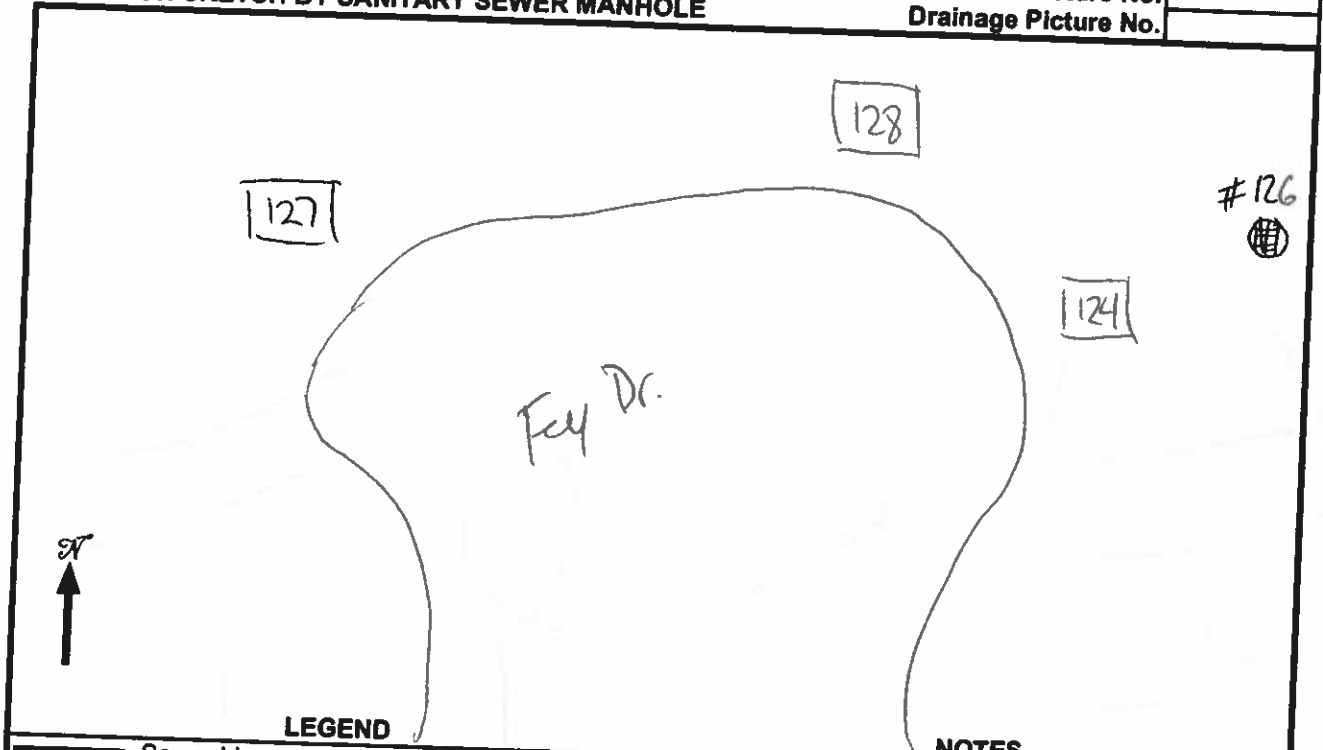
O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION	PRIORITY
Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND	
Sewer Line	Sewer MH
Storm Drain Line	Drain Inlet
Water Line	Valve
Likely spill path	Photo Direction

NOTES	
Asset #:	126
Completed by:	BK/RM
Date:	1-18-11
Inspection #:	
Group Project#:	

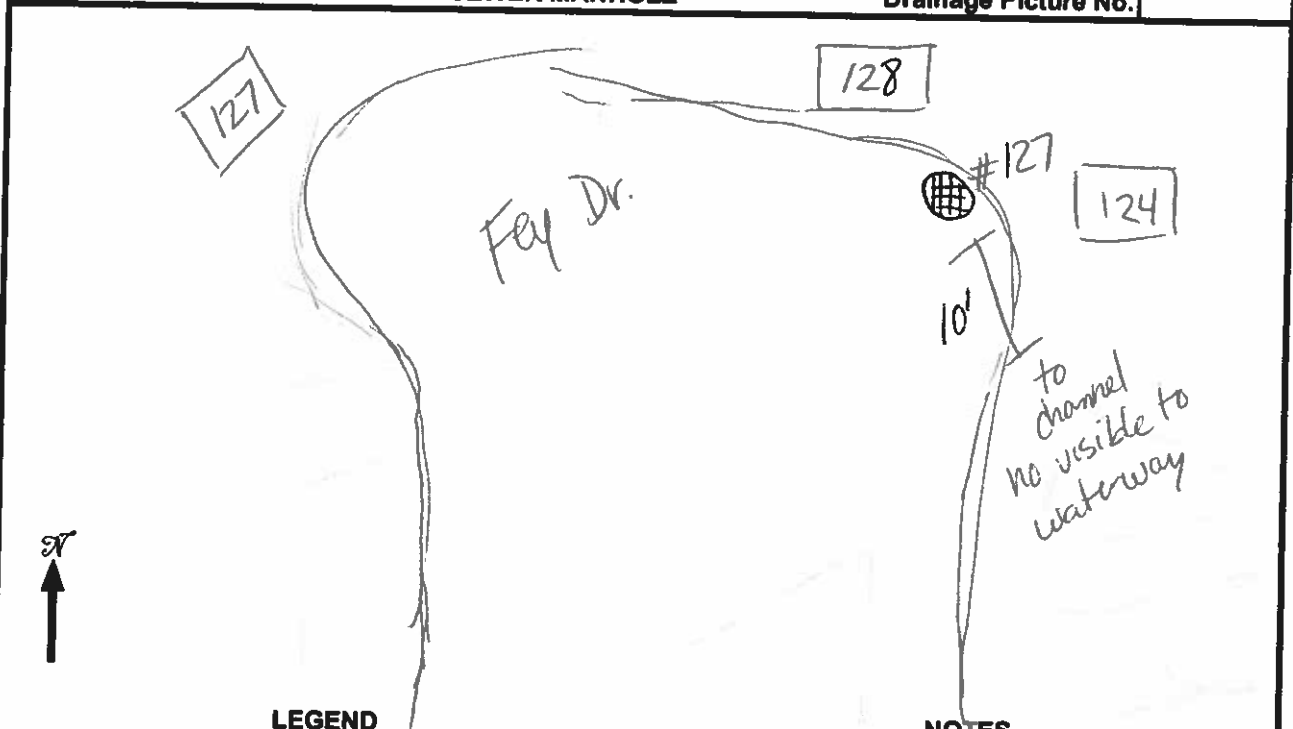
O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION	PRIORITY
Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

LOCATION SKETCH BY SANITARY SEWER MANHOLE

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 127
 Completed by: BC/RM
 Date: 1-18-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact

(Proximity to public facilities, Economic impact, Public health or safety concerns)

Picture No.

Environmental

(Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)

Picture No.

5

Access / Safety

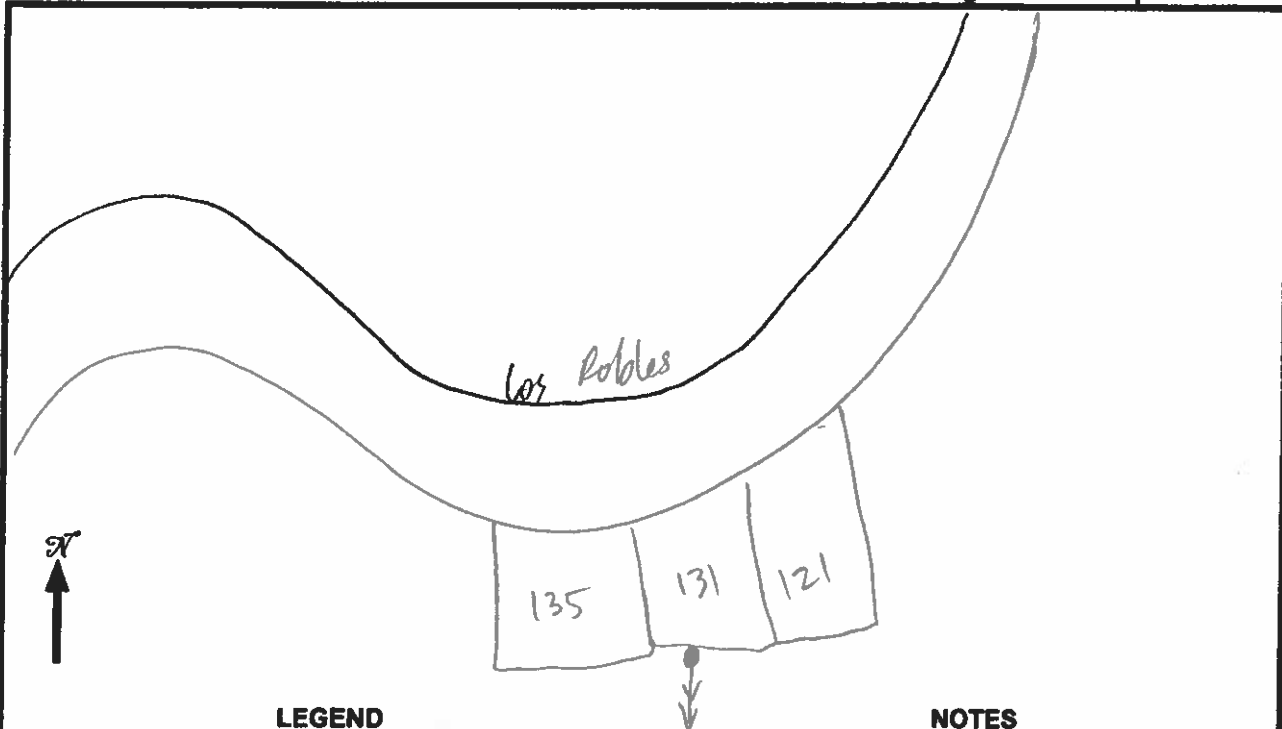
(Safe, readily accessible area, Traffic level, Strategic importance to operation of system)

Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → → Likely spill path | ▷ Photo Direction |

Asset #:	129
Completed by:	ARL
Date:	2011-01-25
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

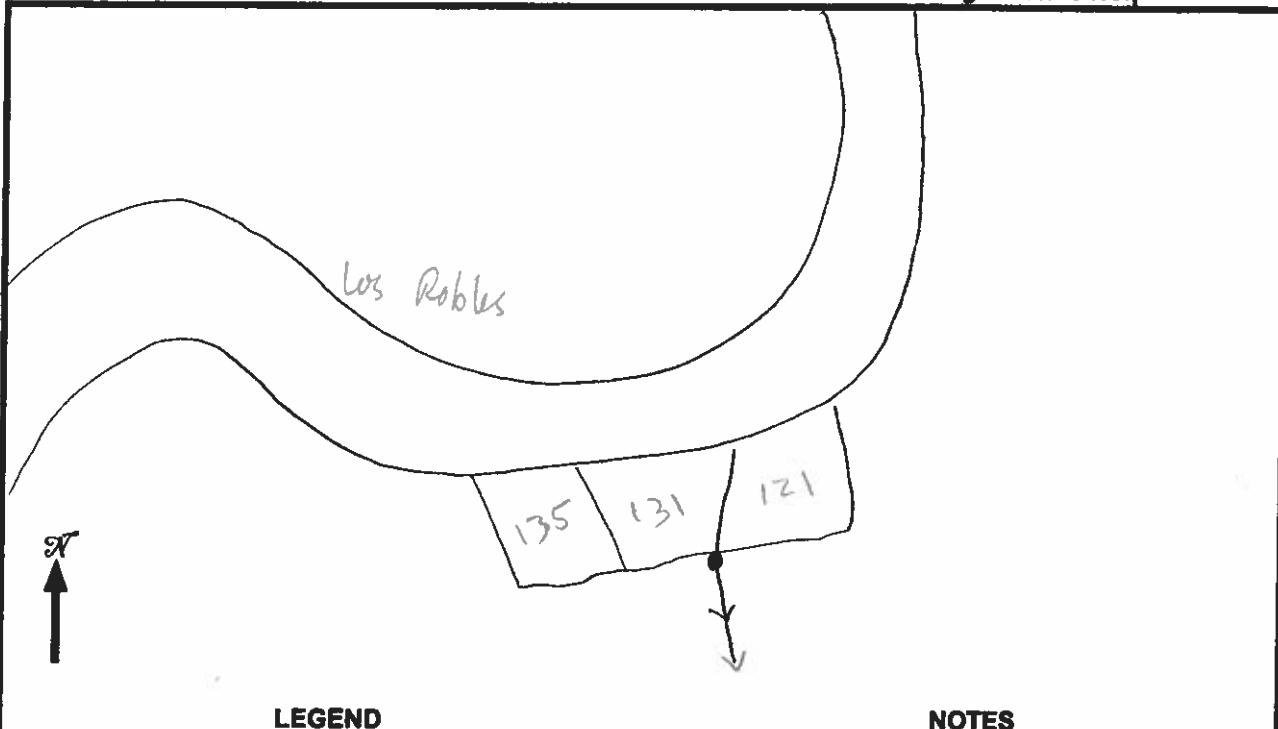
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4
	Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → Likely spill path | ▷ Photo Direction |

Asset #: 130
 Completed by: AK
 Date: 2011-01-25
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4
	Picture No.

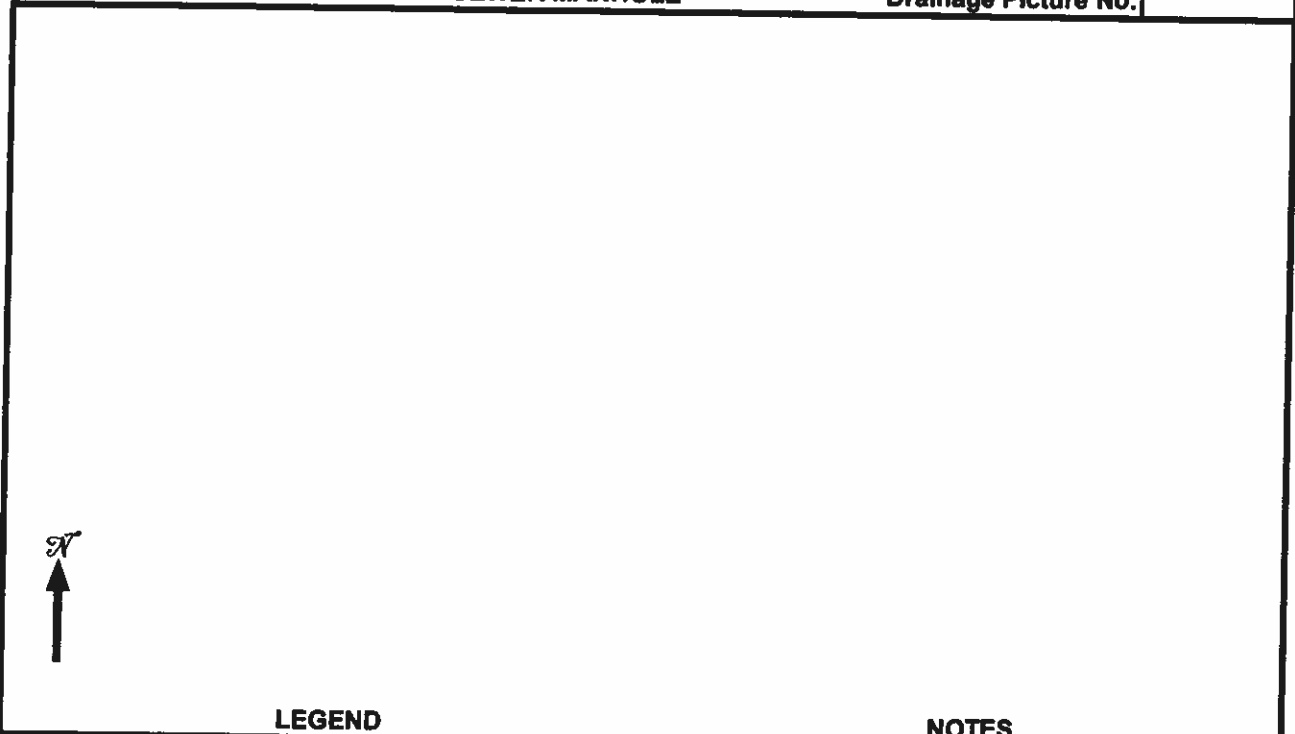
LOCATION CRITERIA FORM

Camera No. 885

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → → Likely spill path | ▷ Photo Direction |

NOTES

Asset #: 131

Completed by: RM/BK

Date: 1-18-11

Inspection #: _____

Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact

(Proximity to public facilities, Economic impact, Public health or safety concerns)

1
Picture No.

Environmental

(Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)

5
Picture No.

Access / Safety

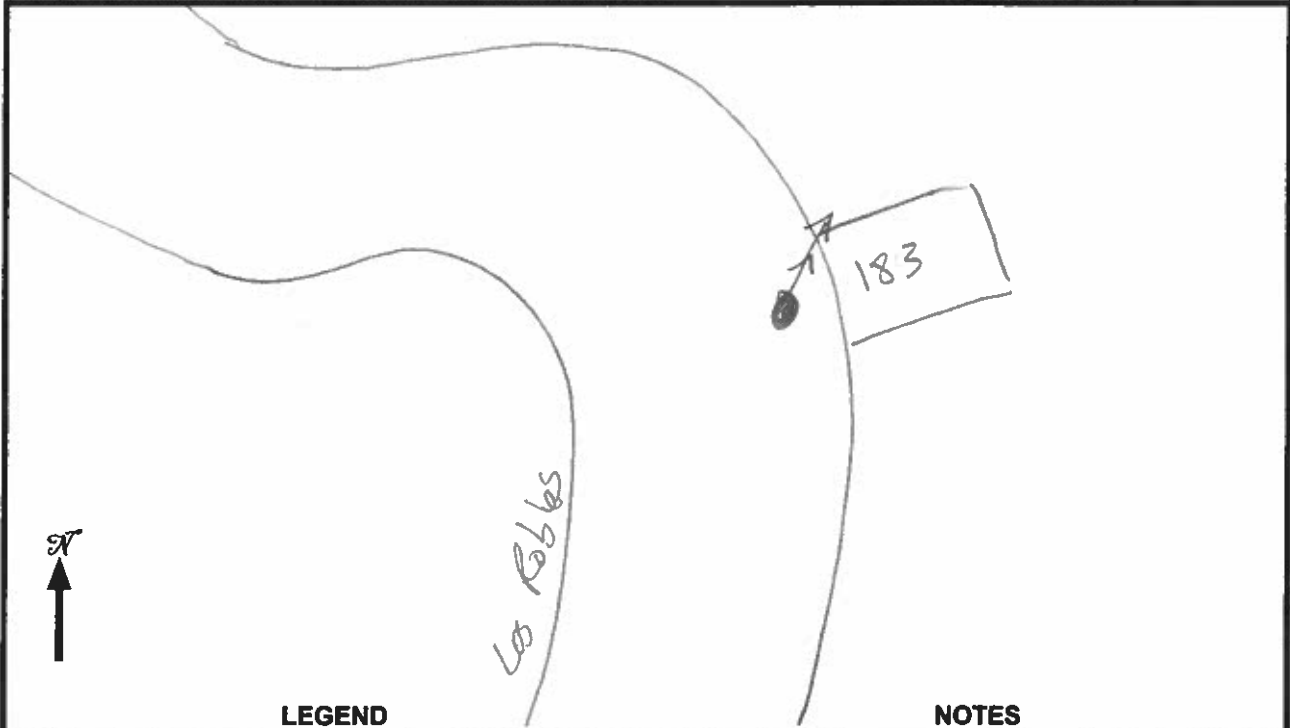
(Safe, readily accessible area, Traffic level, Strategic importance to operation of system)

1
Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|--|---|
| <ul style="list-style-type: none"> ———— Sewer Line - - - - Storm Drain Line Water Line → → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|--|---|

NOTES

Asset #:	133
Completed by:	ATZ
Date:	2011-01-17
Inspection #:	
Group Project#:	

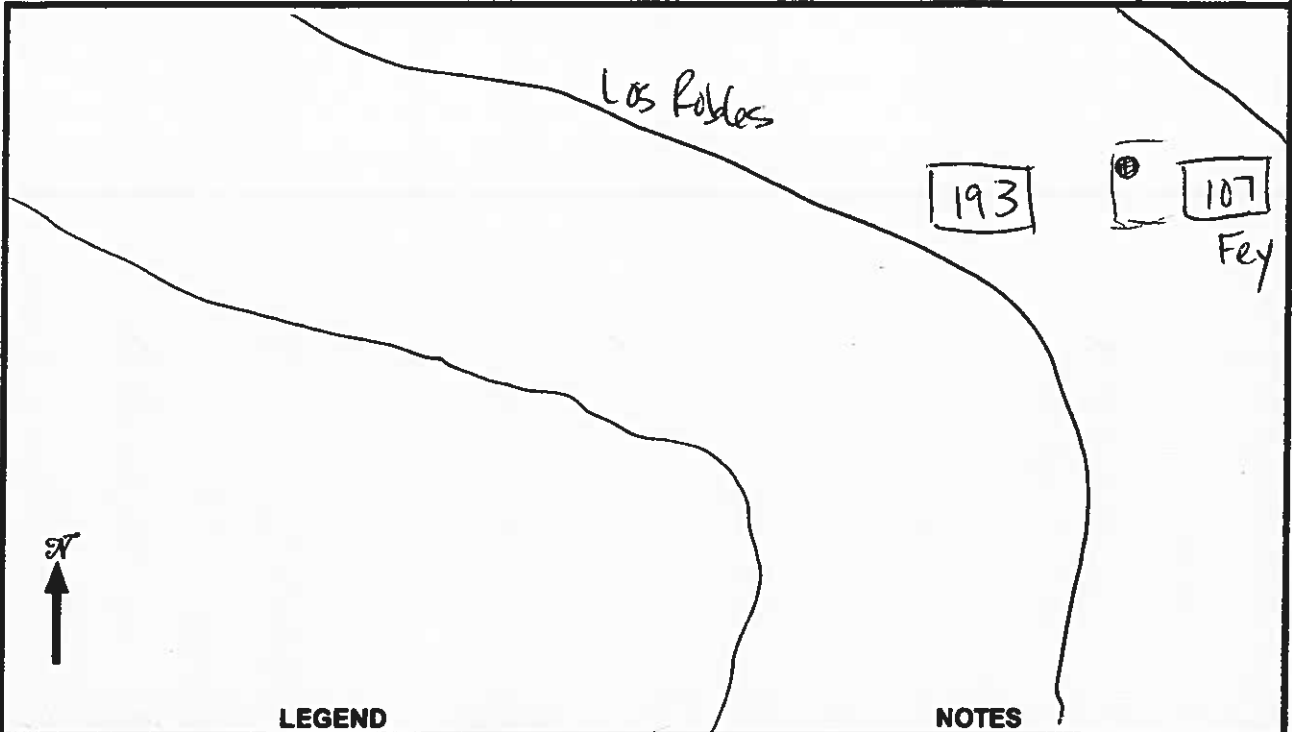
O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION	PRIORITY
Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

LOCATION SKETCH BY SANITARY SEWER MANHOLE

Camera No.	885
General Picture No.	
Drainage Picture No.	



<p>O & M HISTORY (Applies to manhole and segment downstream of manhole)</p>	<p>Asset #: 134</p> <p>Completed by: RM/BK</p> <p>Date: 1-26-11</p> <p>Inspection #: _____</p> <p>Group Project#: _____</p>
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LOCATION DESCRIPTION	PRIORITY
Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

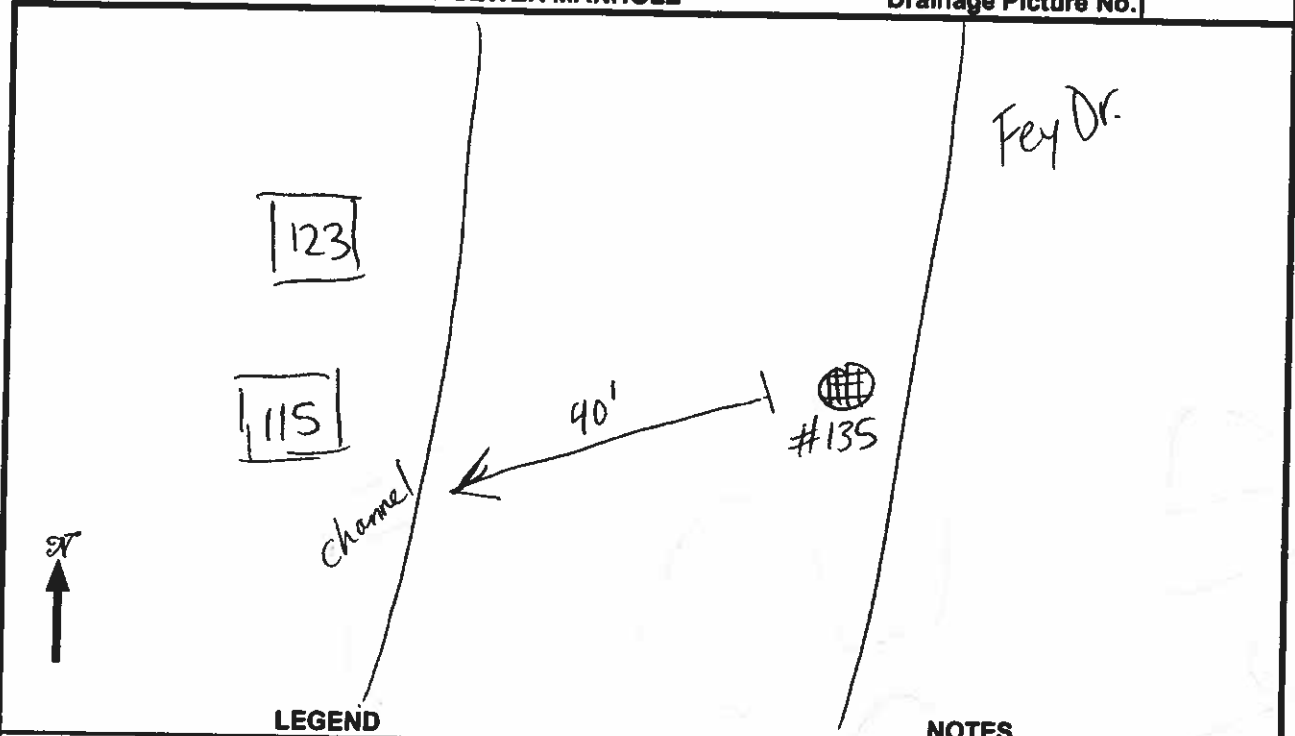
LOCATION CRITERIA FORM

Camera No. 885

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



Fey Dr.

LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- → Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 135

Completed by: PM/BK

Date: 1-18-11

Inspection #: _____

Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public impact

(Proximity to public facilities, Economic impact, Public health or safety concerns)

Picture No. 1

Environmental

(Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)

Picture No. 5

Access / Safety

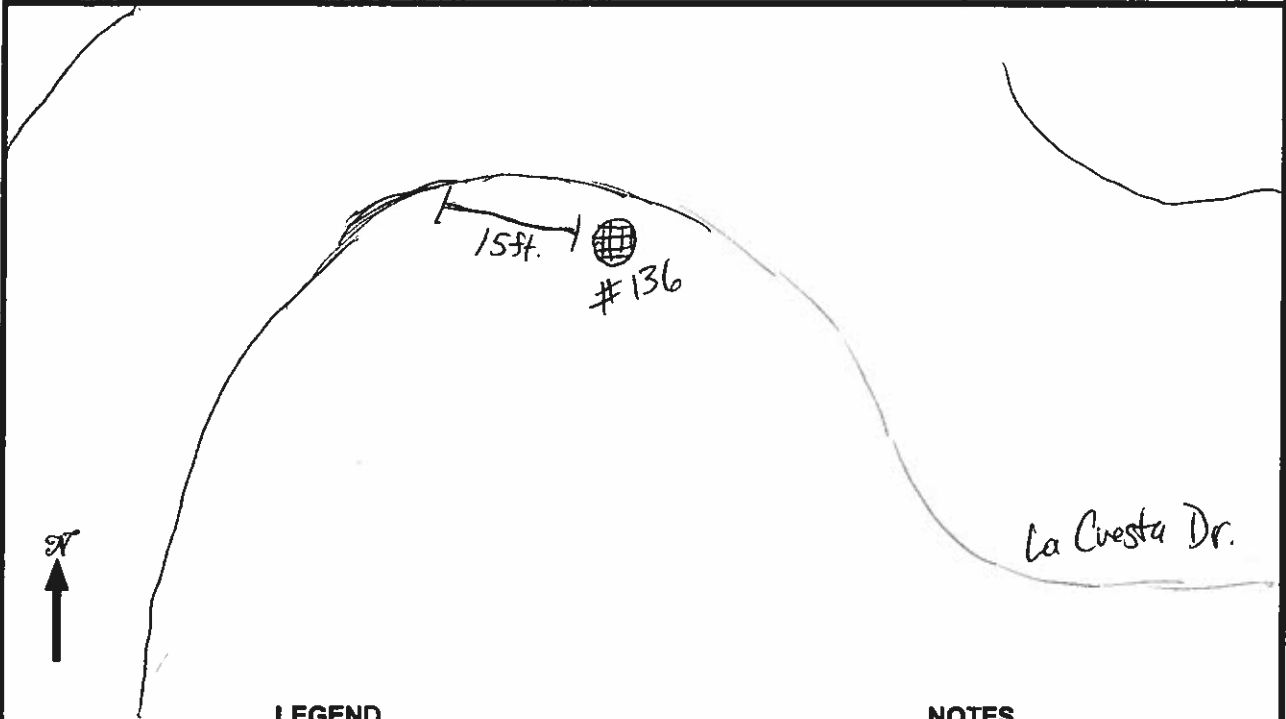
(Safe, readily accessible area, Traffic level, Strategic importance to operation of system)

Picture No. 1

LOCATION CRITERIA FORM

Camera No. 915
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 136
 Completed by: BK/RM
 Date: 1-17-11
 Inspection #: _____
 Group Project#: _____

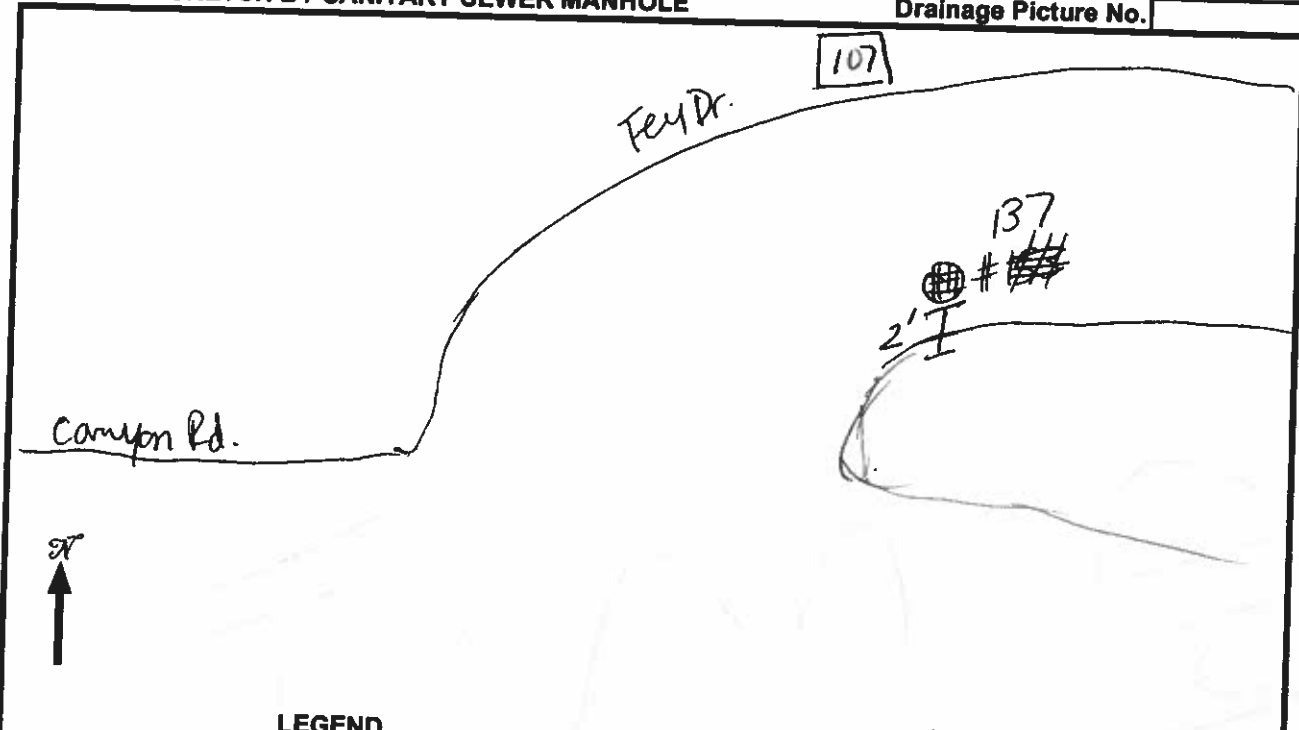
O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION	PRIORITY
Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	<u>1</u> Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	<u>5</u> Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	<u>1</u> Picture No.

LOCATION CRITERIA FORM

LOCATION SKETCH BY SANITARY SEWER MANHOLE

Camera No. 885
 General Picture No.
 Drainage Picture No.



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- → Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: ~~137~~ 137
 Completed by: BK/RM
 Date: 1-18-11
 Inspection #:
 Group Project#:

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

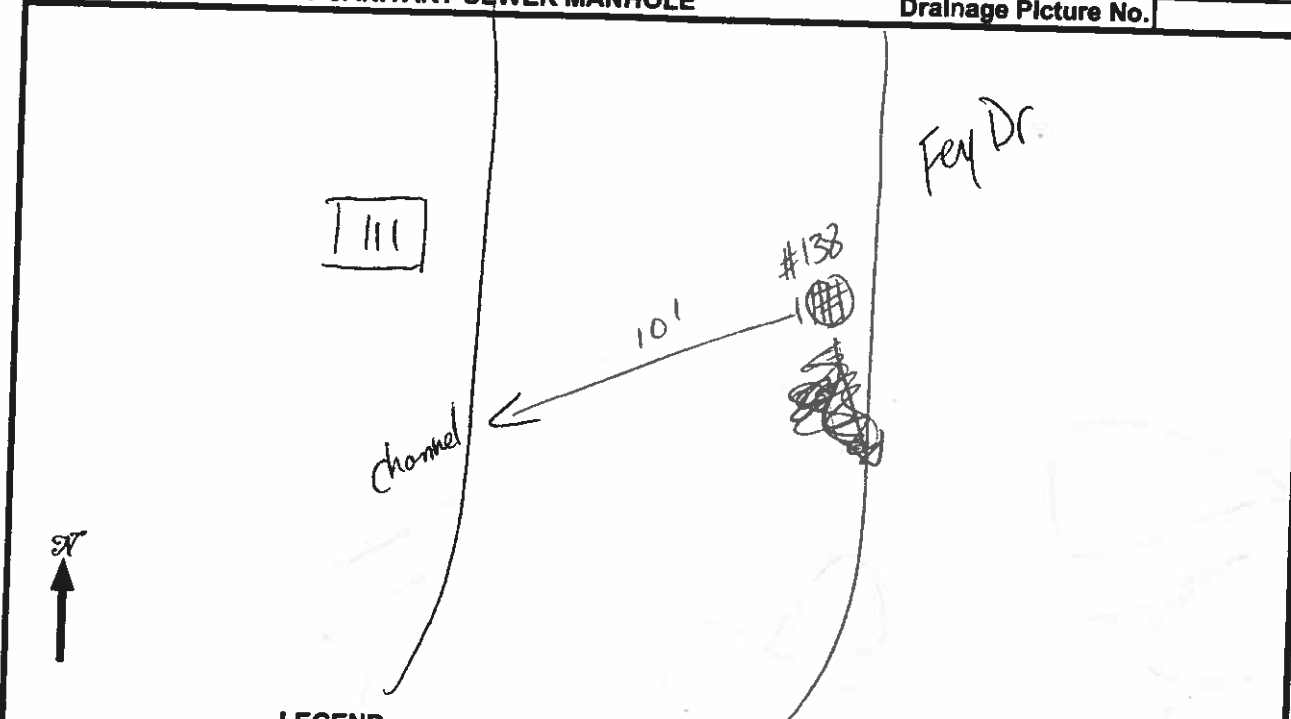
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

LOCATION SKETCH BY SANITARY SEWER MANHOLE

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 133
 Completed by: RM/BK
 Date: 1-18-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

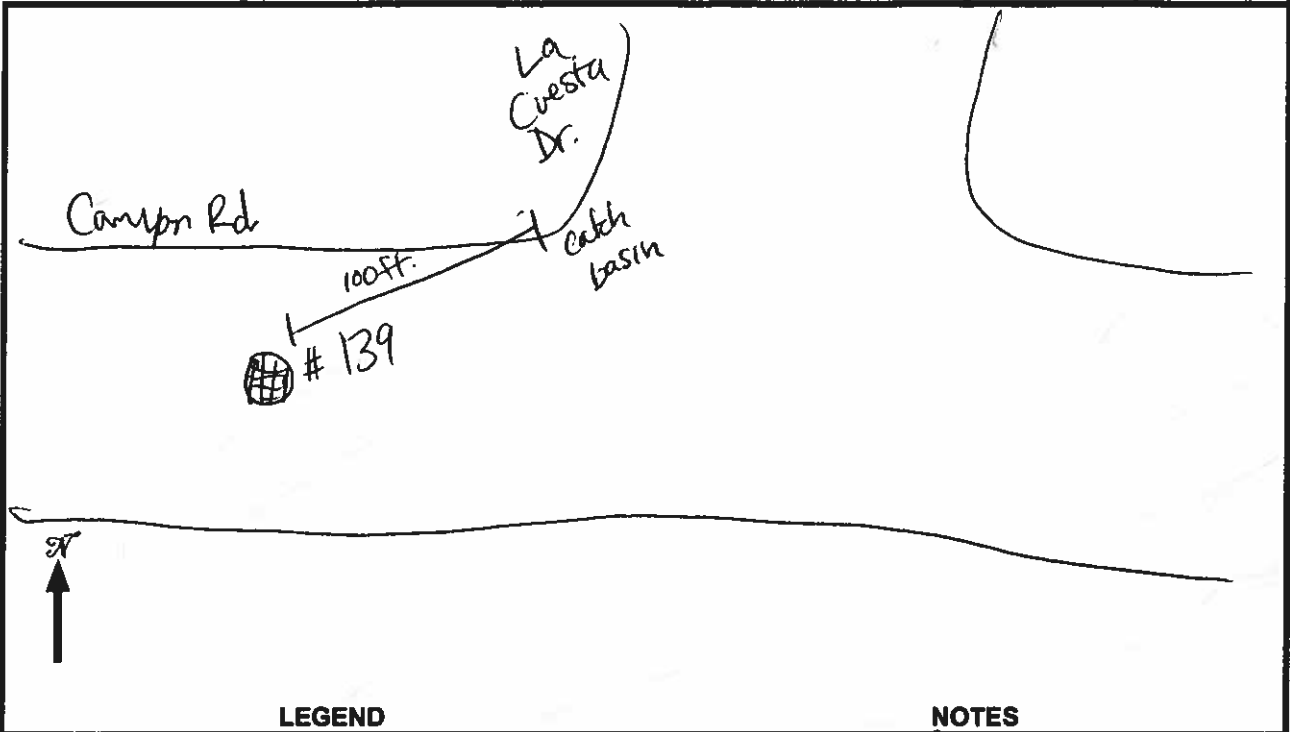
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	<u>1</u>
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	<u>5</u>
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	<u>1</u>
	Picture No.

LOCATION CRITERIA FORM

Camera No. 915
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → Likely spill path | ▷ Photo Direction |

NOTES

Asset #: 139
 Completed by: BK/PM
 Date: 1-17-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	<u>1</u>
	Picture No. _____
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	<u>5</u>
	Picture No. _____
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	<u>1</u>
	Picture No. _____

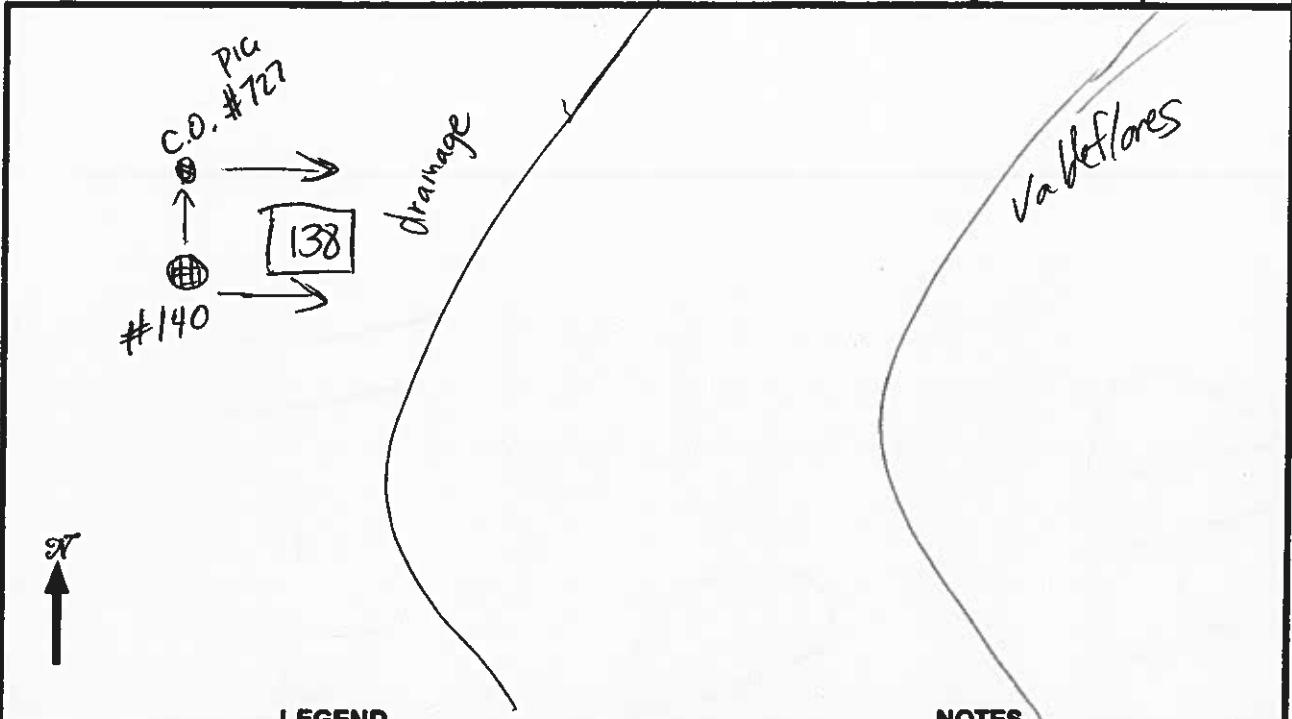
LOCATION CRITERIA FORM

Camera No. 885

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - - Storm Drain Line
- Water Line
- → Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 140
 Completed by: PM/BK
 Date: 1-24-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact
 (Proximity to public facilities, Economic impact, Public health or safety concerns)

1
 Picture No.

Environmental
 (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)

4
 Picture No.

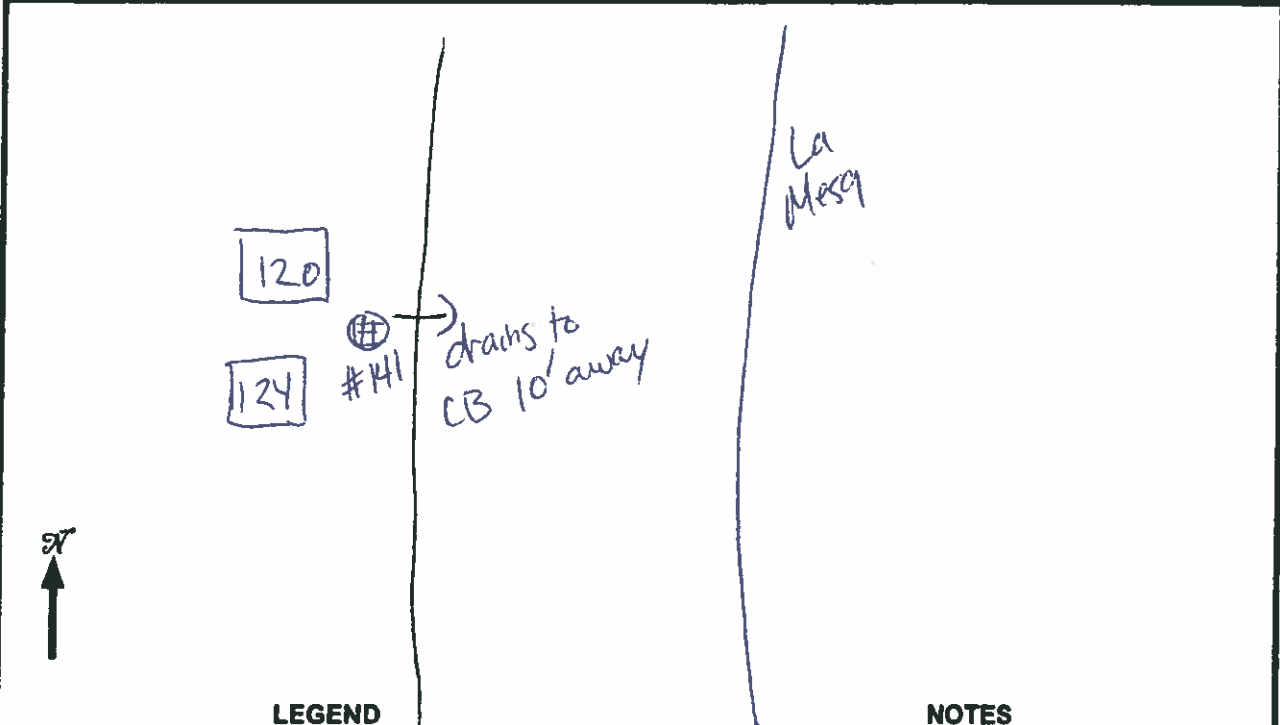
Access / Safety
 (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)

1
 Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 141
 Completed by: BK/RM
 Date: 1-20-11

O & M HISTORY (Applies to manhole and segment downstream of manhole)

Inspection #: _____
 Group Project#: _____

LOCATION DESCRIPTION **PRIORITY**

Public Impact 1
 (Proximity to public facilities, Economic impact, Public health or safety concerns) Picture No.

Environmental 4
 (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions) Picture No.

Access / Safety 1
 (Safe, readily accessible area, Traffic level, Strategic importance to operation of system) Picture No.

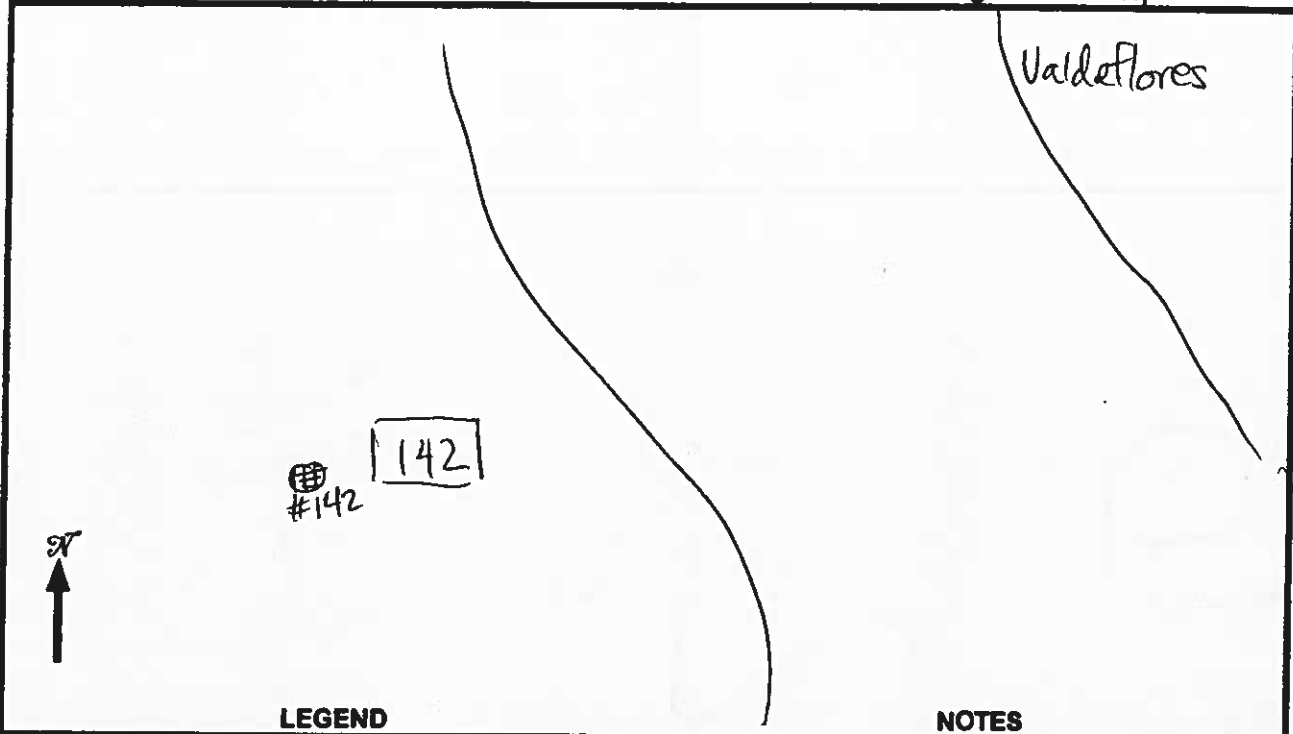
LOCATION CRITERIA FORM

Camera No. 885

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- → Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 142
 Completed by: PM/BK
 Date: 1-24-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

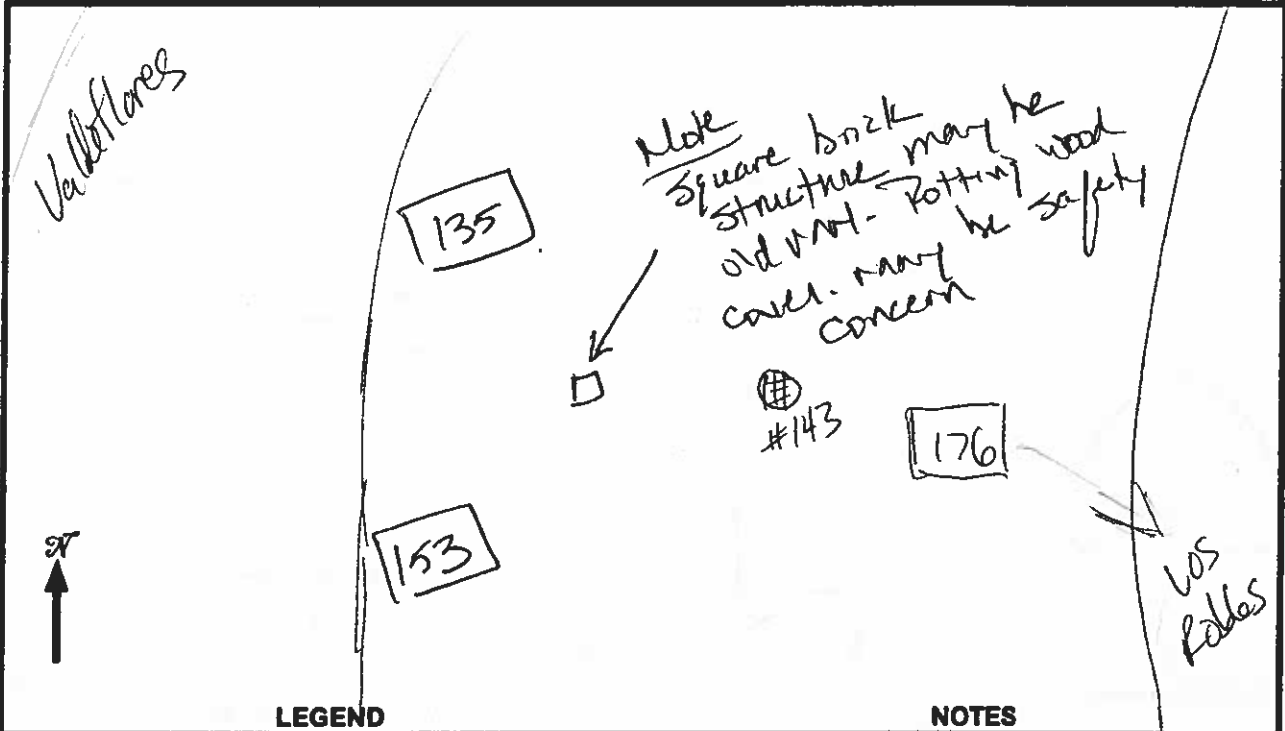
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 143
 Completed by: RM/BK
 Date: 1-24-11

O & M HISTORY (Applies to manhole and segment downstream of manhole)

Inspection #: _____
 Group Project#: _____

LOCATION DESCRIPTION **PRIORITY**

Public Impact 1
 (Proximity to public facilities, Economic impact, Public health or safety concerns) Picture No.

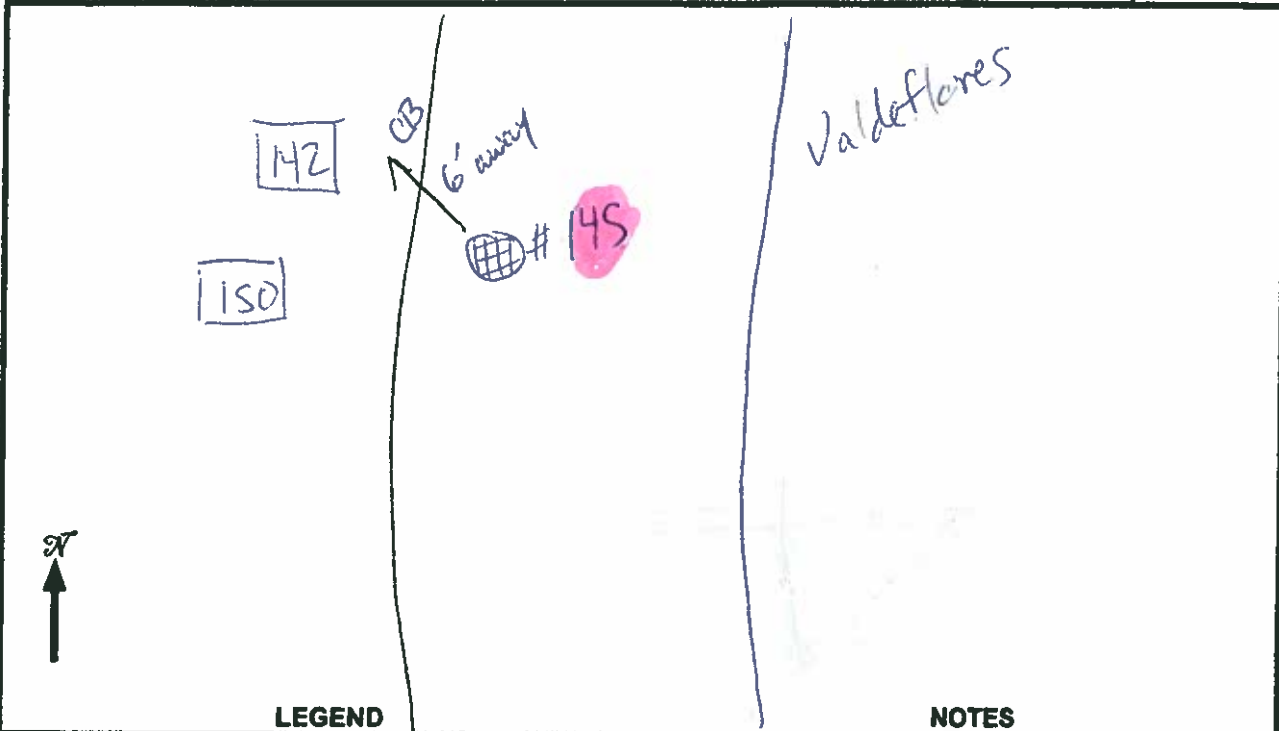
Environmental 5
 (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions) Picture No.

Access / Safety 1
 (Safe, readily accessible area, Traffic level, Strategic importance to operation of system) Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 49
 Completed by: BK/RM
 Date: 1-20-11

O & M HISTORY (Applies to manhole and segment downstream of manhole)

Inspection #: _____
 Group Project#: _____

LOCATION DESCRIPTION **PRIORITY**

Public Impact 1
 (Proximity to public facilities, Economic impact, Public health or safety concerns) Picture No.

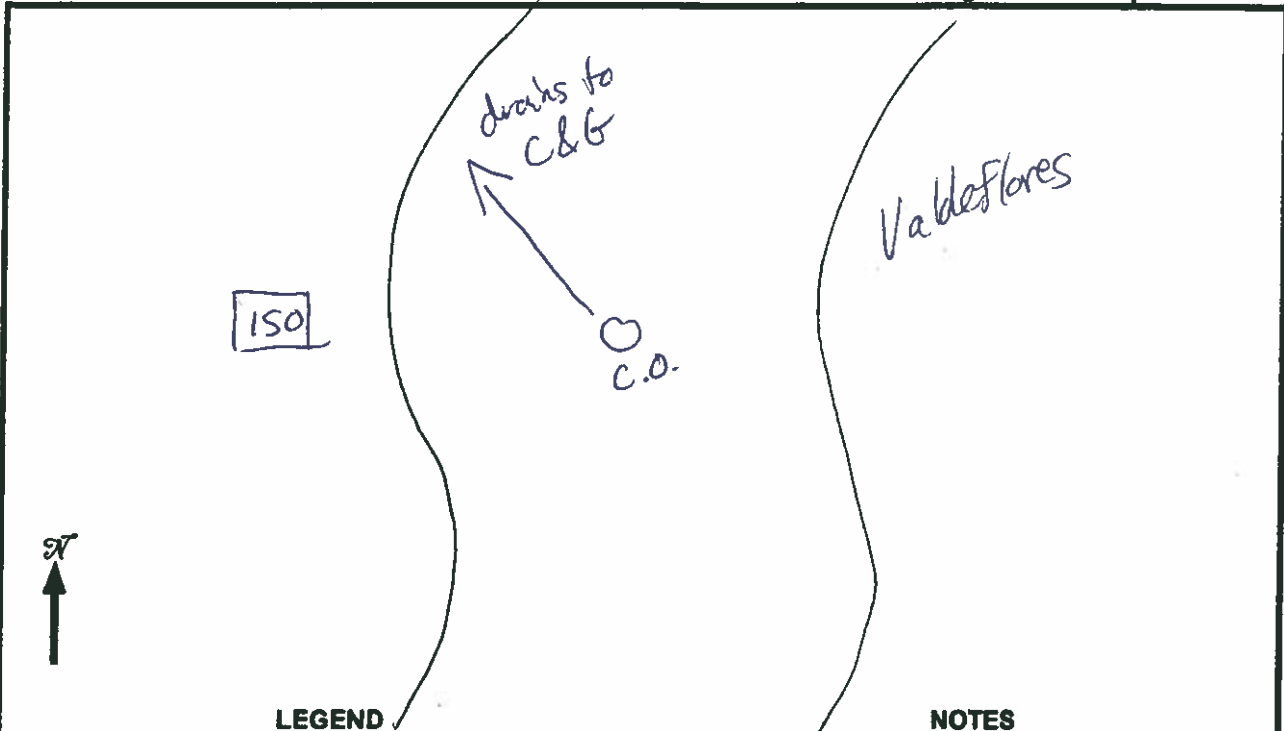
Environmental 4
 (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions) Picture No.

Access / Safety 1
 (Safe, readily accessible area, Traffic level, Strategic importance to operation of system) Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 145
 Completed by: RM/BK
 Date: 1-21-11

O & M HISTORY (Applies to manhole and segment downstream of manhole)

Inspection #: _____
 Group Project#: _____

LOCATION DESCRIPTION	PRIORITY
Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

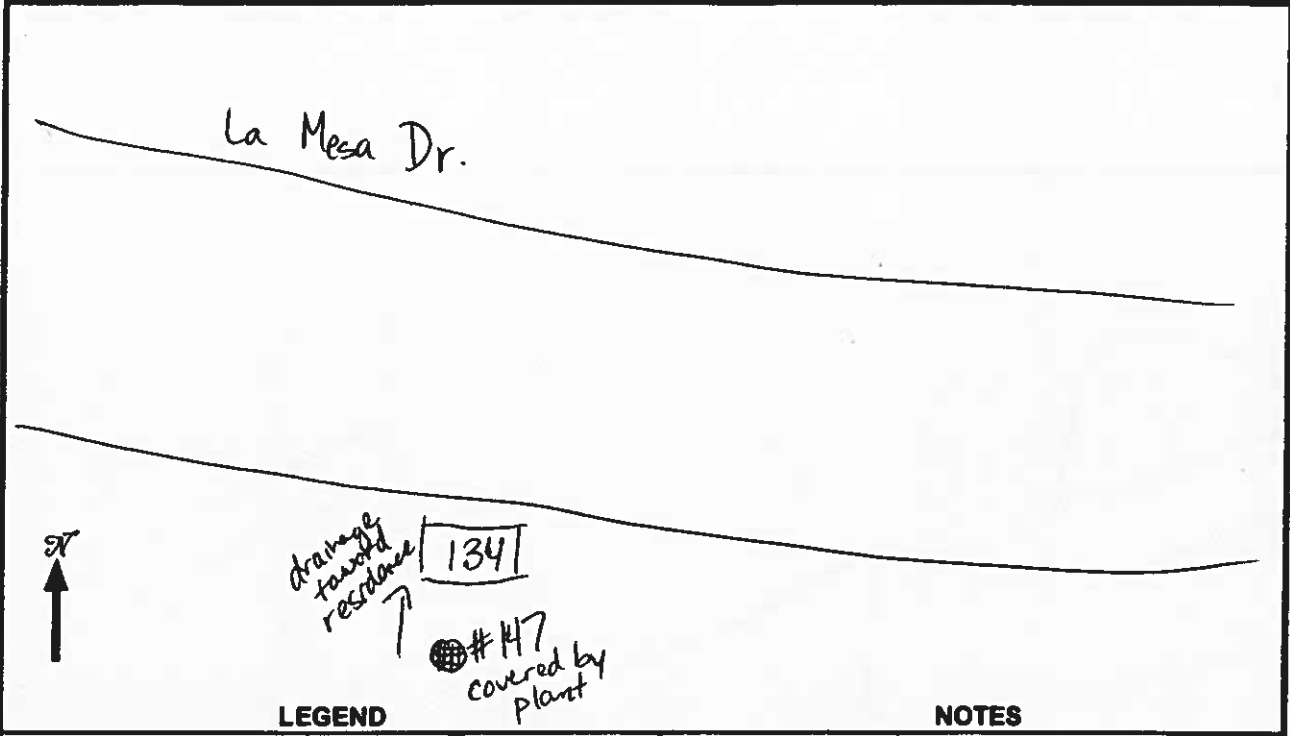
LOCATION CRITERIA FORM

Camera No. 785

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 147

Completed by: RM/BK

Date: 1-25-11

Inspection #: _____

Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

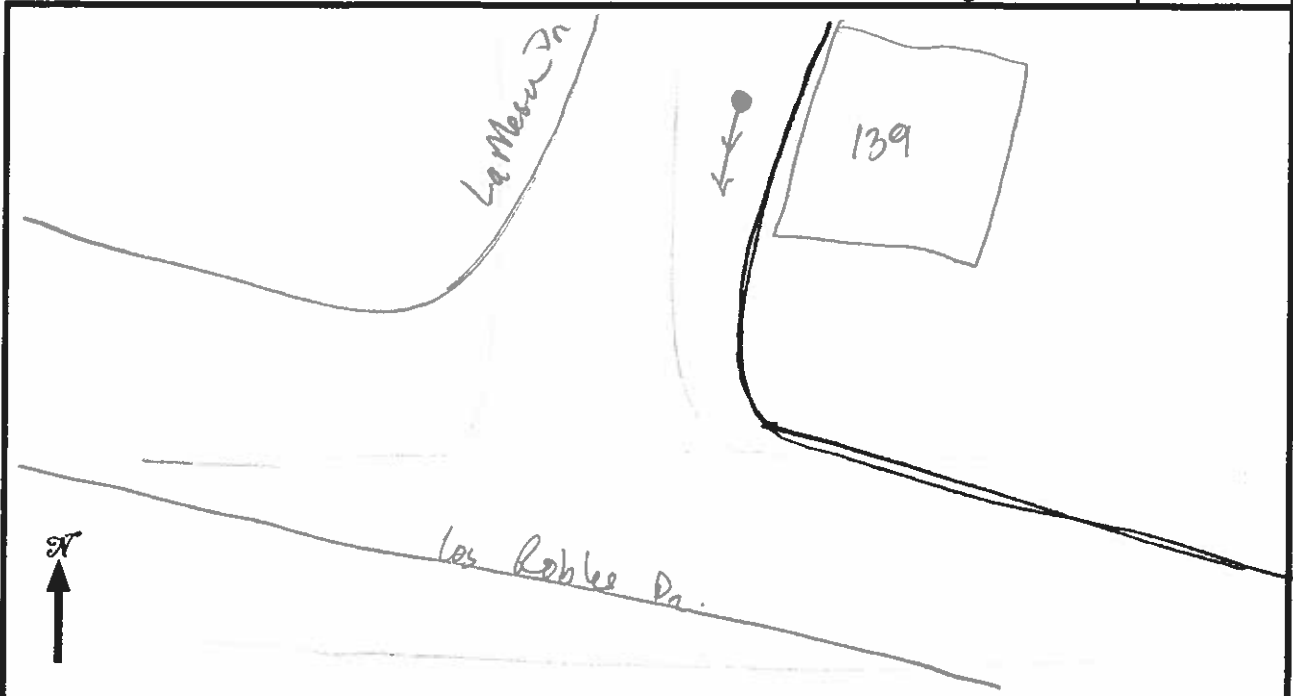
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → Likely spill path | ▷ Photo Direction |

NOTES

Asset #:	149
Completed by:	AR
Date:	2011-01-17
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

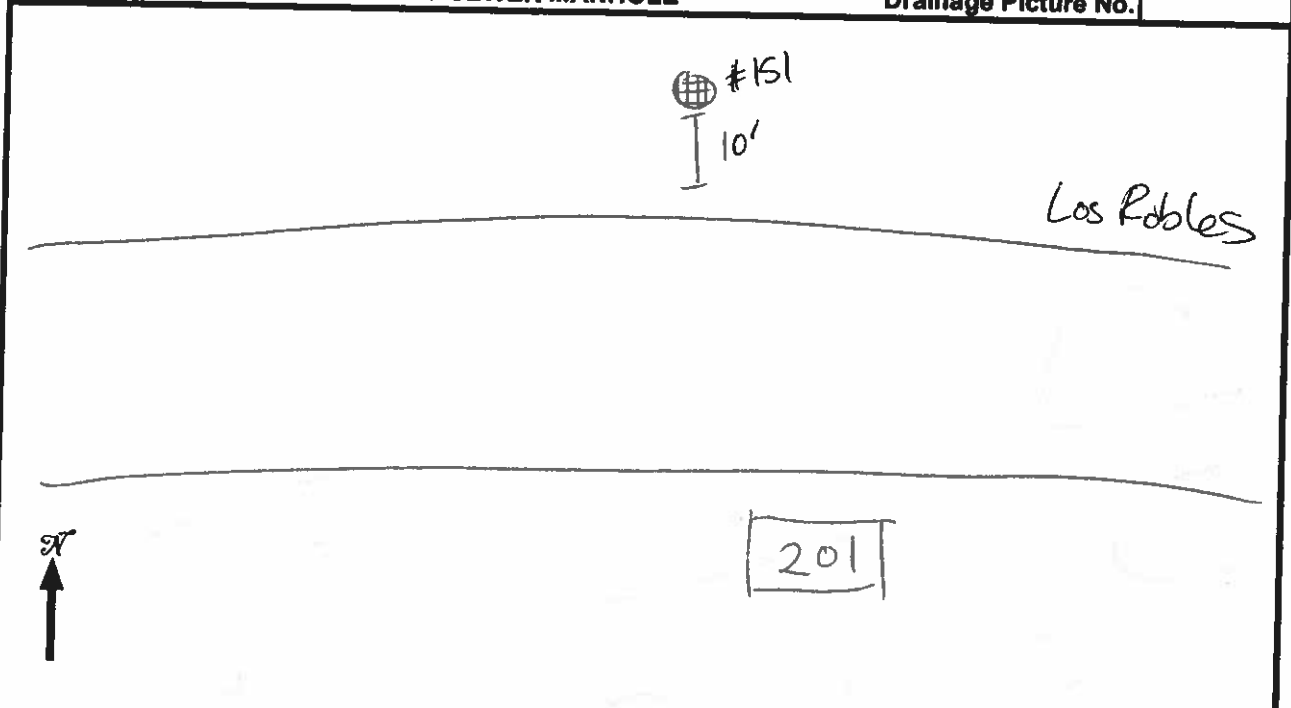
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

LOCATION SKETCH BY SANITARY SEWER MANHOLE

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 151
 Completed by: BK/RM
 Date: 1-18-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

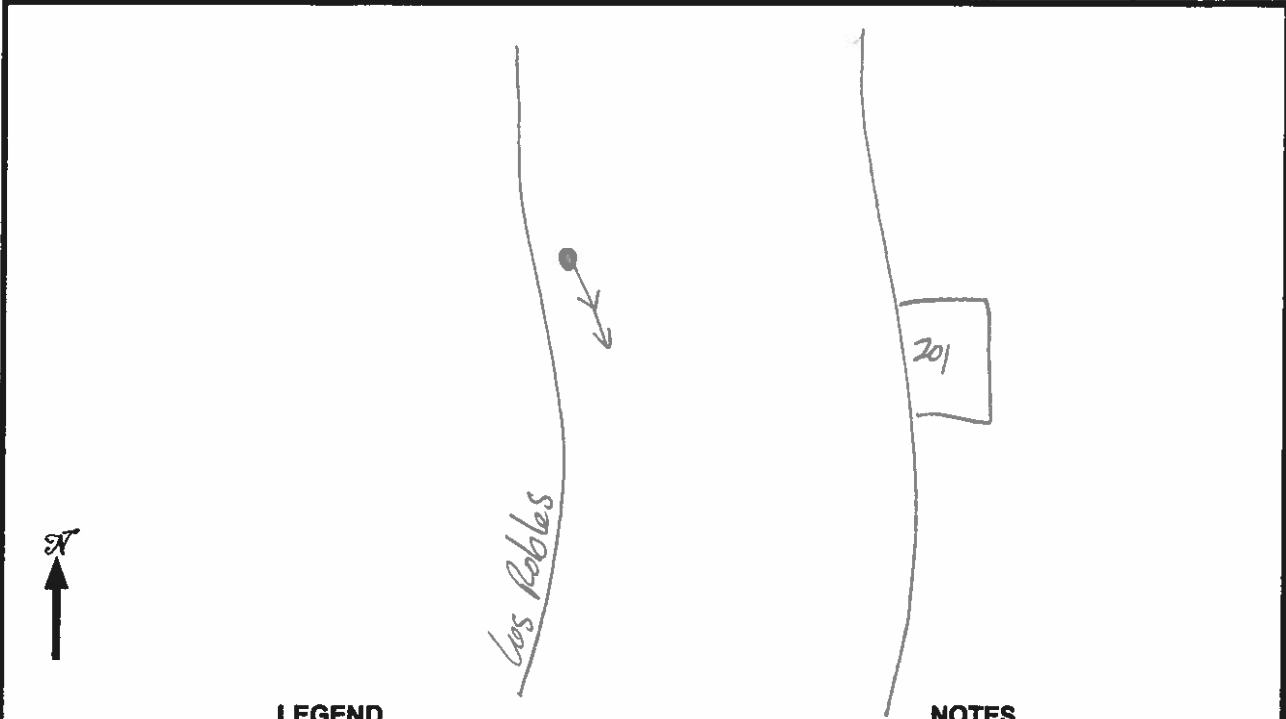
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|---|---|
| — Sewer Line
- - - Storm Drain Line
..... Water Line
→ Likely spill path | ● Sewer MH
□ Drain Inlet
X Valve
∇ Photo Direction |
|---|---|

NOTES

Asset #:	151
Completed by:	AR
Date:	2011-04-17
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

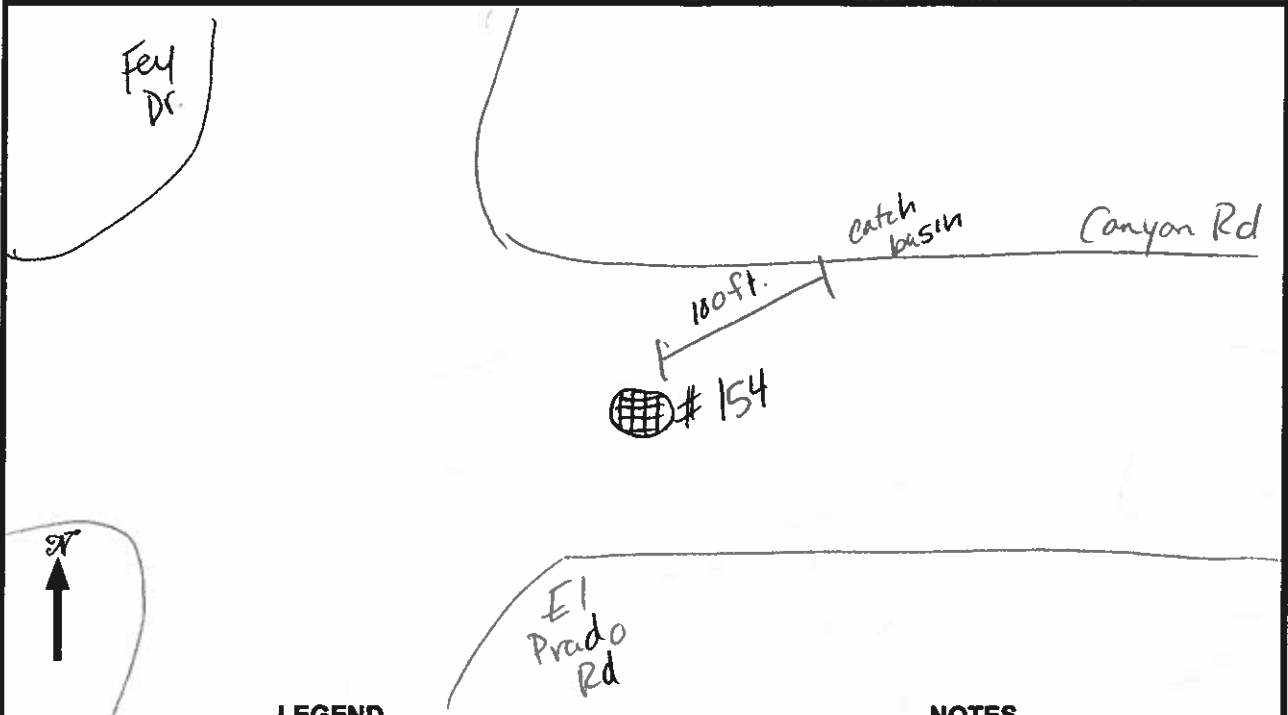
LOCATION DESCRIPTION	PRIORITY
----------------------	----------

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No. 915
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → Likely spill path | ▷ Photo Direction |

NOTES

Asset #: 154
 Completed by: BK/RM
 Date: 1-17-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

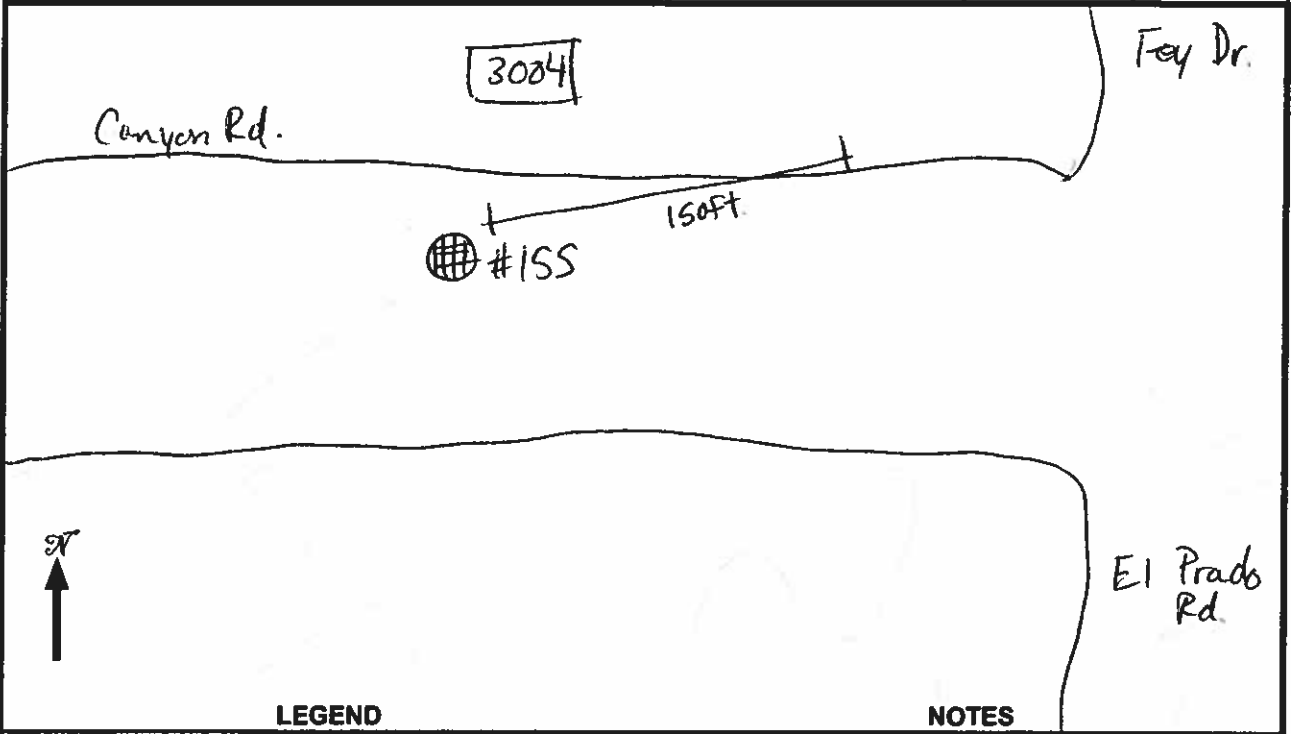
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	<u>1</u>
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	<u>5</u>
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	<u>1</u>
	Picture No.

LOCATION CRITERIA FORM

Camera No. 915
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 155
 Completed by: BK/RM
 Date: 1-17-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

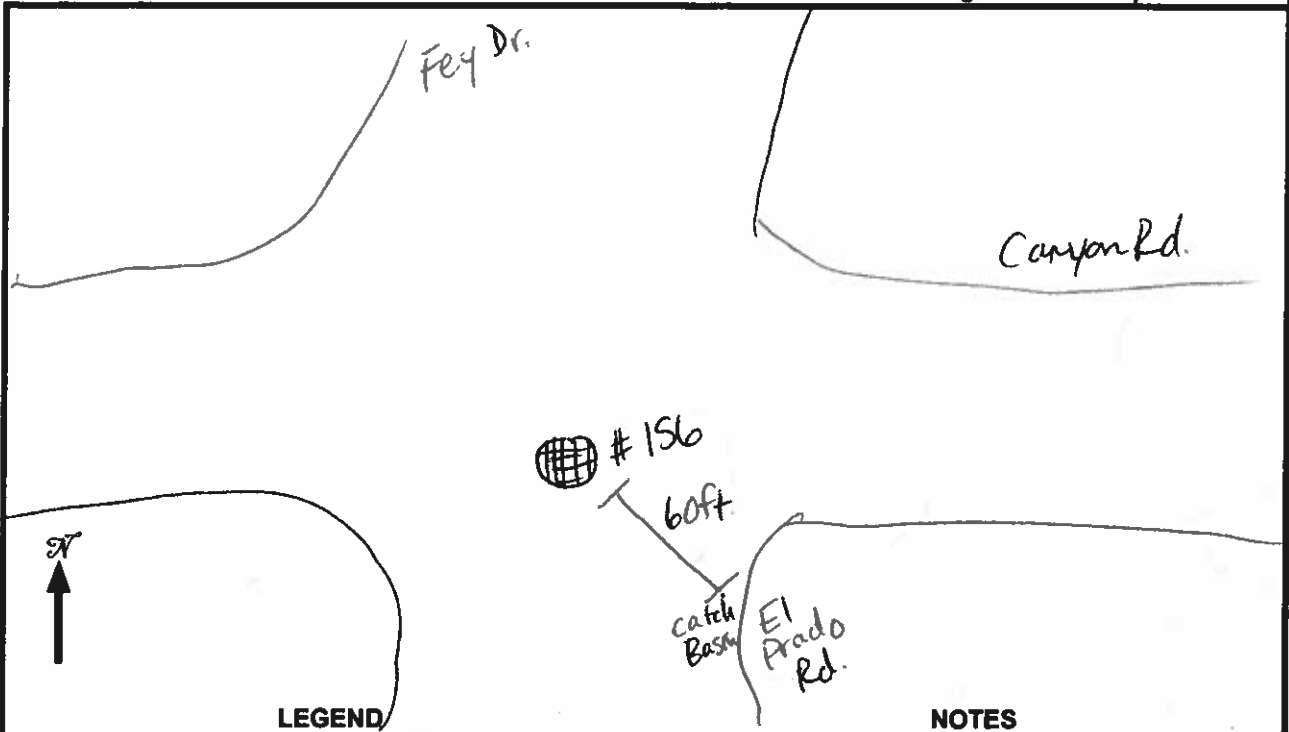
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	<u>1</u>
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	<u>5</u>
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	<u>1</u>
	Picture No.

LOCATION CRITERIA FORM

Camera No.	915
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|--|---|
| <ul style="list-style-type: none"> ———— Sewer Line - - - - Storm Drain Line Water Line → → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|--|---|

NOTES

Asset #:	156
Completed by:	BK/PM
Date:	1-17-11
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

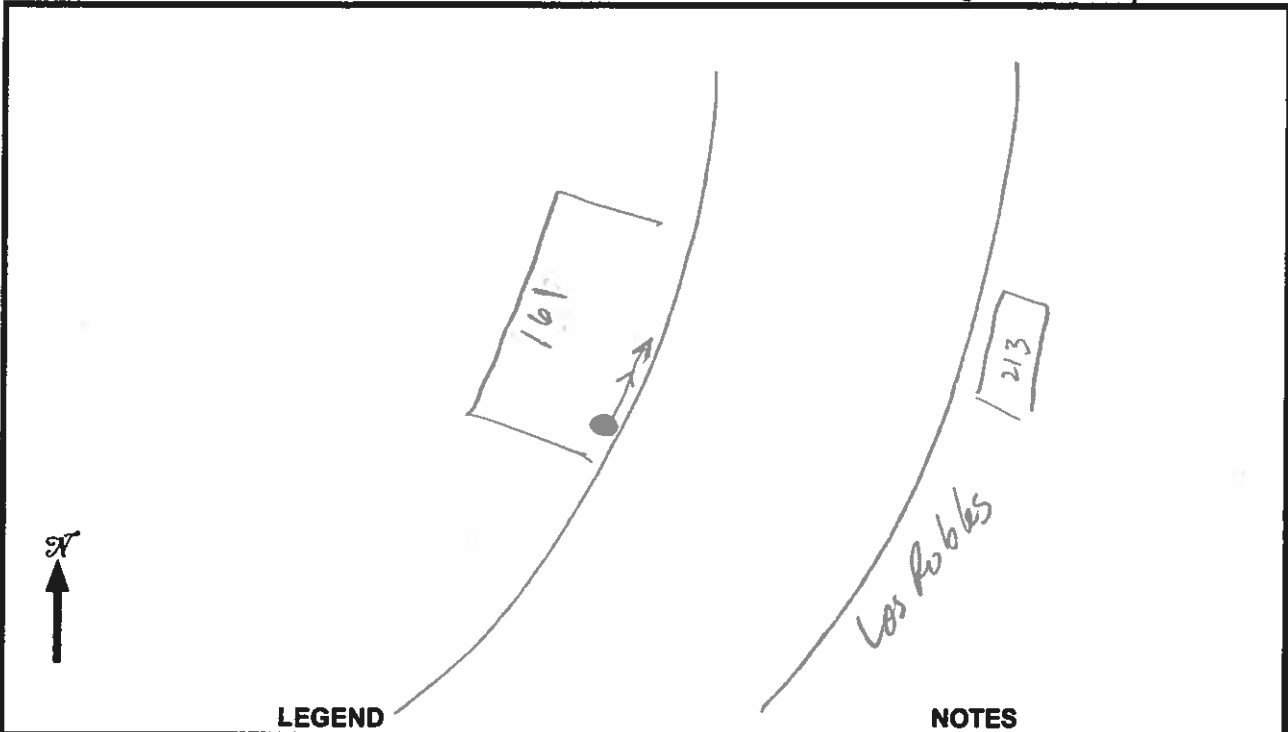
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No.	890
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- | | |
|---|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line → → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|---|---|

Asset #:	158
Completed by:	AR
Date:	2011-01-17
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

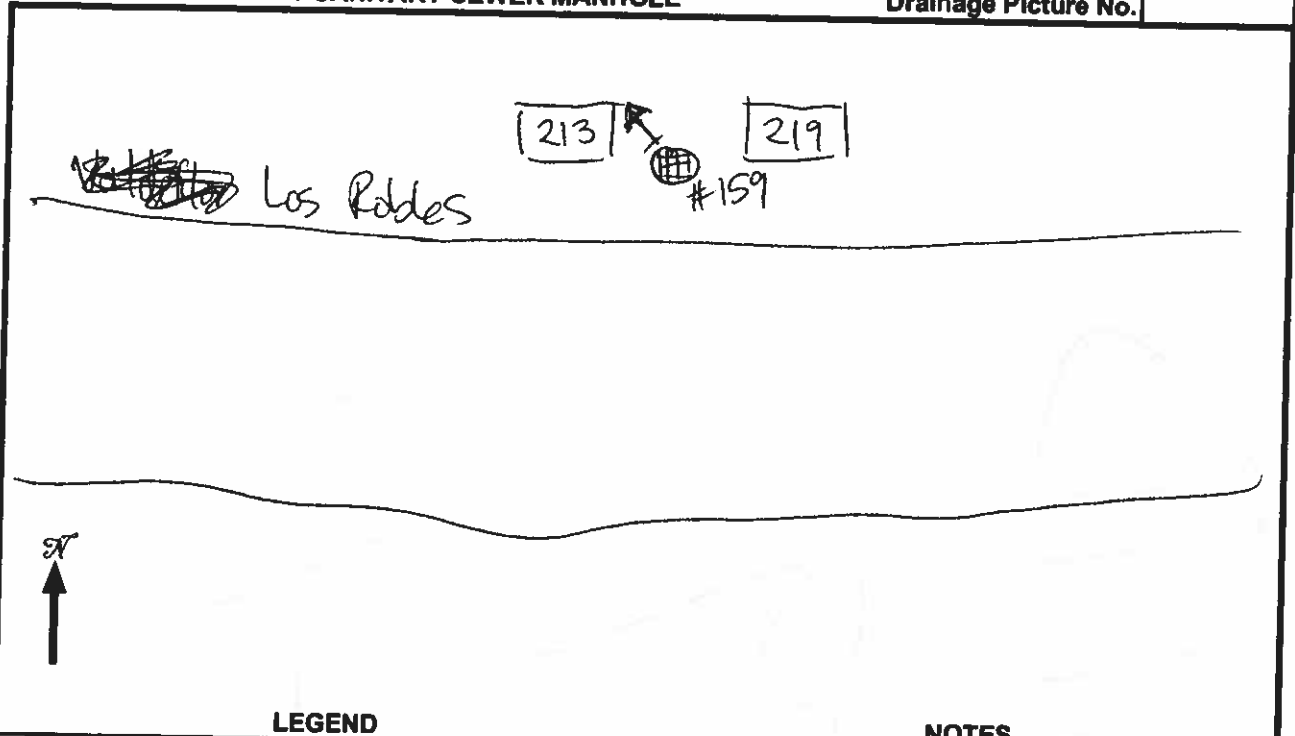
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

LOCATION SKETCH BY SANITARY SEWER MANHOLE

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 159
 Completed by: BK/RM
 Date: 1-18-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

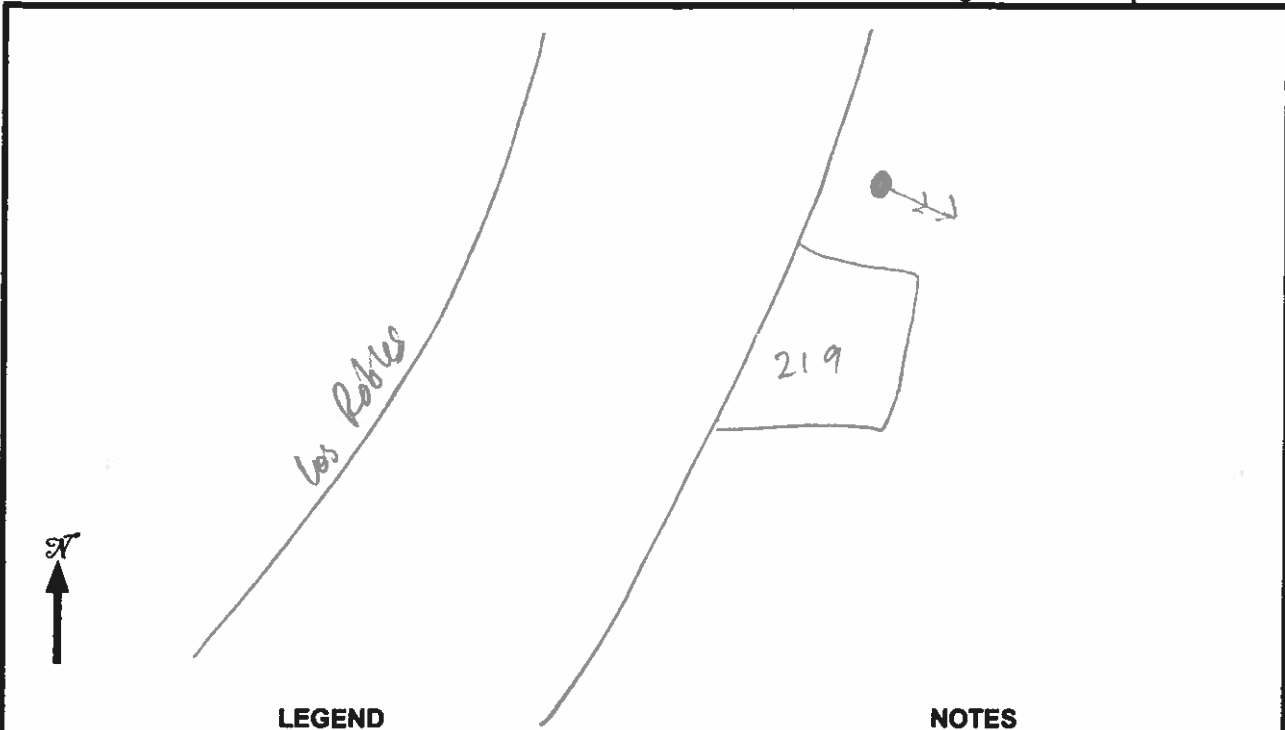
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No. 840
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 159
 Completed by: AA
 Date: 2011-01-17
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

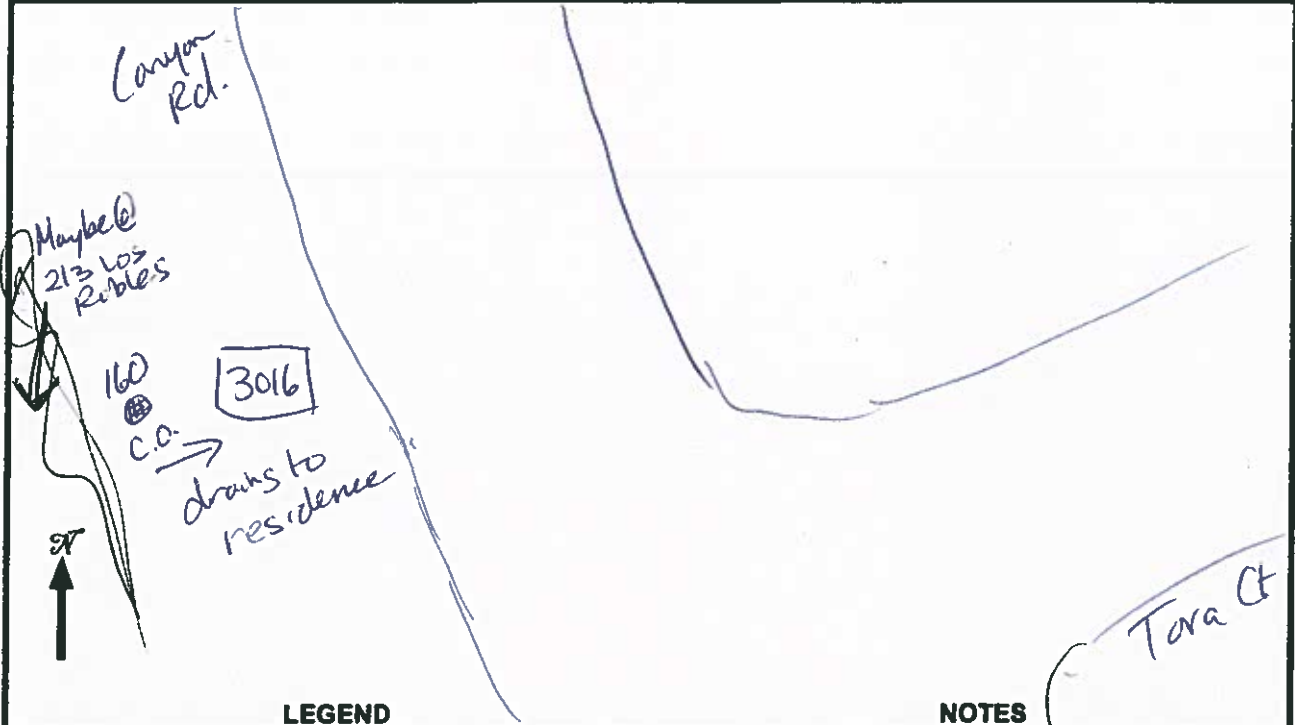
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No. 885
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - - Storm Drain Line
- Water Line
- > Likely spill path
- Sewer MH
- Drain Inlet
- ⊠ Valve
- ▷ Photo Direction

Asset #: 160
 Completed by: RM/BK
 Date: 1-27-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

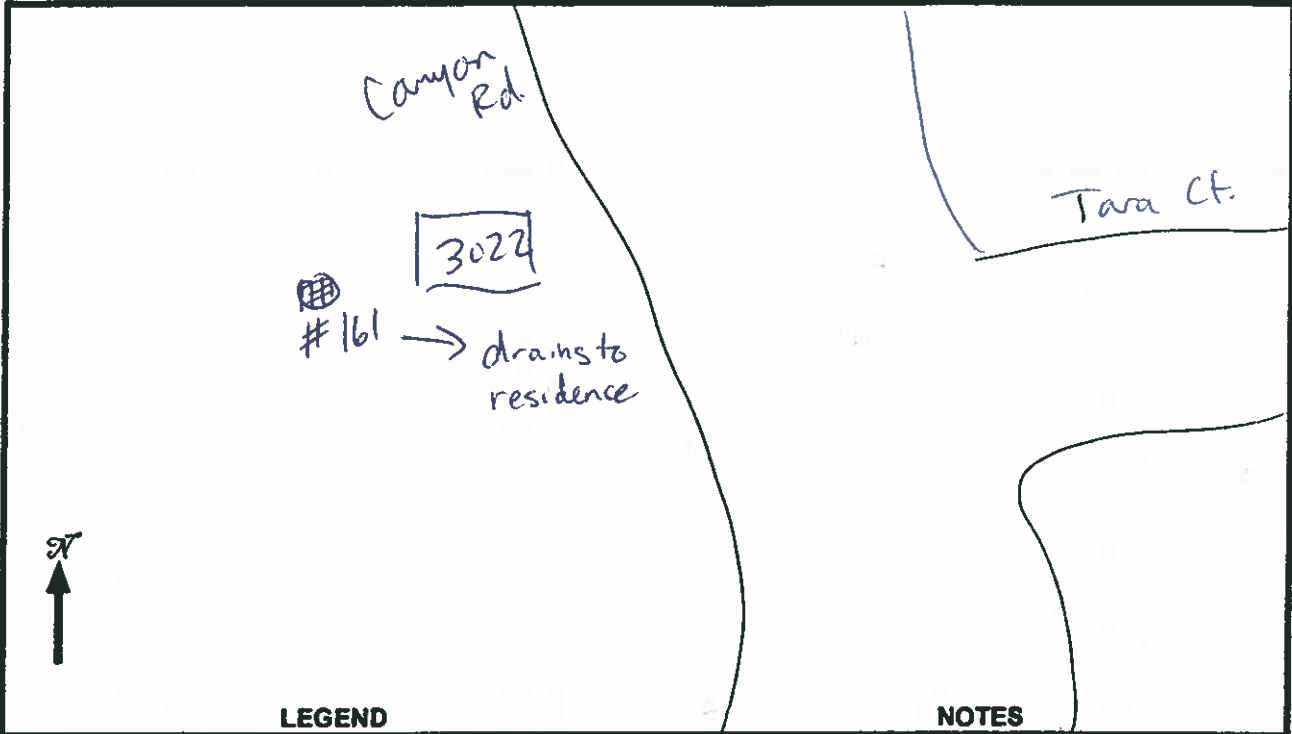
PRIORITY

Public Impact	1
(Proximity to public facilities, Economic Impact, Public health or safety concerns)	Picture No.
Environmental	5
(Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	Picture No.
Access / Safety	1
(Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 161
 Completed by: RM/BK
 Date: 1-27-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

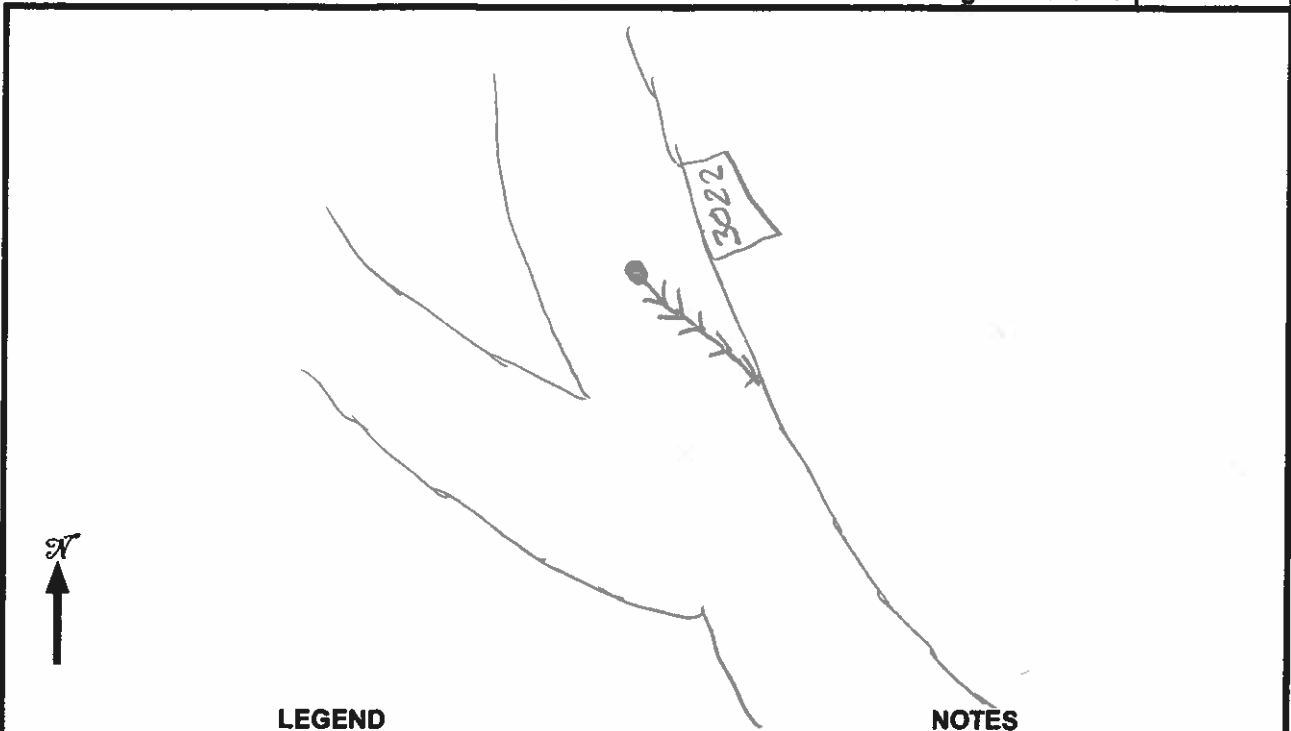
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	<u>1</u>
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	<u>5</u>
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	<u>1</u>
	Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|---|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line → → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet X Valve ▷ Photo Direction |
|---|---|

NOTES

Asset #:	162
Completed by:	SS
Date:	2011-01-14
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION	PRIORITY
----------------------	----------

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.

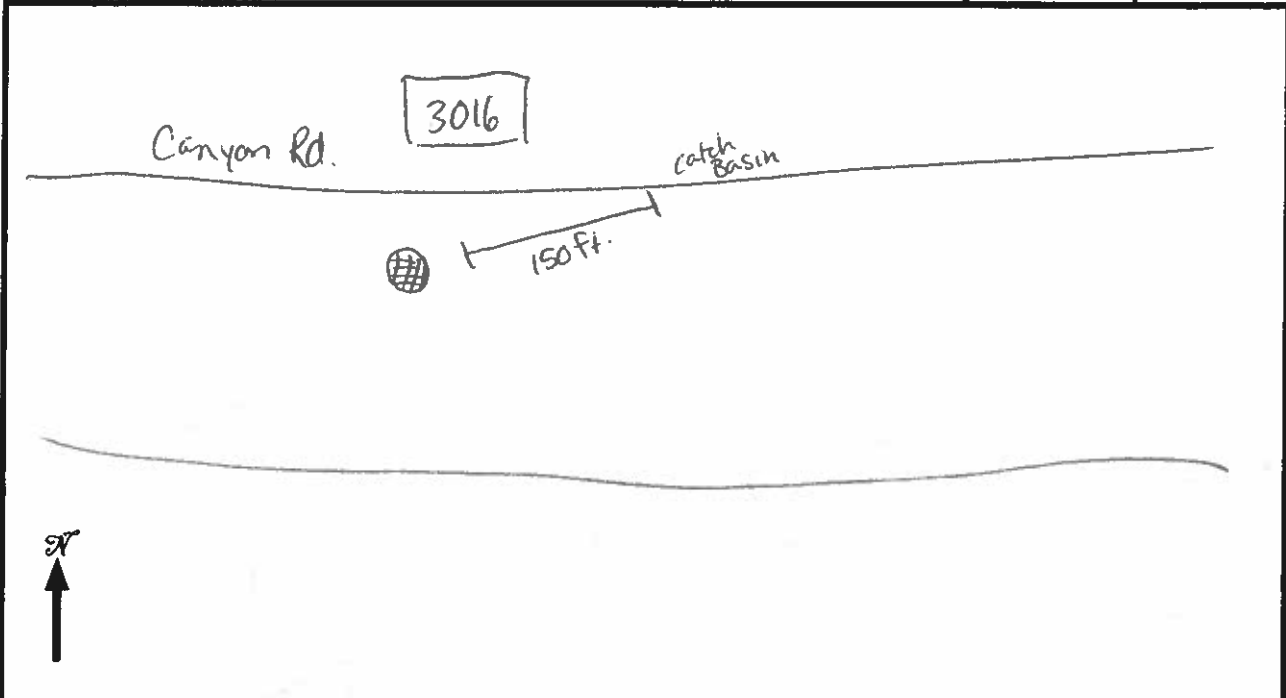
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.

Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No. 915
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- → Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 163
 Completed by: RM/BK
 Date: 1-17-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	<u>1</u>
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	<u>5</u>
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	<u>1</u>
	Picture No.

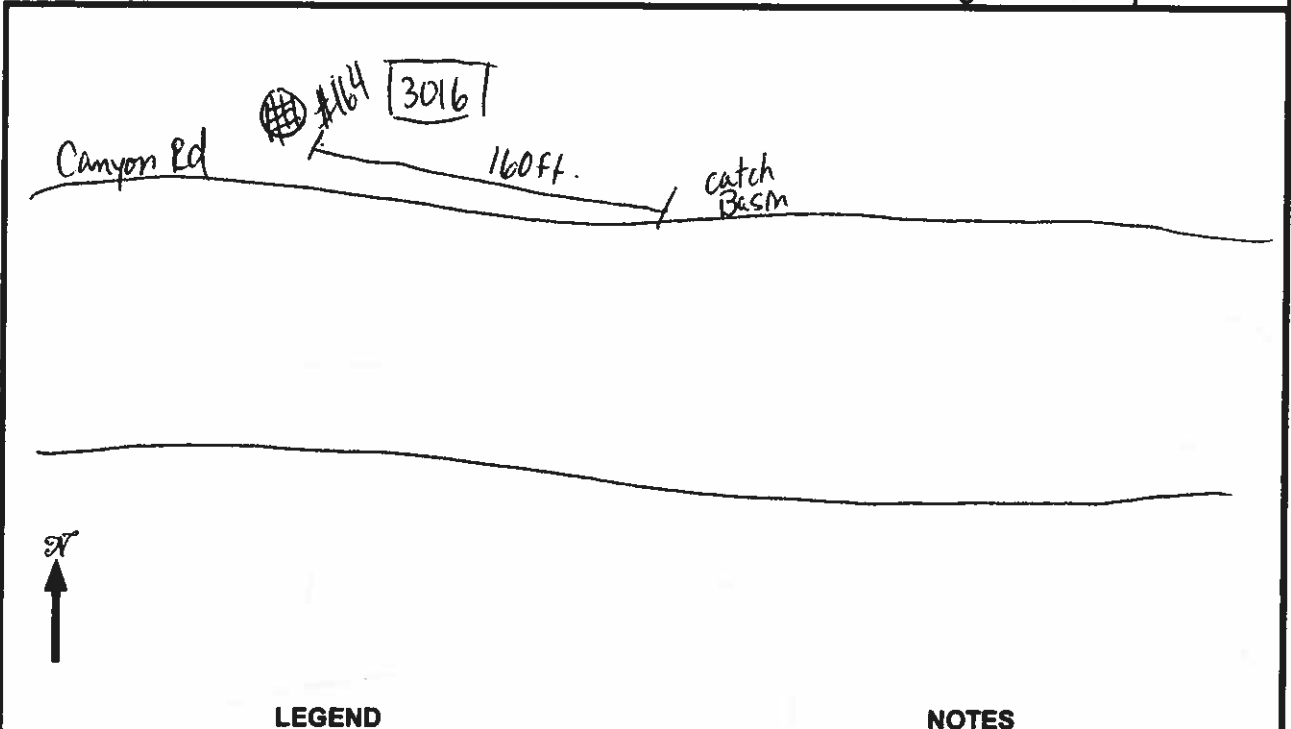
LOCATION CRITERIA FORM

Camera No. 915

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 164

Completed by: BK/RH

Date: 1-17-11

O & M HISTORY (Applies to manhole and segment downstream of manhole)

Inspection #: _____
Group Project#: _____

LOCATION DESCRIPTION

PRIORITY

Public Impact
(Proximity to public facilities, Economic impact, Public health or safety concerns)

1
Picture No.

Environmental
(Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)

5
Picture No.

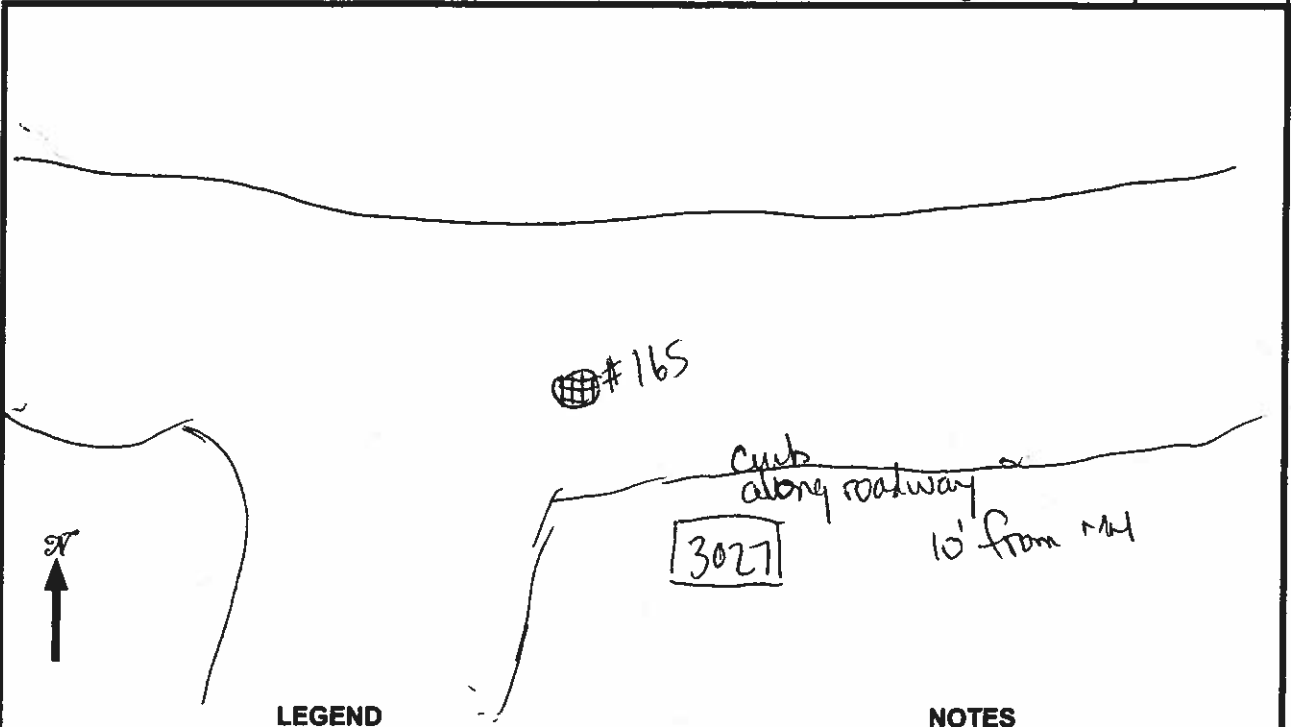
Access / Safety
(Safe, readily accessible area, Traffic level, Strategic importance to operation of system)

1
Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- | | |
|---|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|---|---|

Asset #: 165

Completed by: BK/RM

Date: 1-14-11

O & M HISTORY (Applies to manhole and segment downstream of manhole)

Inspection #: _____

Group Project#: _____

LOCATION DESCRIPTION

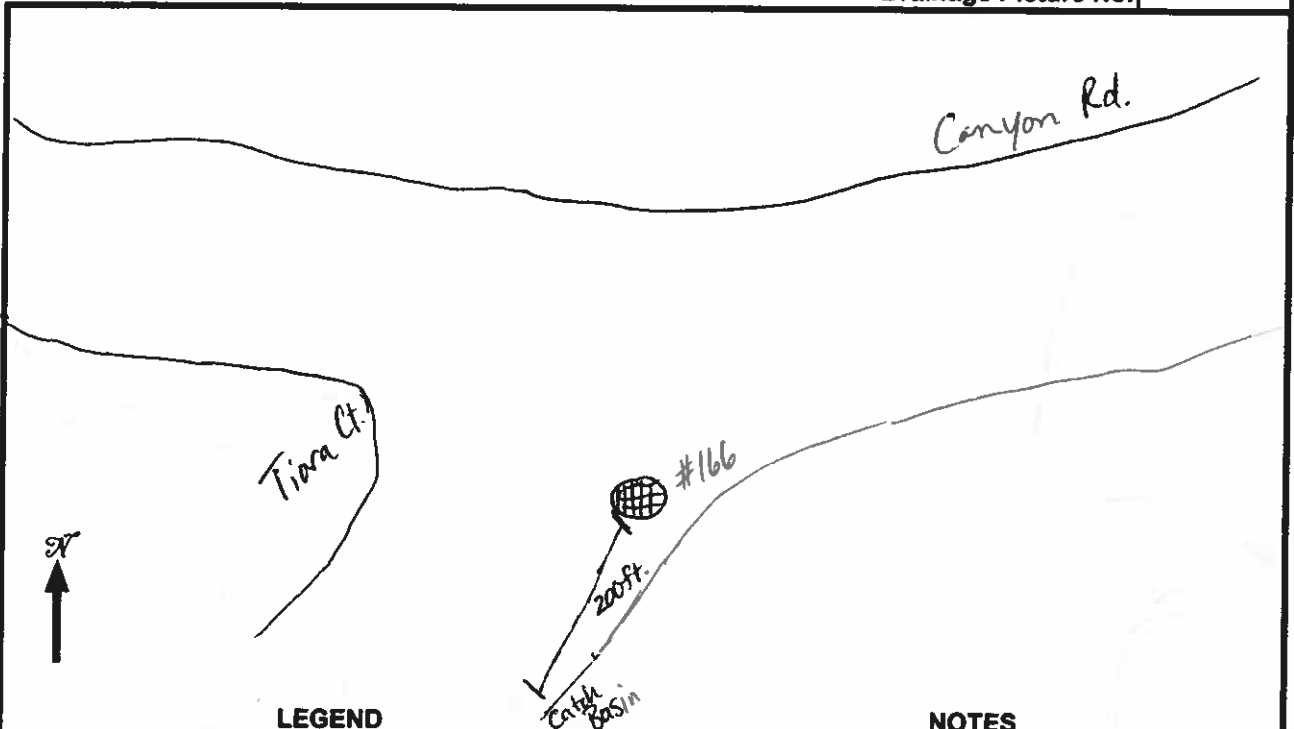
PRIORITY

Public Impact	1
(Proximity to public facilities, Economic impact, Public health or safety concerns)	Picture No.
Environmental	5
(Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	Picture No.
Access / Safety	1
(Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	Picture No.

LOCATION CRITERIA FORM

Camera No.	915
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → Likely spill path | ▷ Photo Direction |

NOTES

Asset #:	166
Completed by:	RM/BK
Date:	1-17-11
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1 Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5 Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1 Picture No.

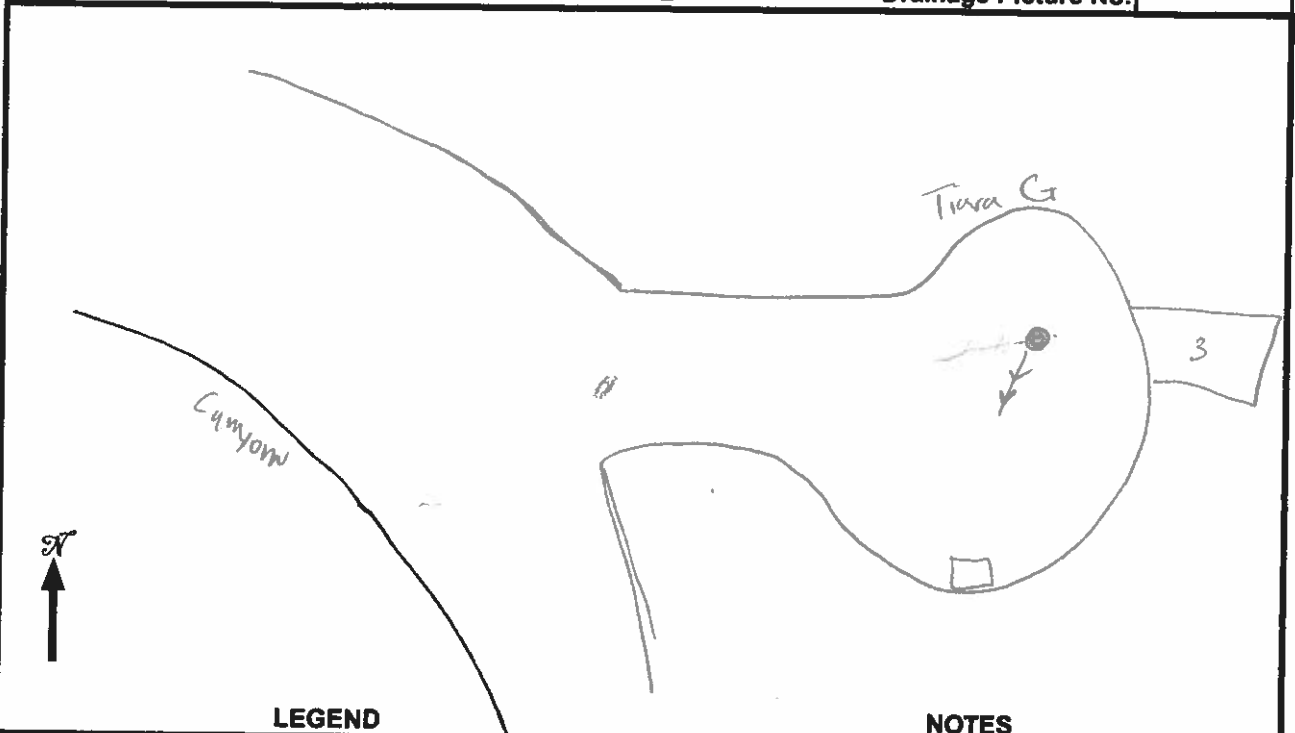
LOCATION CRITERIA FORM

Camera No. 840

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 167
 Completed by: AR
 Date: 2011-1-17
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

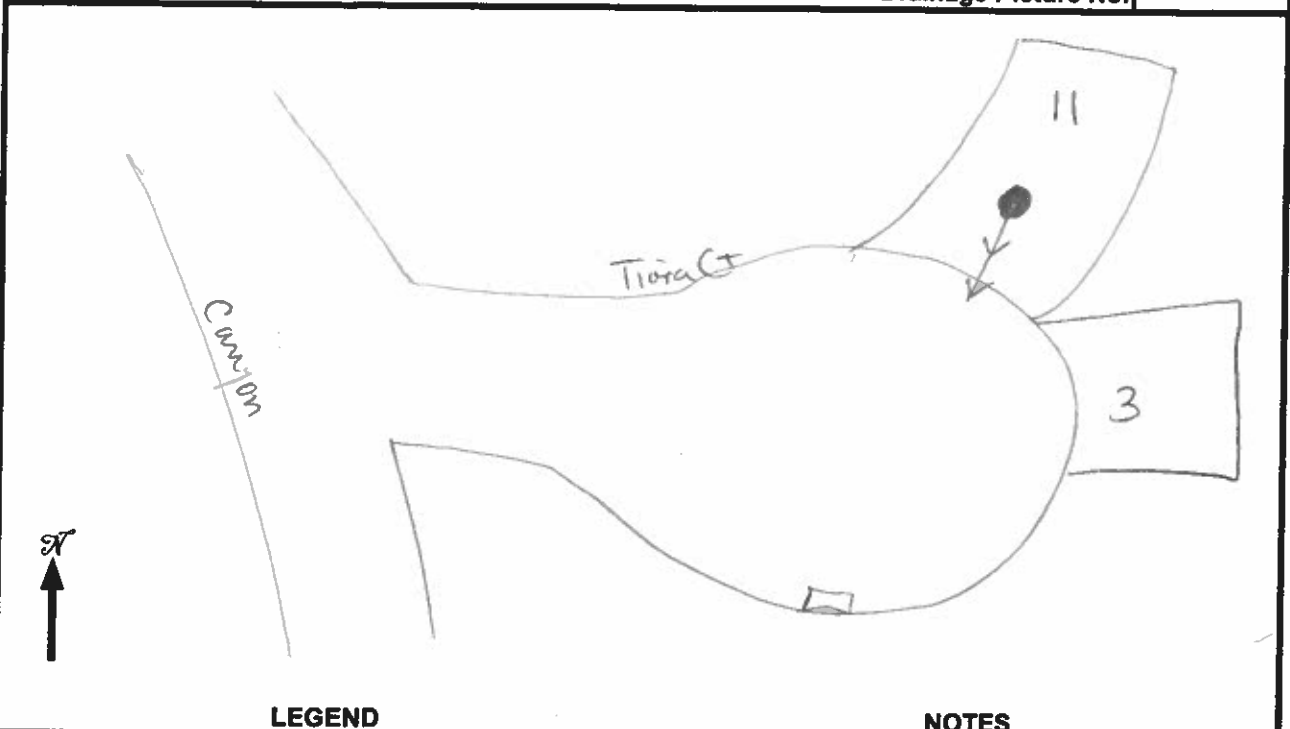
LOCATION CRITERIA FORM

Camera No. 840

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 168

Completed by: AR

Date: 2011-01-17

Inspection #: _____

Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No. _____
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No. _____
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4
	Picture No. _____

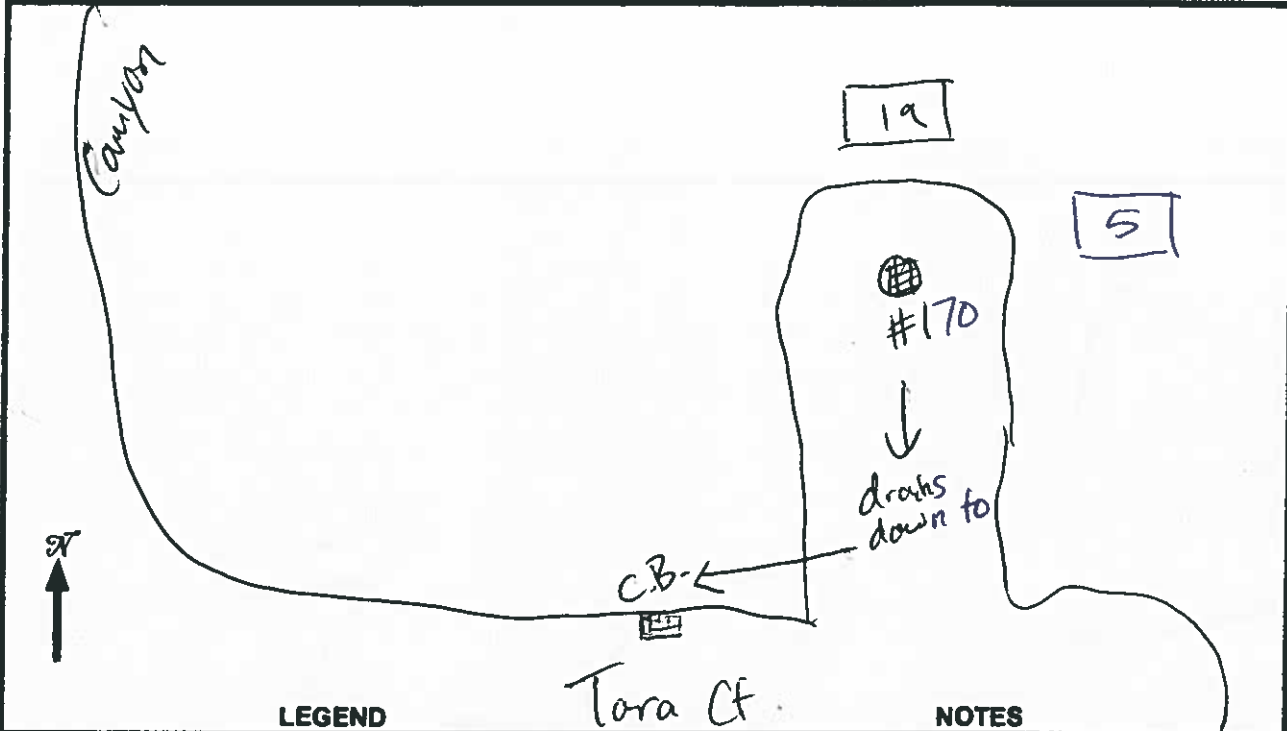
LOCATION CRITERIA FORM

Camera No. 885

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 170
 Completed by: PM/BK
 Date: 1-27-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

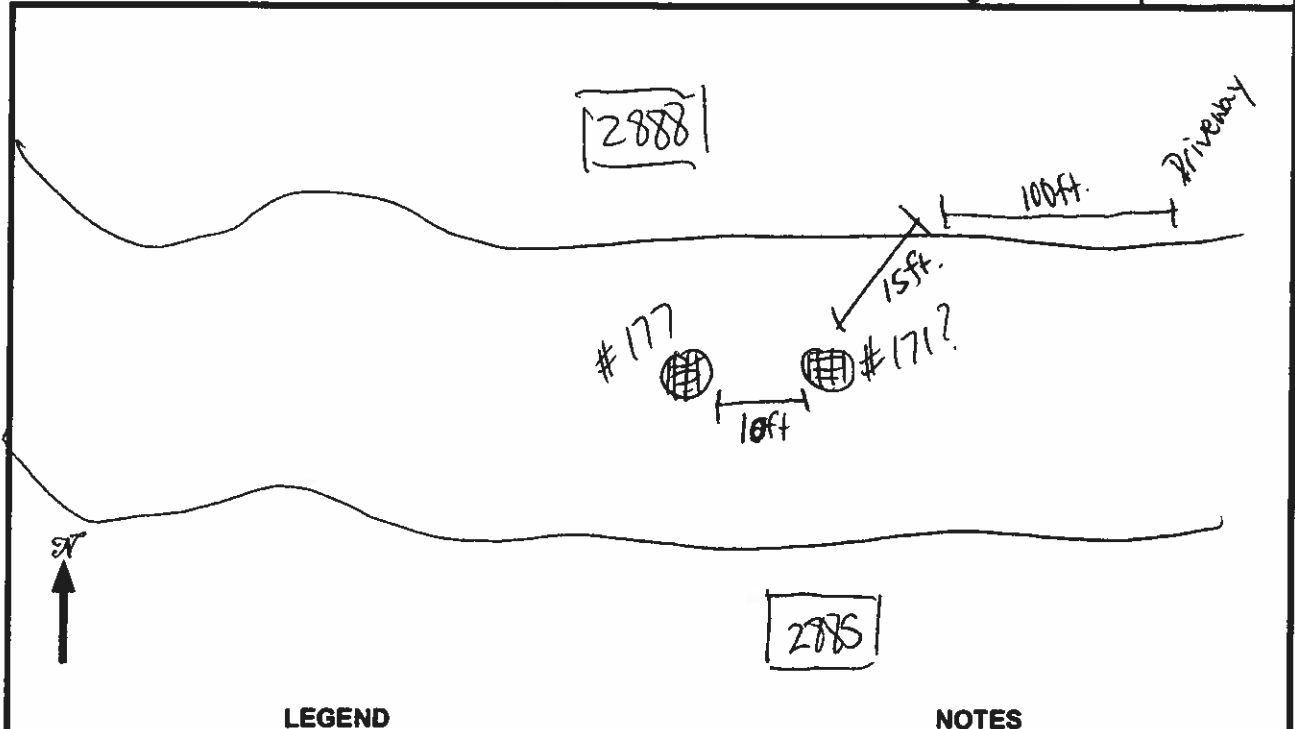
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	<u>1</u>
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	<u>5</u>
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	<u>1</u>
	Picture No.

LOCATION CRITERIA FORM

Camera No. 915
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 171
 Completed by: BK/RM
 Date: 1-17-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

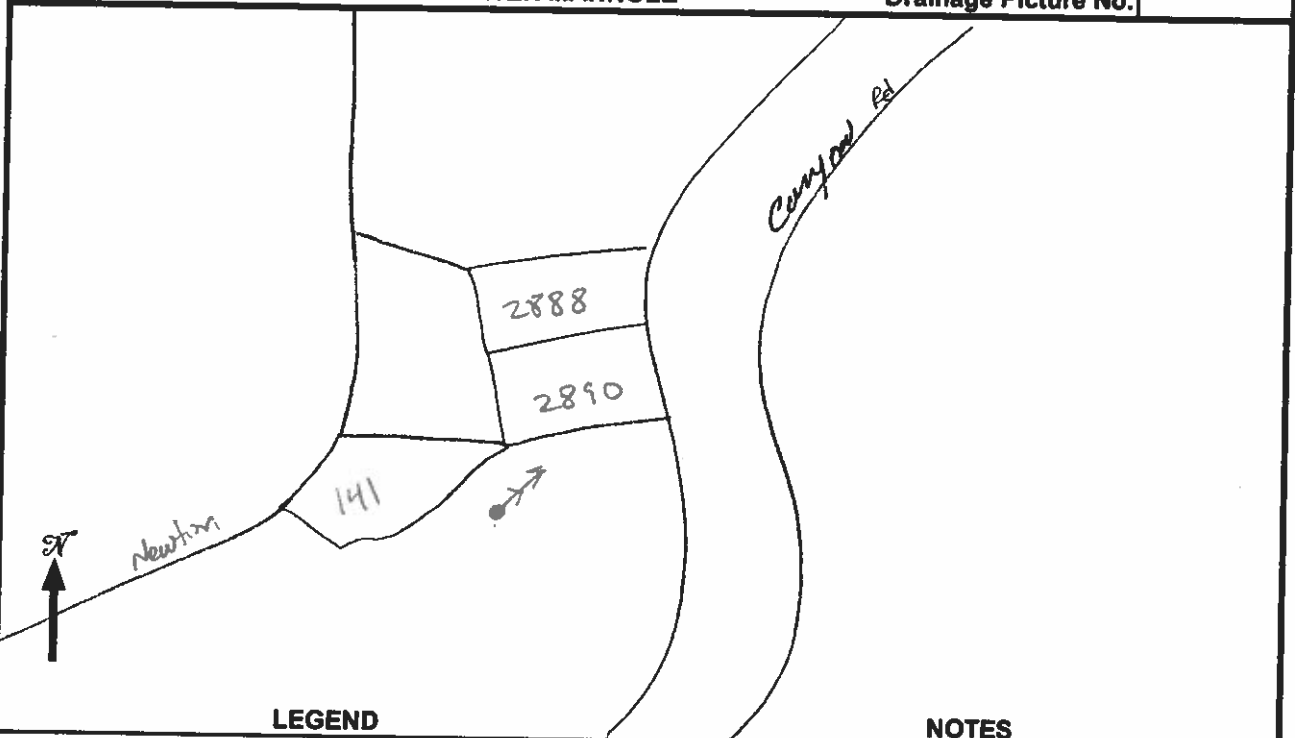
LOCATION CRITERIA FORM

Camera No. 890

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 172
 Completed by: AR
 Date: 2011-01-25
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

MH 172 has flow rerouted through PVC pipe from failed MH 88. Possible overflow from MH 172, as PVC pipe is only connected @ top through cut out plastic cover.

LOCATION DESCRIPTION PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No. _____
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No. _____
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4
	Picture No. _____

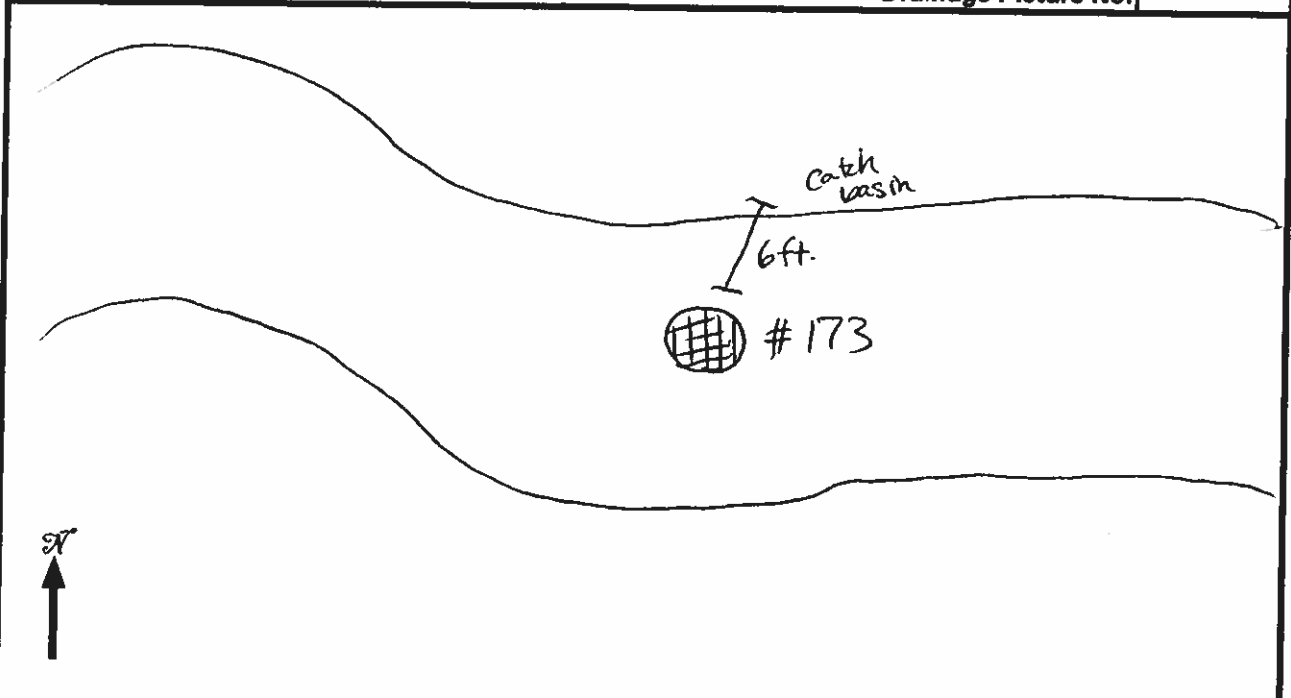
LOCATION CRITERIA FORM

Camera No. 915

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 173
 Completed by: BK/RM
 Date: 1-17-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

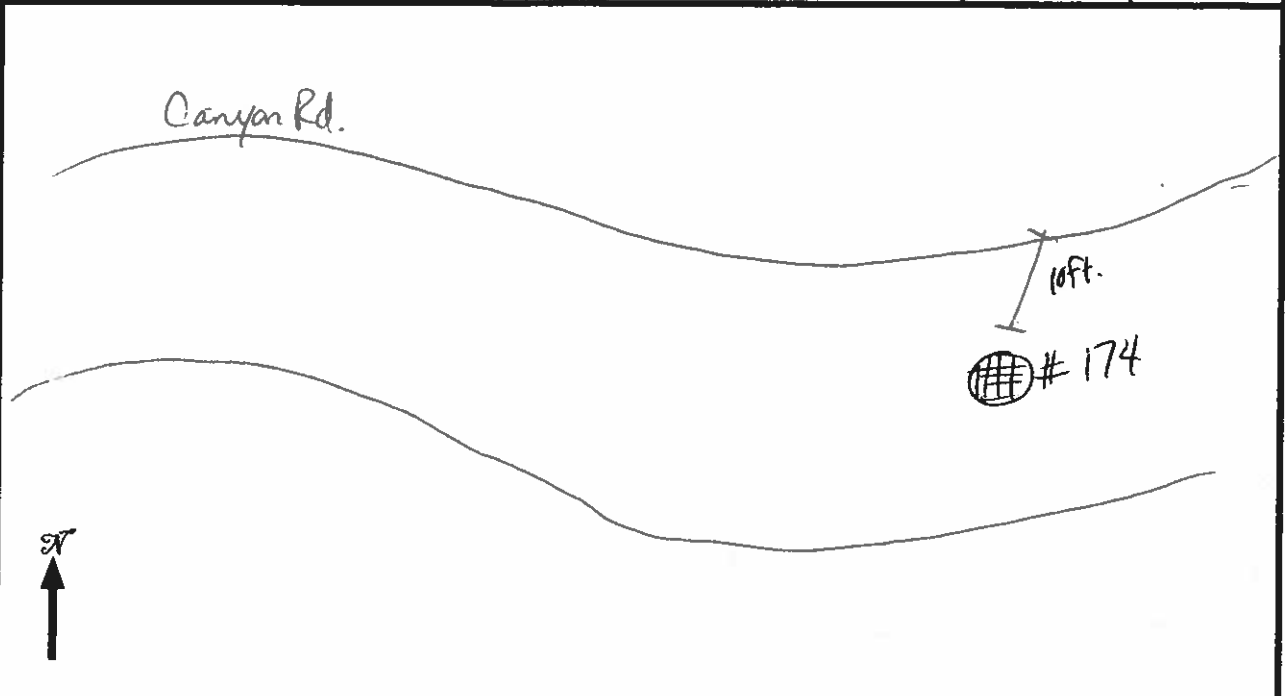
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

LOCATION SKETCH BY SANITARY SEWER MANHOLE

Camera No. 915
 General Picture No. _____
 Drainage Picture No. _____



LEGEND

- | | |
|--|---|
| <ul style="list-style-type: none"> ———— Sewer Line - - - - Storm Drain Line Water Line → → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|--|---|

NOTES

Asset #: 174
 Completed by: BK/RM
 Date: 1-17-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

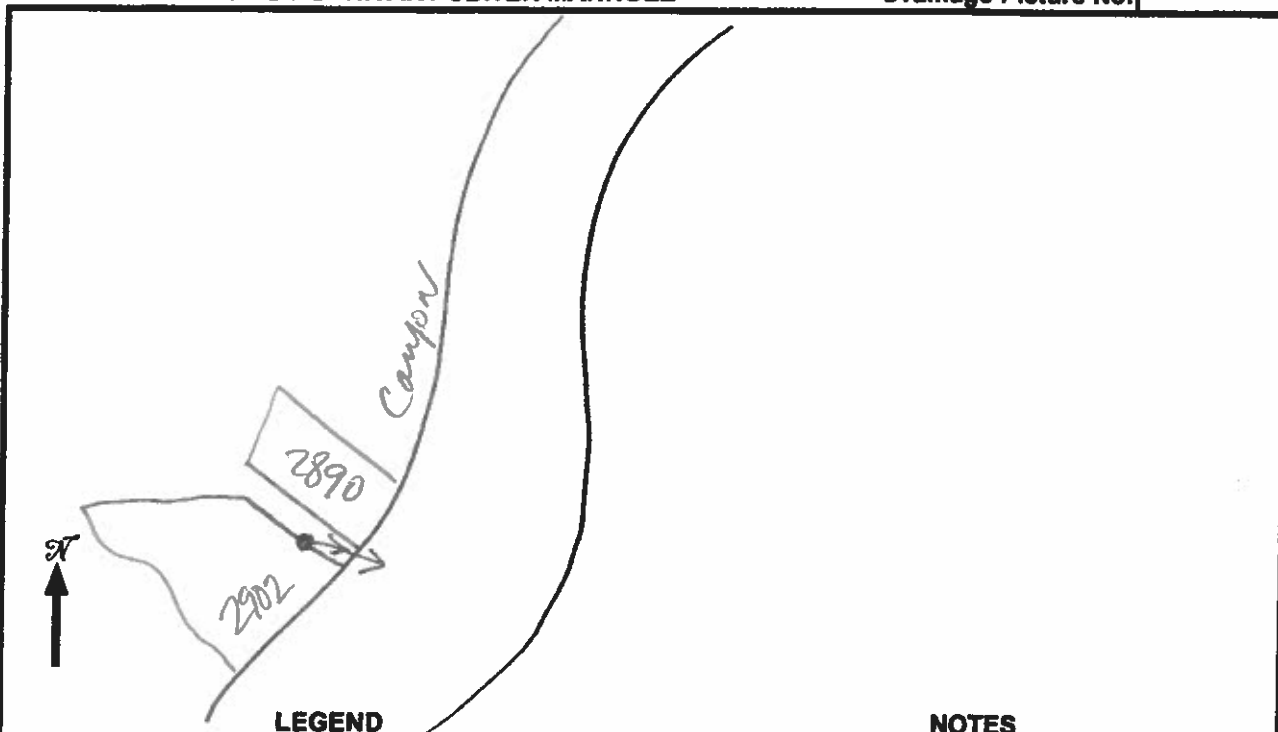
PRIORITY

Public Impact	<u>1</u>
(Proximity to public facilities, Economic impact, Public health or safety concerns)	Picture No.
Environmental	<u>5</u>
(Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	Picture No.
Access / Safety	<u>1</u>
(Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- | | |
|---|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line →→→ Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|---|---|

Asset #: 175

Completed by: AD

Date: 2011-01-25

Inspection #: _____

Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4
	Picture No.

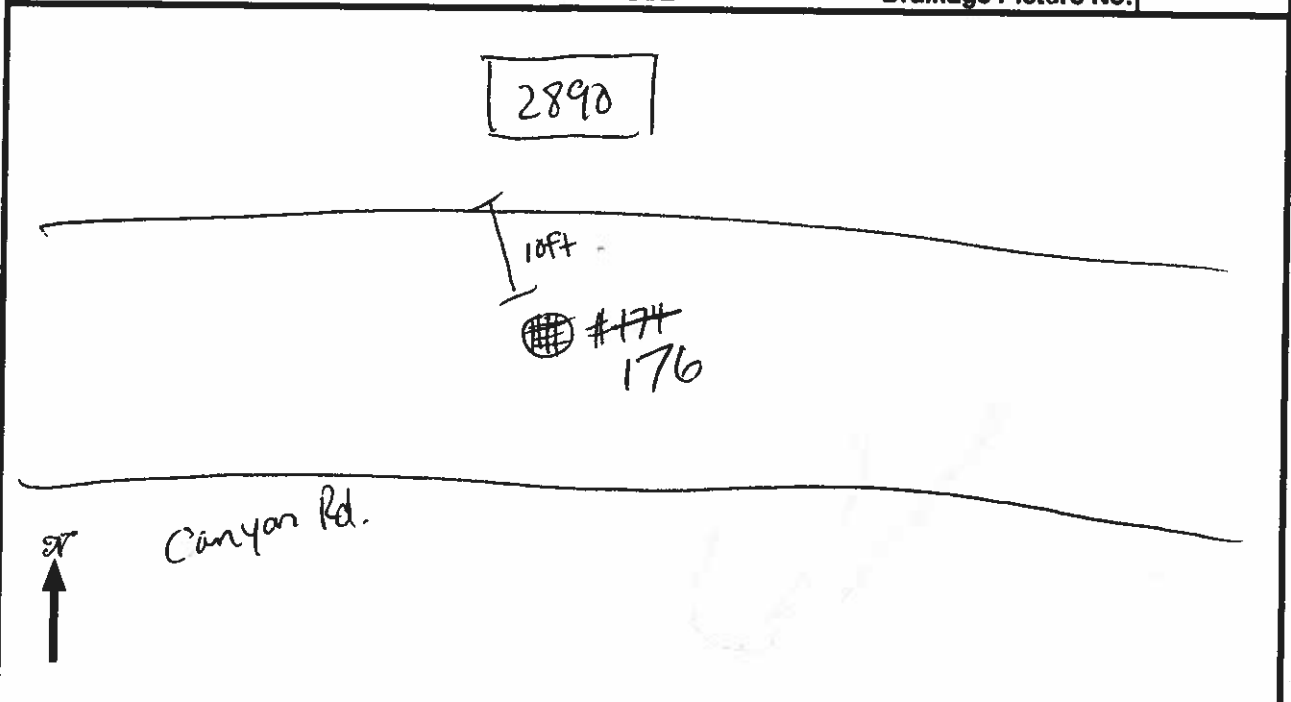
LOCATION CRITERIA FORM

Camera No. 915

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 174 176
 Completed by: BK/PM
 Date: 1-17-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

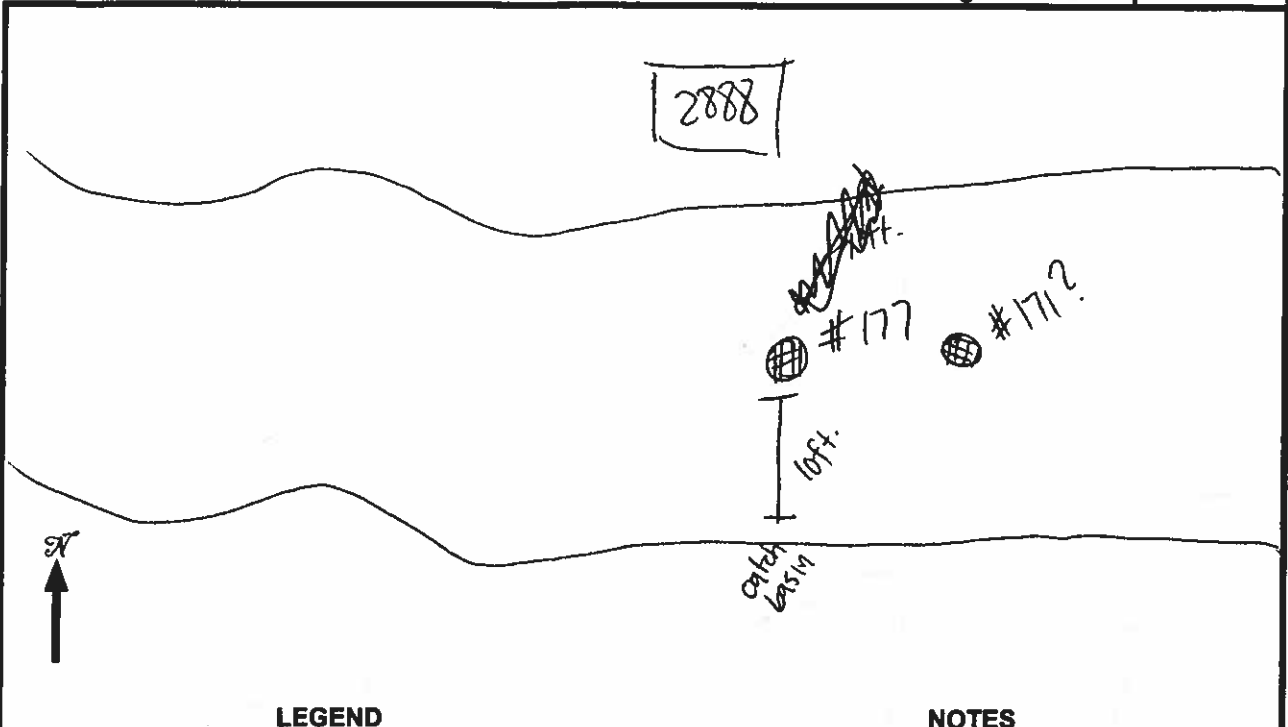
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No. 915
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → → Likely spill path | ▷ Photo Direction |

NOTES

Asset #: 177
 Completed by: BK/PM
 Date: 1-17-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

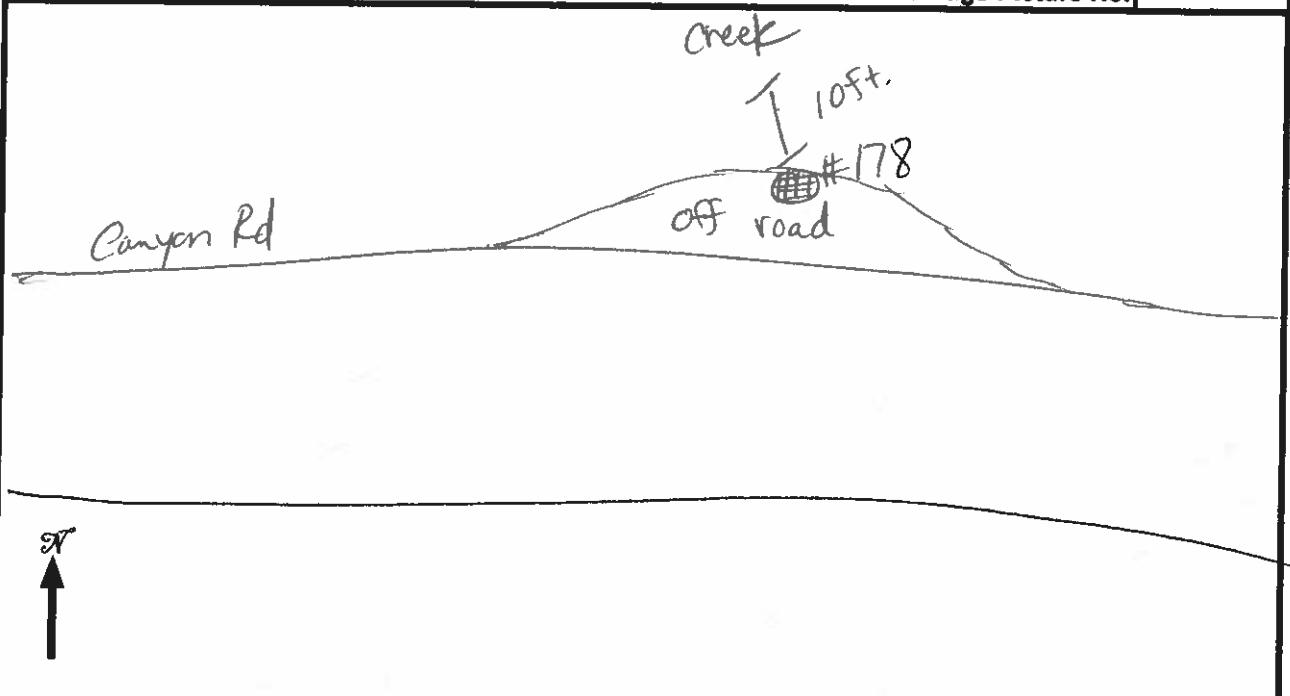
LOCATION CRITERIA FORM

Camera No. 915

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- → Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 178
 Completed by: BK/RM
 Date: 1-17-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

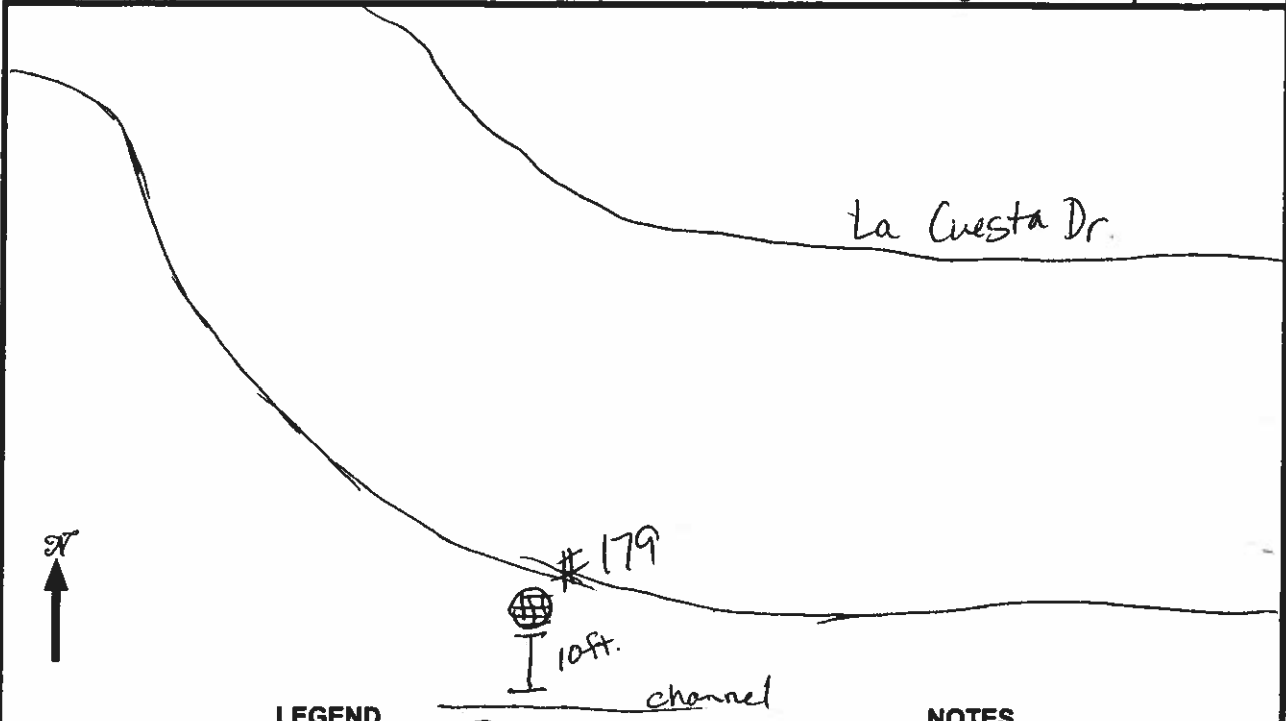
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	<u>1</u>
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	<u>5</u>
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	<u>1</u>
	Picture No.

LOCATION CRITERIA FORM

Camera No. 915
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 179
 Completed by: BK/RM
 Date: 1-17-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	<u>1</u>
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	<u>5</u>
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	<u>1</u>
	Picture No.

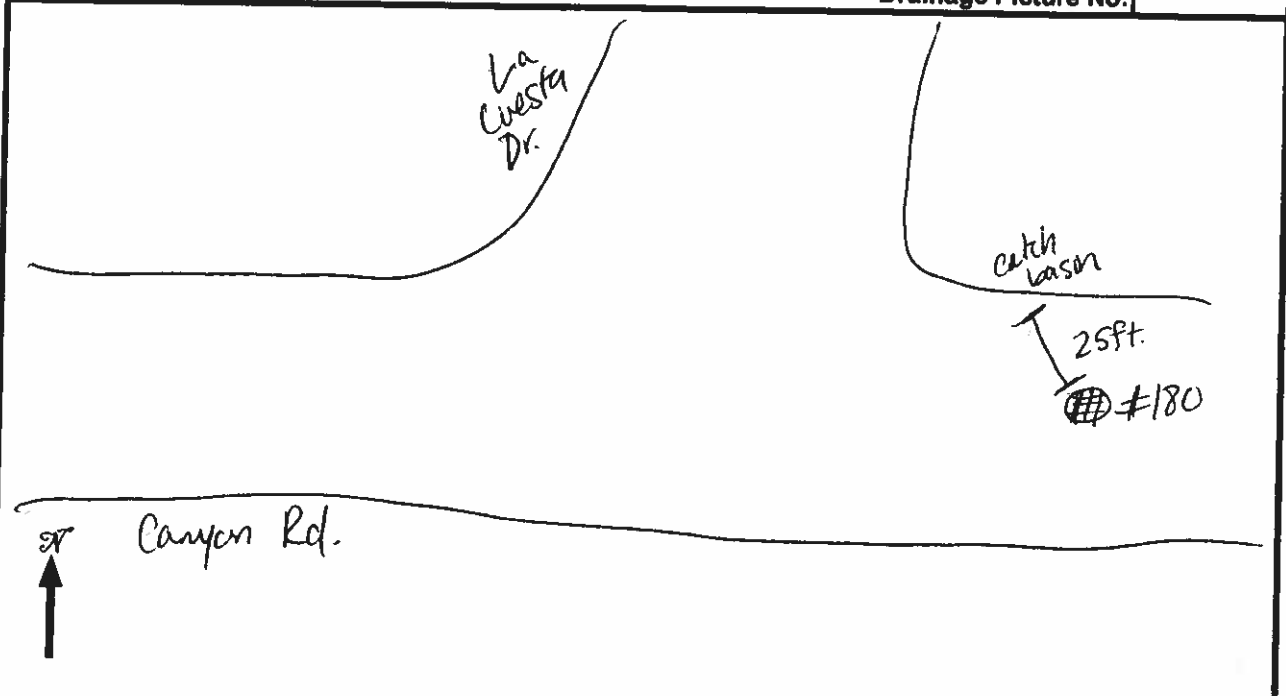
LOCATION CRITERIA FORM

Camera No. 915

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 180
 Completed by: BK/RM
 Date: 1-17-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

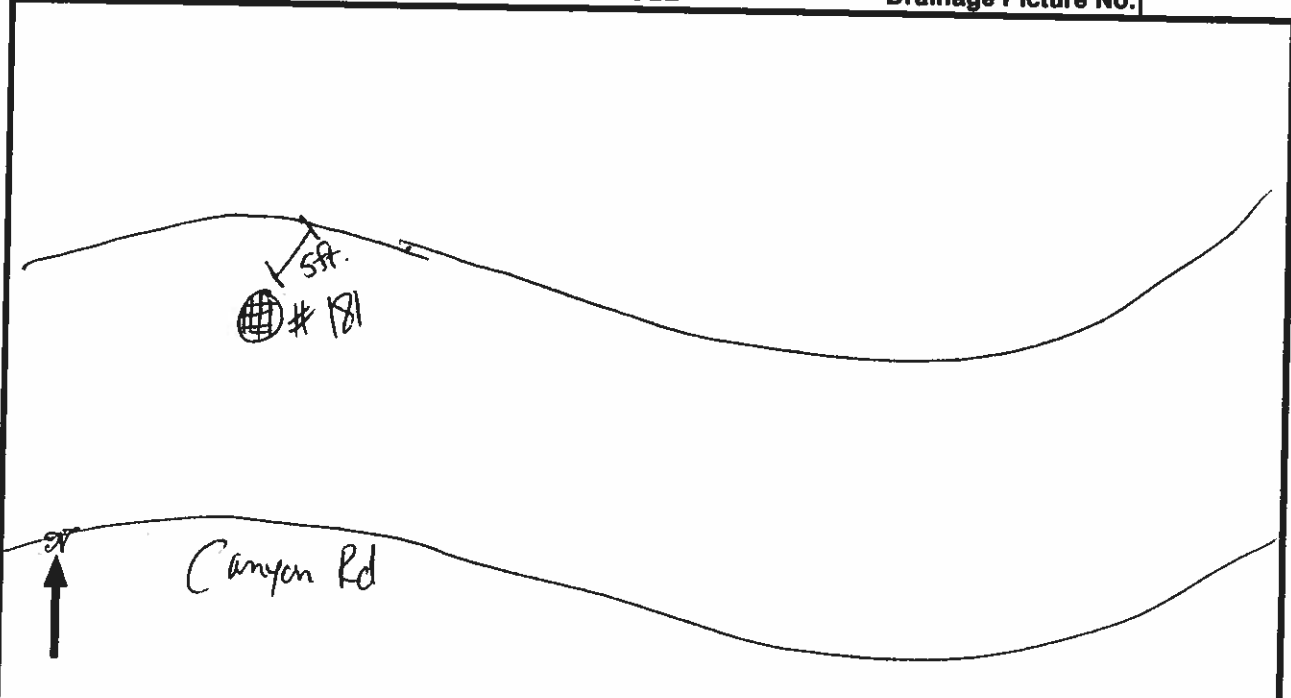
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No. 915
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 181
 Completed by: RM/BK
 Date: 1-17-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

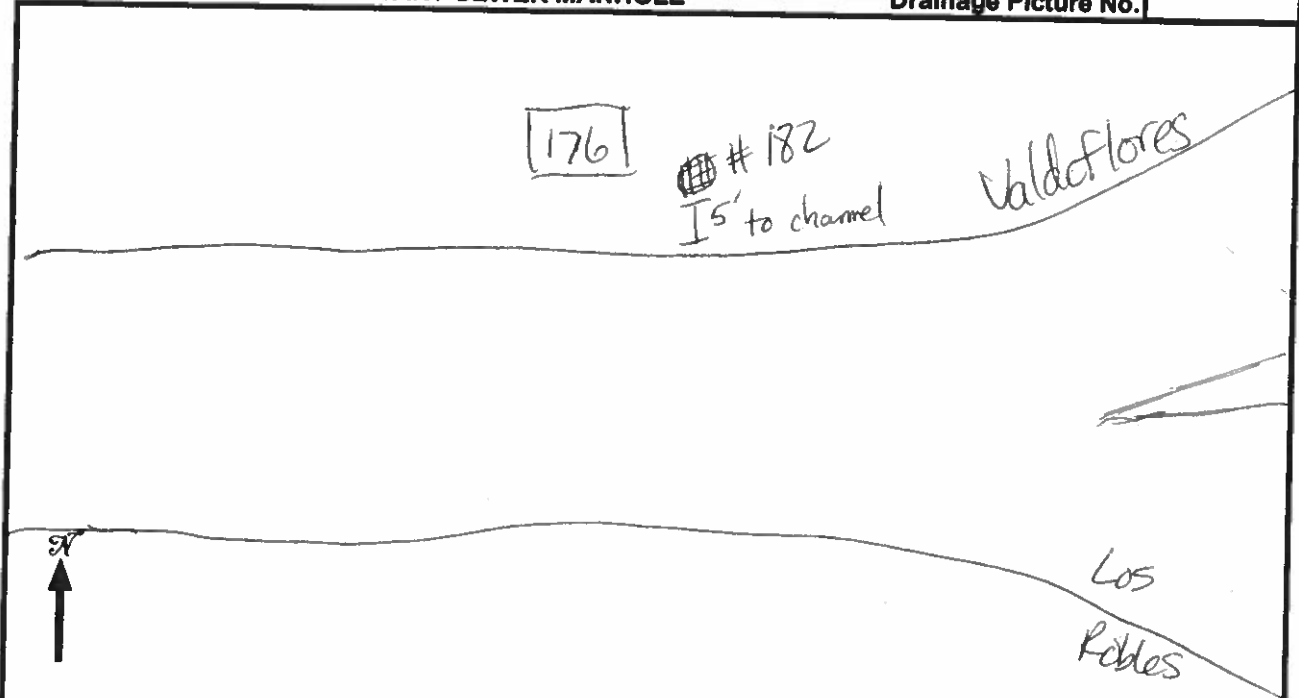
LOCATION CRITERIA FORM

Camera No. 885

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 182
 Completed by: PM/BR
 Date: 1-18-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

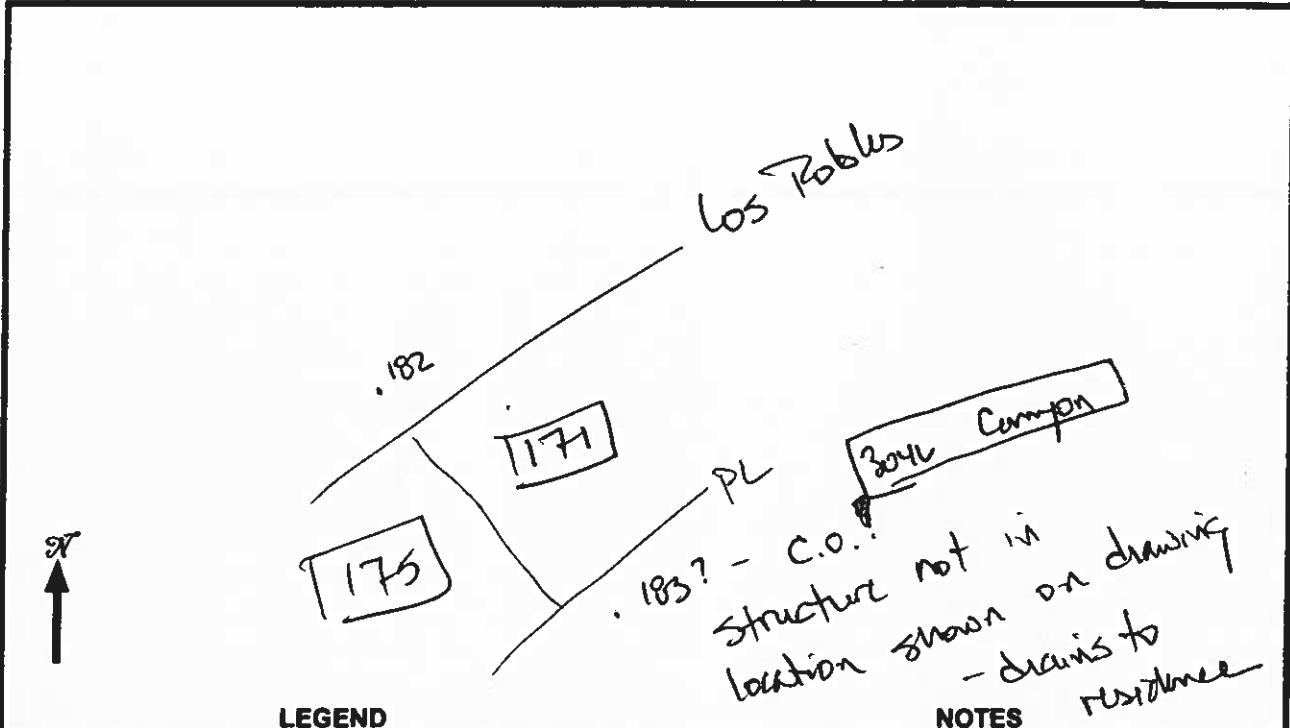
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

LOCATION SKETCH BY SANITARY SEWER MANHOLE

Camera No.	885
General Picture No.	
Drainage Picture No.	



LEGEND

NOTES

- | | |
|---|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|---|---|

Asset #:	1837
Completed by:	BK B-A
Date:	25 Jan 11
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

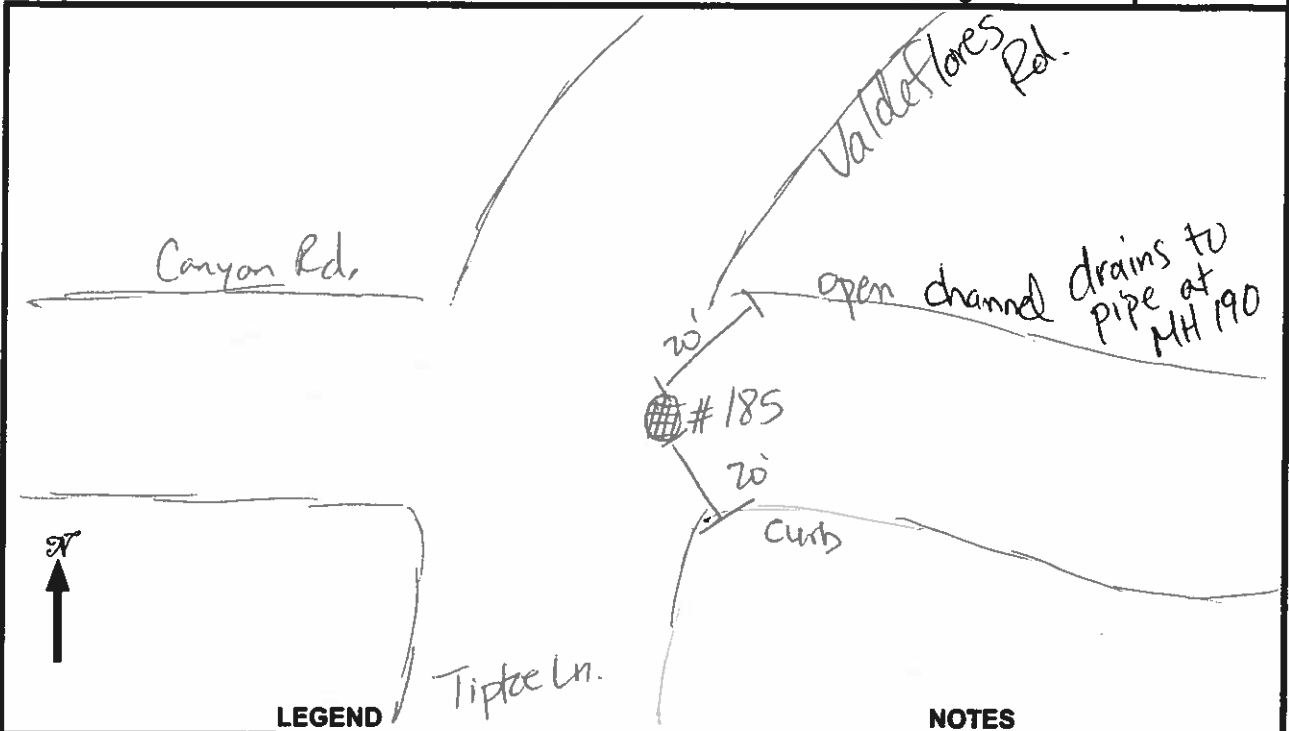
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|---|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|---|---|

NOTES

Asset #: 185
 Completed by: BK/PM
 Date: 1-14-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

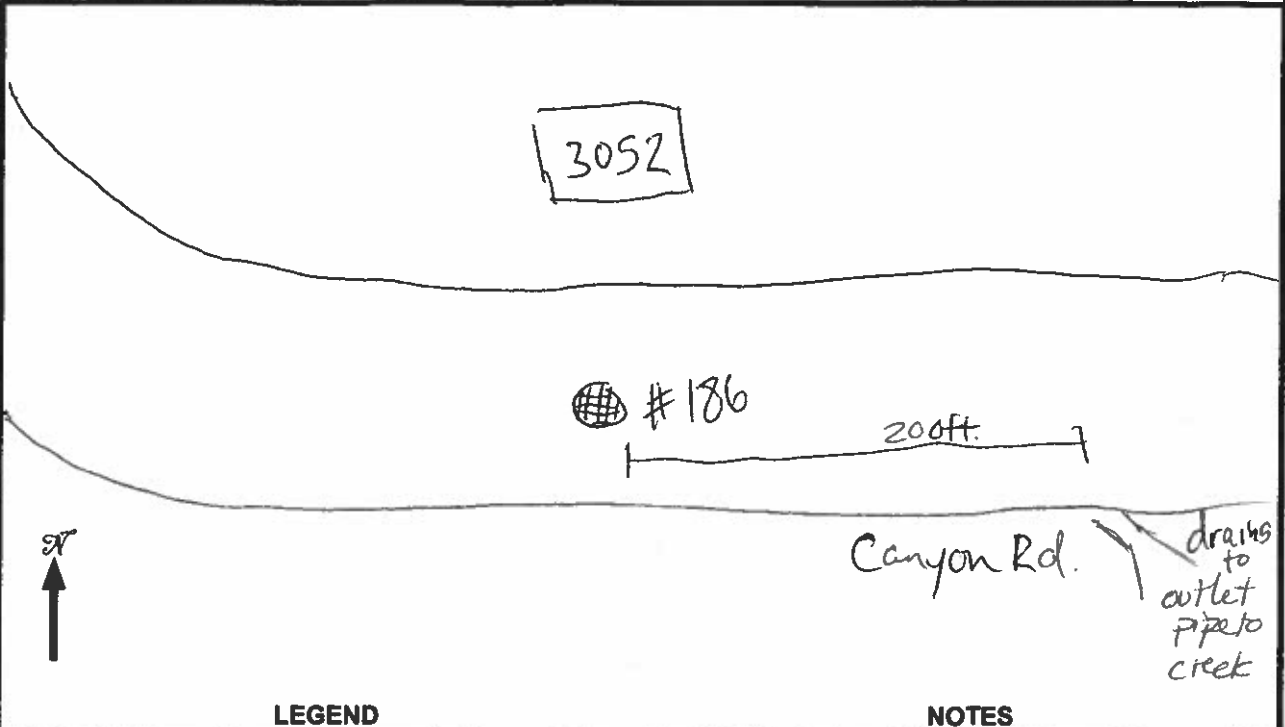
PRIORITY

Public Impact	1
(Proximity to public facilities, Economic impact, Public health or safety concerns)	Picture No.
Environmental	4
(Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	Picture No.
Access / Safety	1
(Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	Picture No.

LOCATION CRITERIA FORM

Camera No. 840
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → → Likely spill path | ▷ Photo Direction |

NOTES

Asset #: 186
 Completed by: BK/PM
 Date: 1-14-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

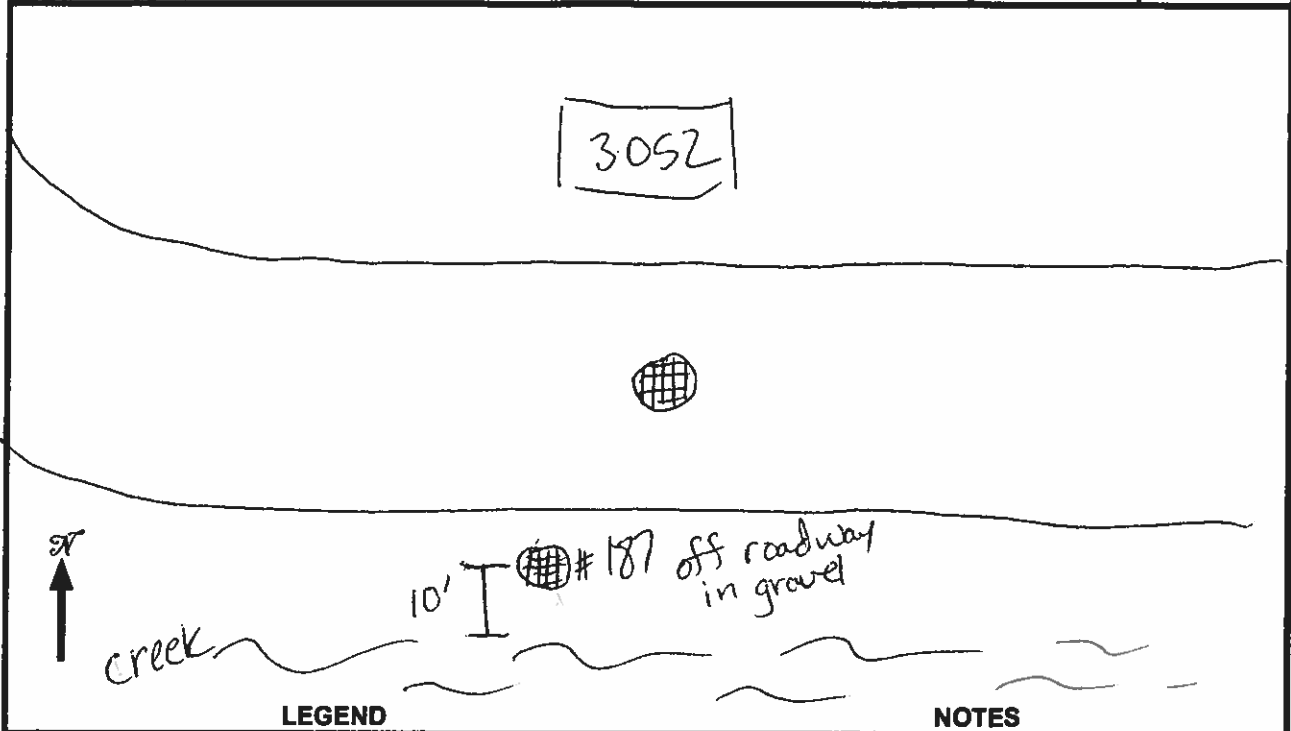
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|---|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line → → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|---|---|

NOTES

Asset #: 187
Completed by: BK/RM
Date: 1-14-11
Inspection #: _____
Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

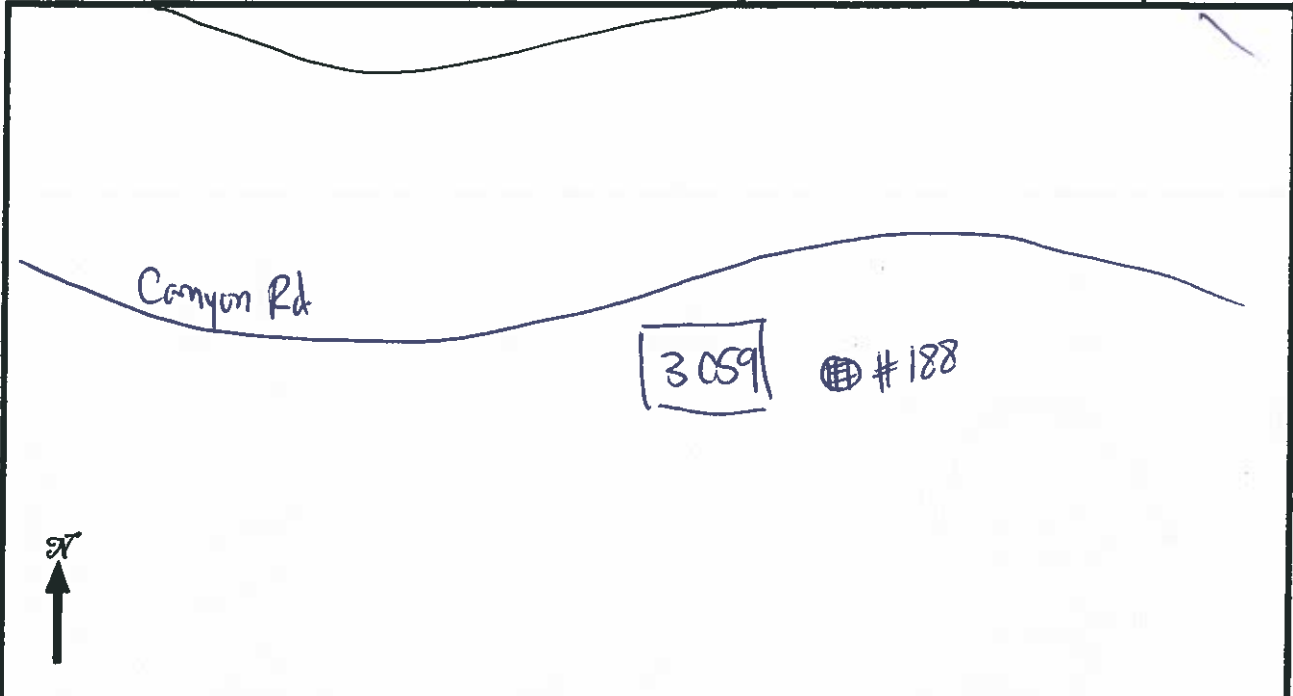
PRIORITY

Public Impact	1
(Proximity to public facilities, Economic impact, Public health or safety concerns)	Picture No.
Environmental	5
(Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	Picture No.
Access / Safety	1
(Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	Picture No.

LOCATION CRITERIA FORM

LOCATION SKETCH BY SANITARY SEWER MANHOLE

Camera No.	855
General Picture No.	
Drainage Picture No.	



LEGEND

NOTES

- | | |
|---|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line → → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|---|---|

Asset #: 188
Completed by: RM/BK
Date: 1-28-11
Inspection #:
Group Project#:

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

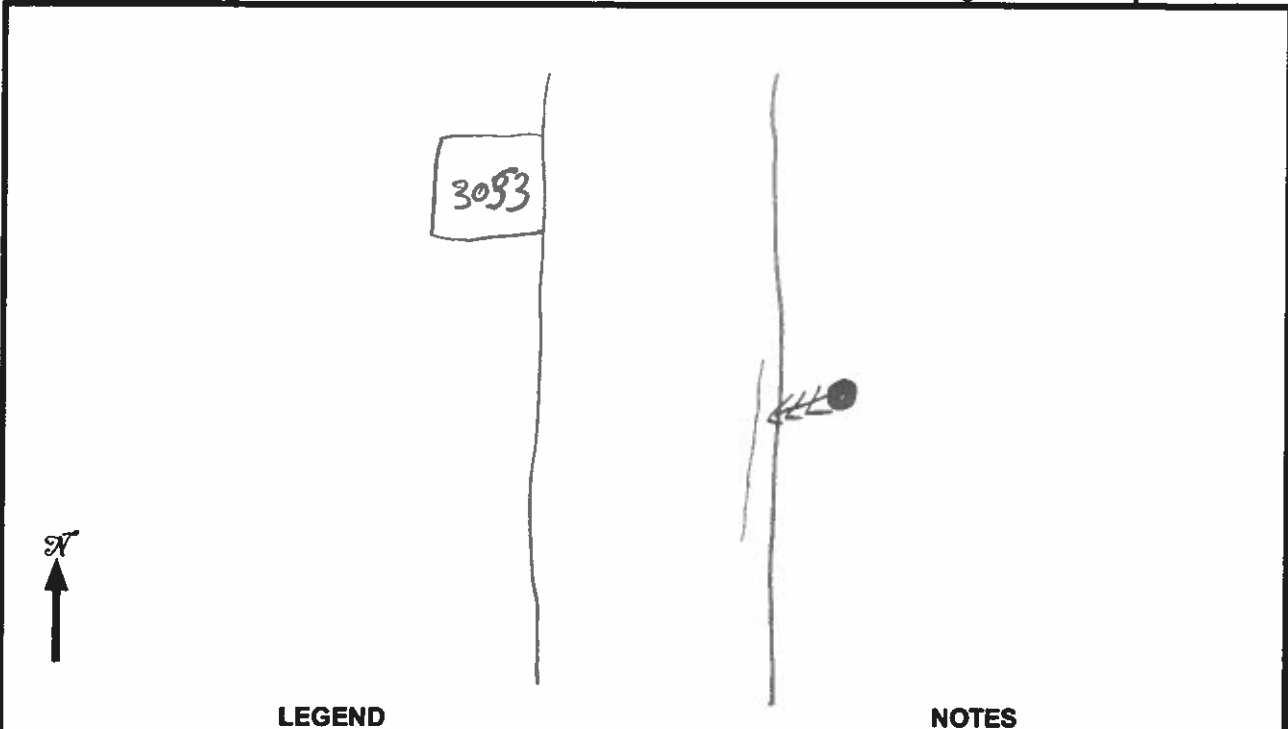
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|---|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line → → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|---|---|

NOTES

Asset #:	189
Completed by:	SS
Date:	2011-01-14
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact	Priority
(Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental	Priority
(Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	6
	Picture No.
Access / Safety	Priority
(Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

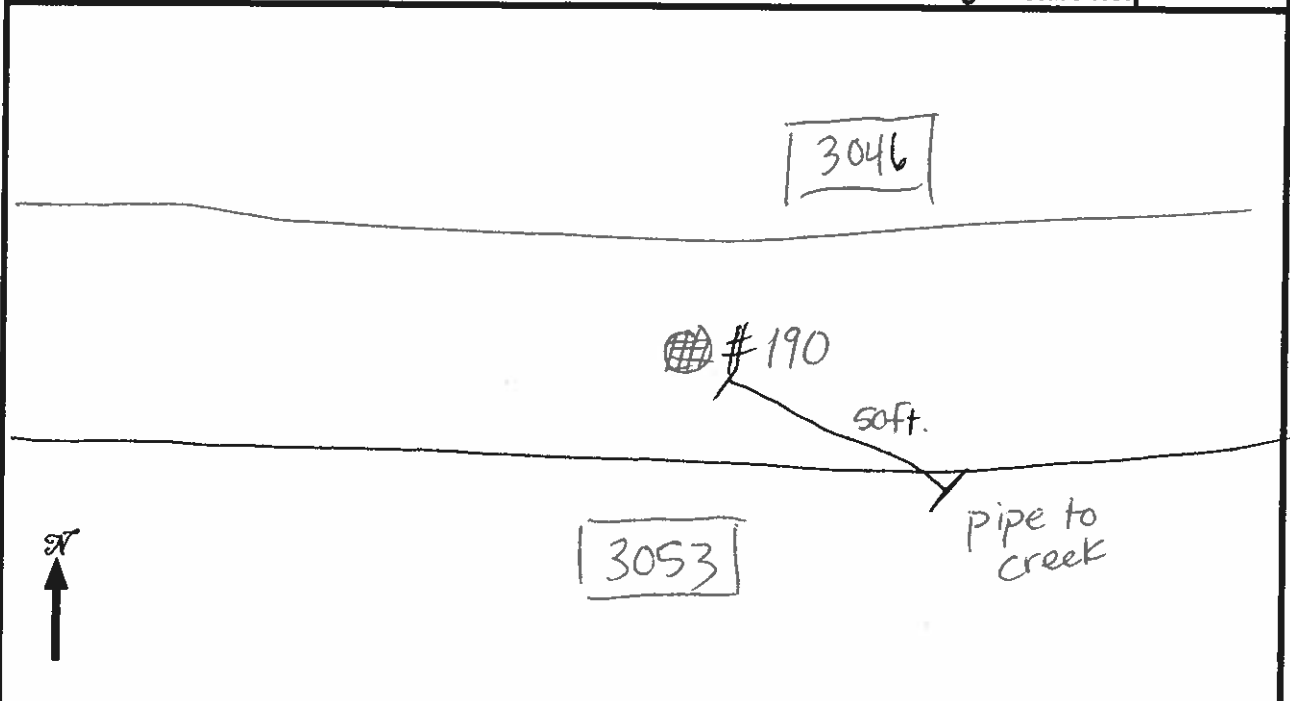
LOCATION CRITERIA FORM

Camera No. 340

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 190

Completed by: BK/RM

Date: 1-14-11

Inspection #: _____

Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact
(Proximity to public facilities, Economic impact, Public health or safety concerns)

1
Picture No.

Environmental
(Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)

5
Picture No.

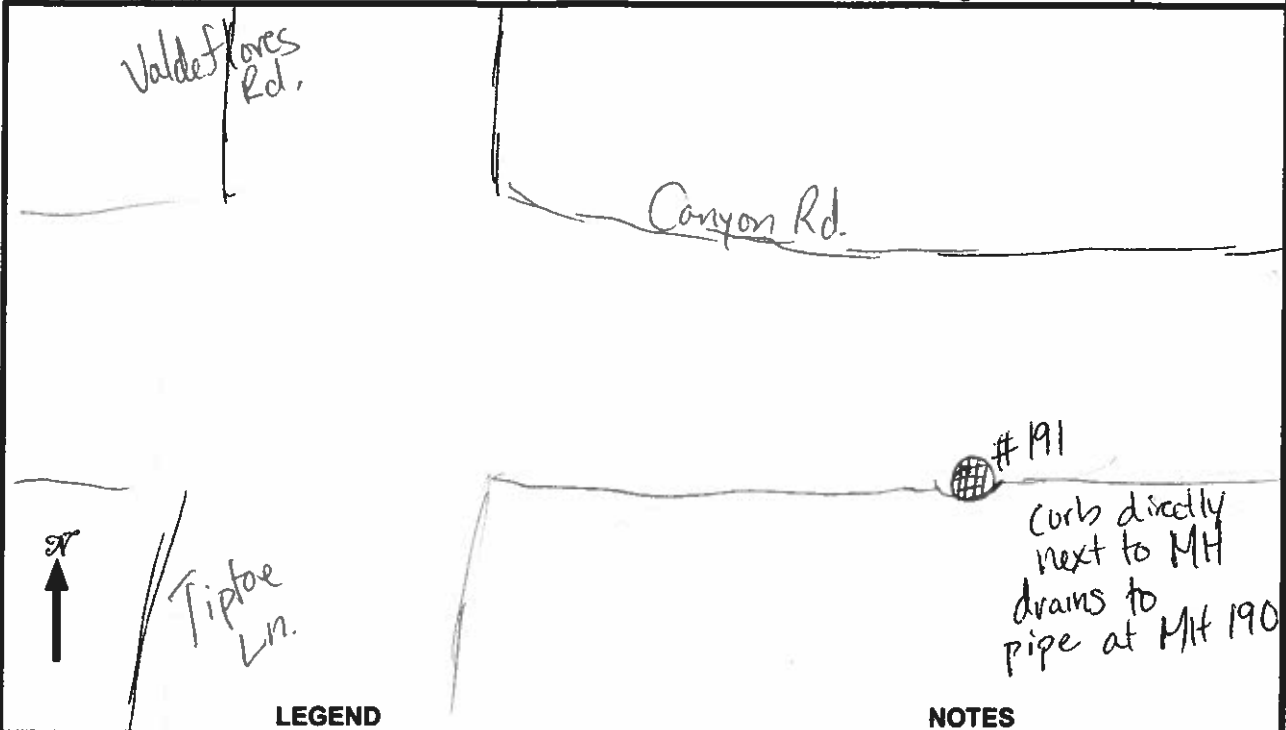
Access / Safety
(Safe, readily accessible area, Traffic level, Strategic importance to operation of system)

1
Picture No.

LOCATION CRITERIA FORM

Camera No. 540
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → → Likely spill path | ▷ Photo Direction |

NOTES

Asset #: 191
 Completed by: BK/RM
 Date: 1-14-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

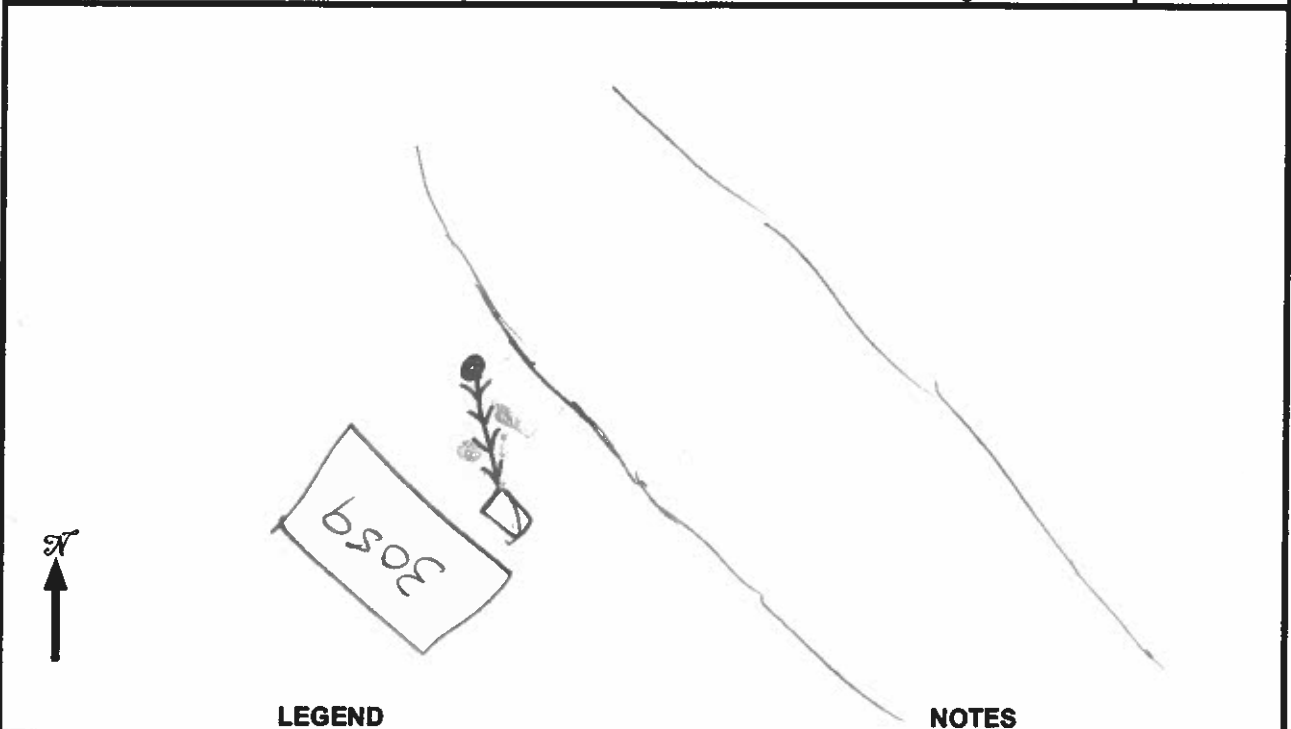
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	/
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	/
	Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → → Likely spill path | ▷ Photo Direction |

NOTES

Asset #:	192
Completed by:	SS
Date:	2011-01-14
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

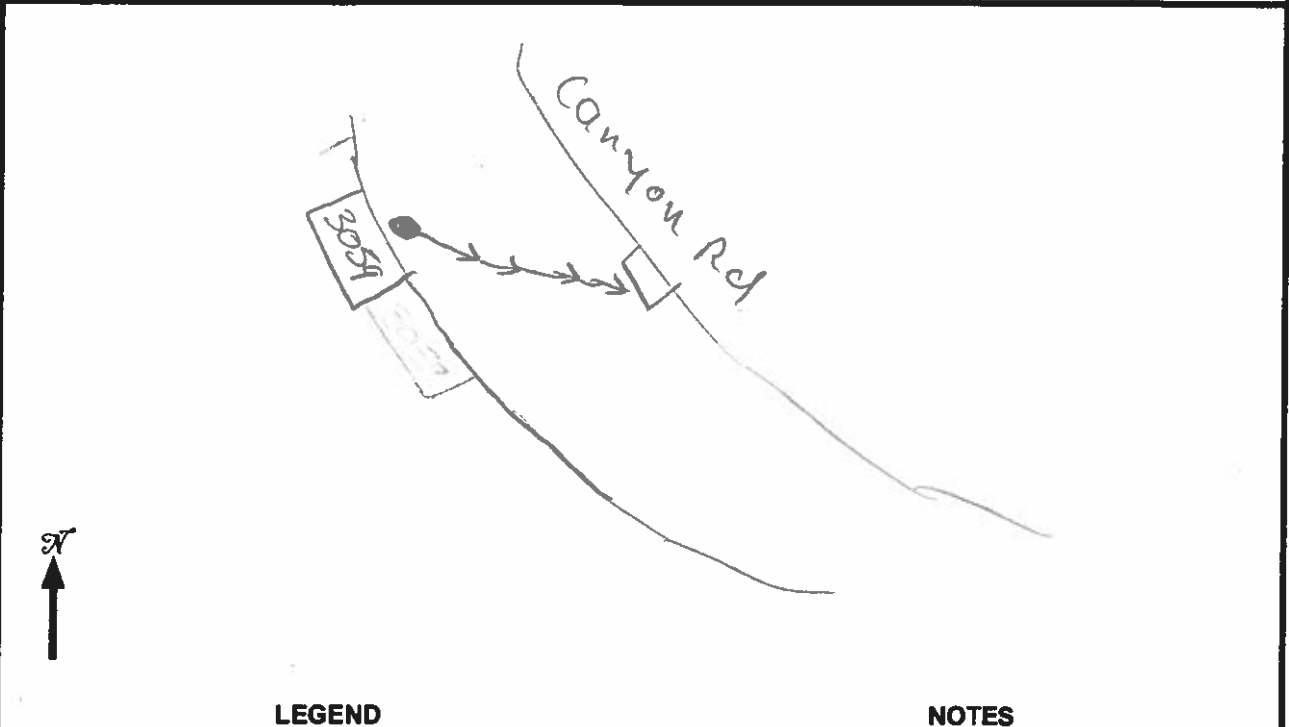
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	6
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	7
	Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|---|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet X Valve ▷ Photo Direction |
|---|---|

NOTES

Asset #:	194
Completed by:	SS
Date:	2011/1/4
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact	1
(Proximity to public facilities, Economic impact, Public health or safety concerns)	Picture No.
Environmental	4
(Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	Picture No.
Access / Safety	1
(Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	Picture No.

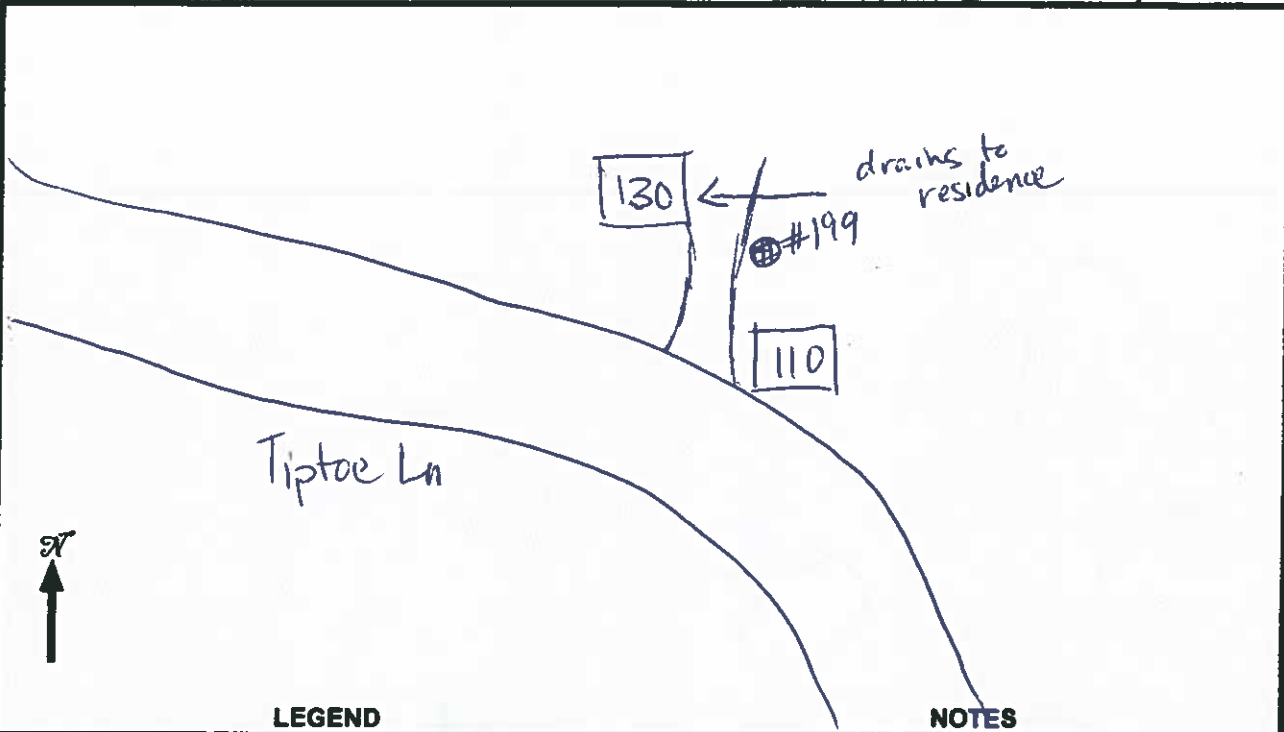
LOCATION CRITERIA FORM

Camera No. 785

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- → Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 199
 Completed by: RM/BK
 Date: 1-28-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

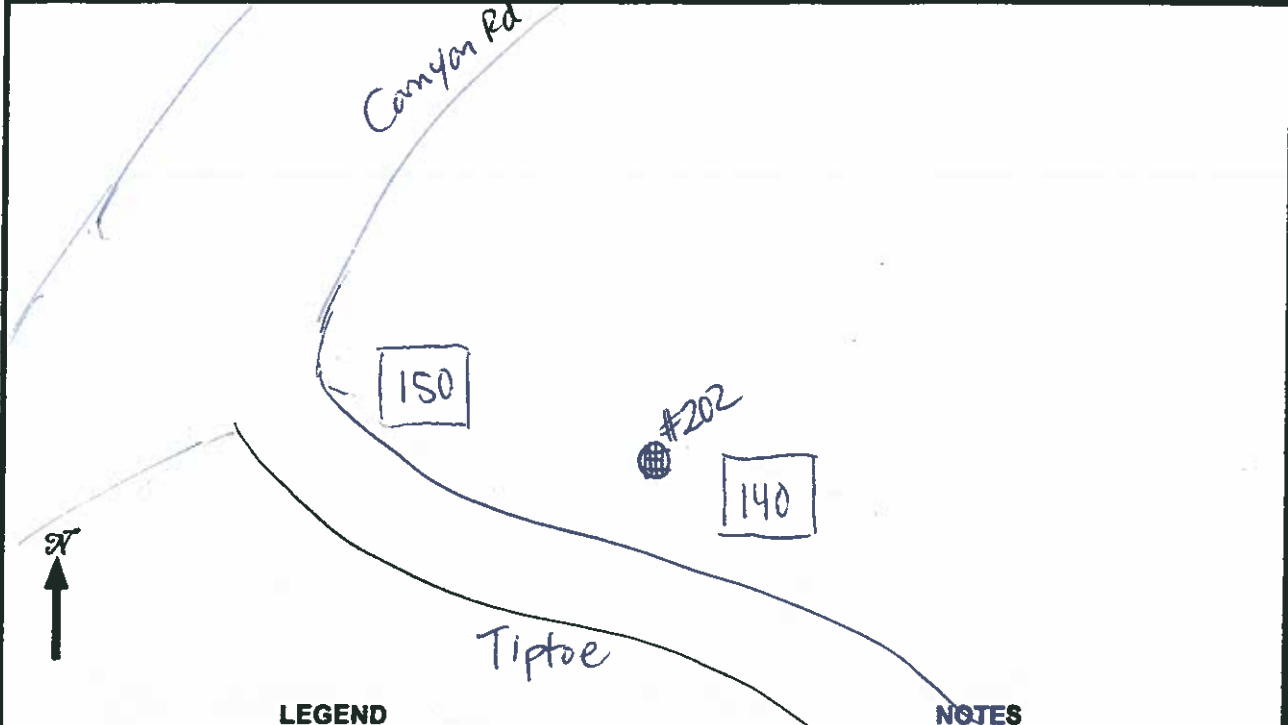
PRIORITY

Public Impact	<u>1</u>
(Proximity to public facilities, Economic impact, Public health or safety concerns)	Picture No.
Environmental	<u>5</u>
(Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	Picture No.
Access / Safety	<u>1</u>
(Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	Picture No.

LOCATION CRITERIA FORM

Camera No. 385
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 202
 Completed by: RM/BR
 Date: 1-28-11
 Inspection #: _____
 Group Project#: _____

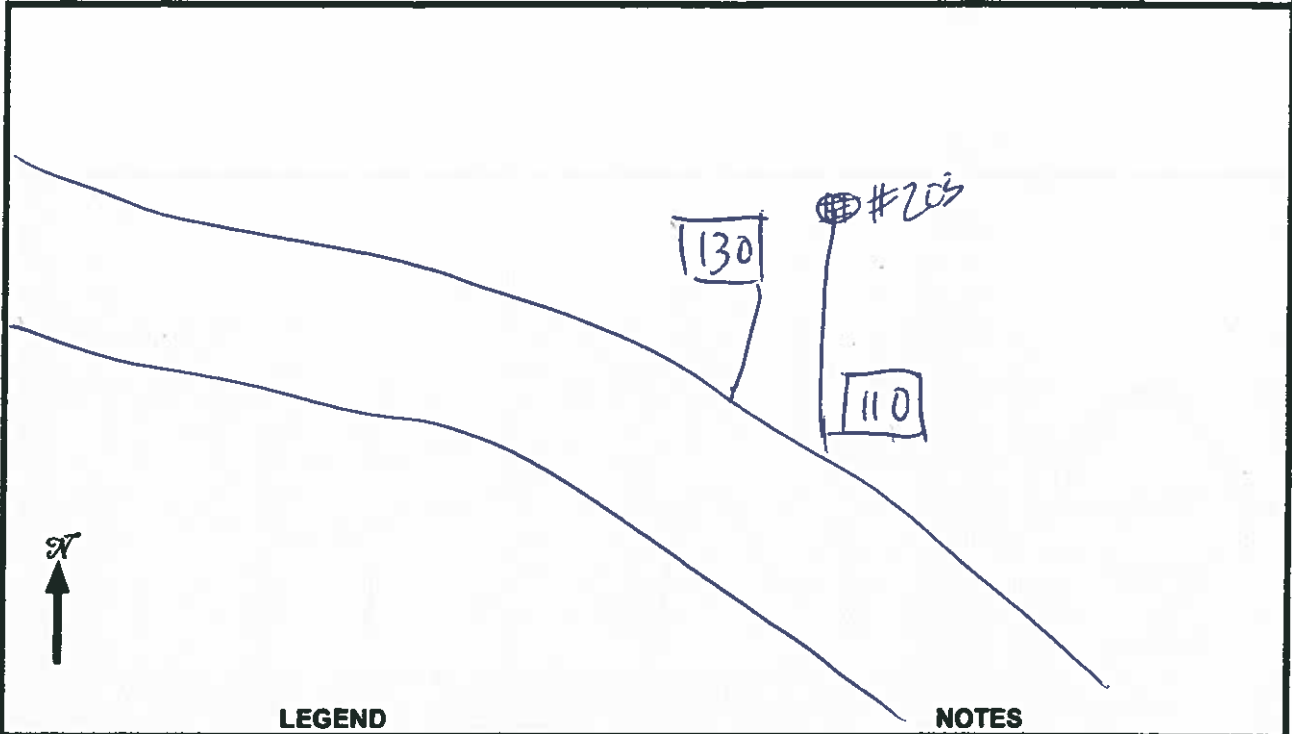
O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION	PRIORITY
Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 203
 Completed by: RM/BK
 Date: 1-28-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION **PRIORITY**

Public Impact 1
 (Proximity to public facilities, Economic impact, Public health or safety concerns) Picture No.

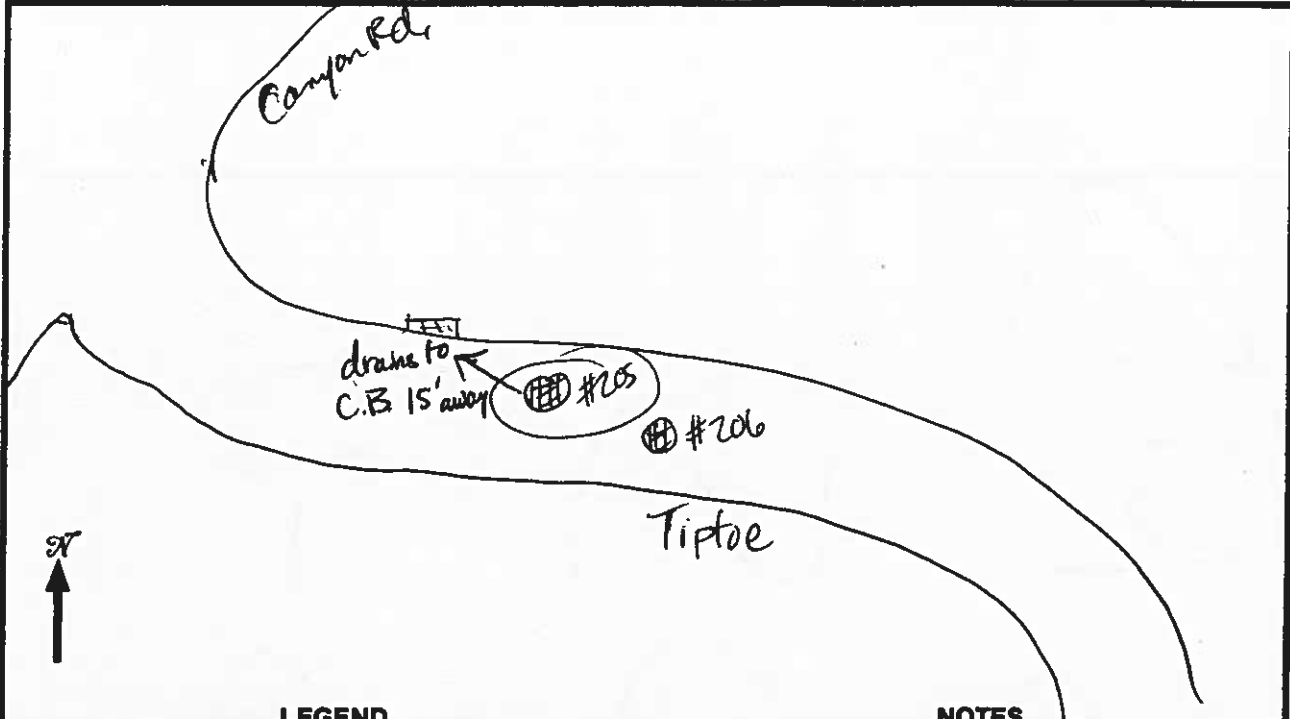
Environmental 5
 (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions) Picture No.

Access / Safety 1
 (Safe, readily accessible area, Traffic level, Strategic importance to operation of system) Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 205
 Completed by: RM/BK
 Date: 1-28-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

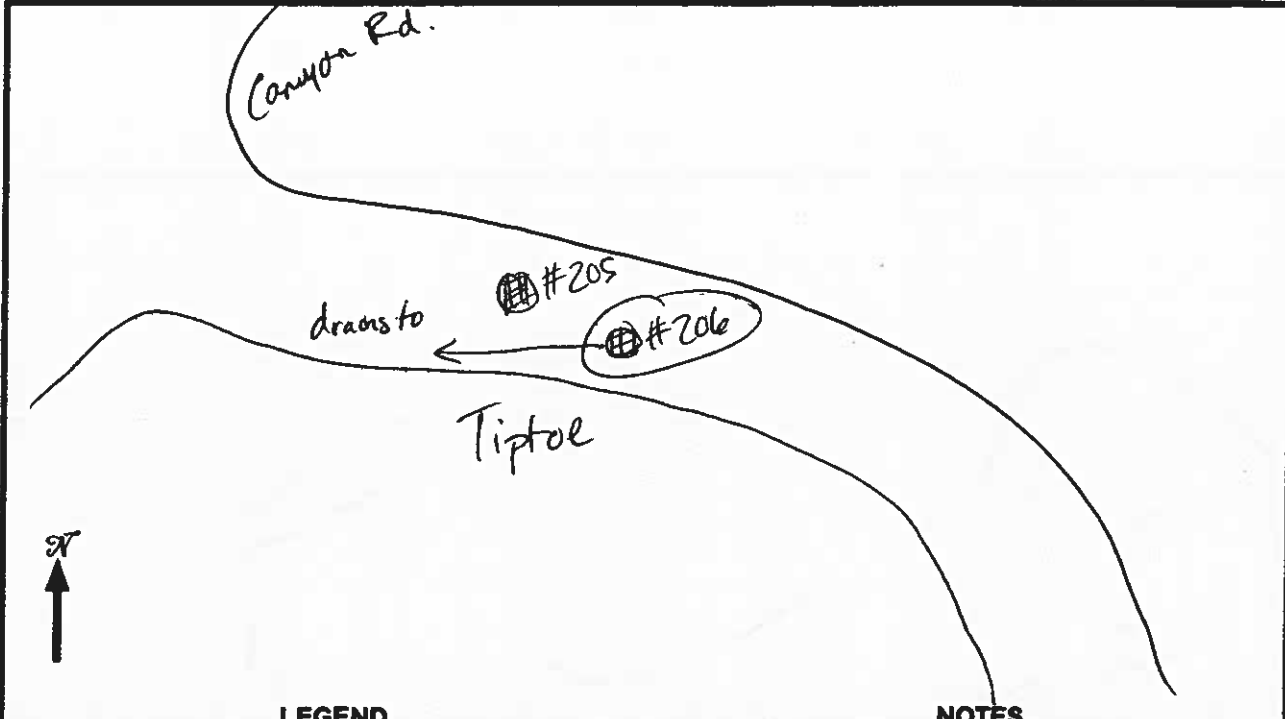
LOCATION CRITERIA FORM

Camera No. 885

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 206
 Completed by: RM/BK
 Date: 1-28-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

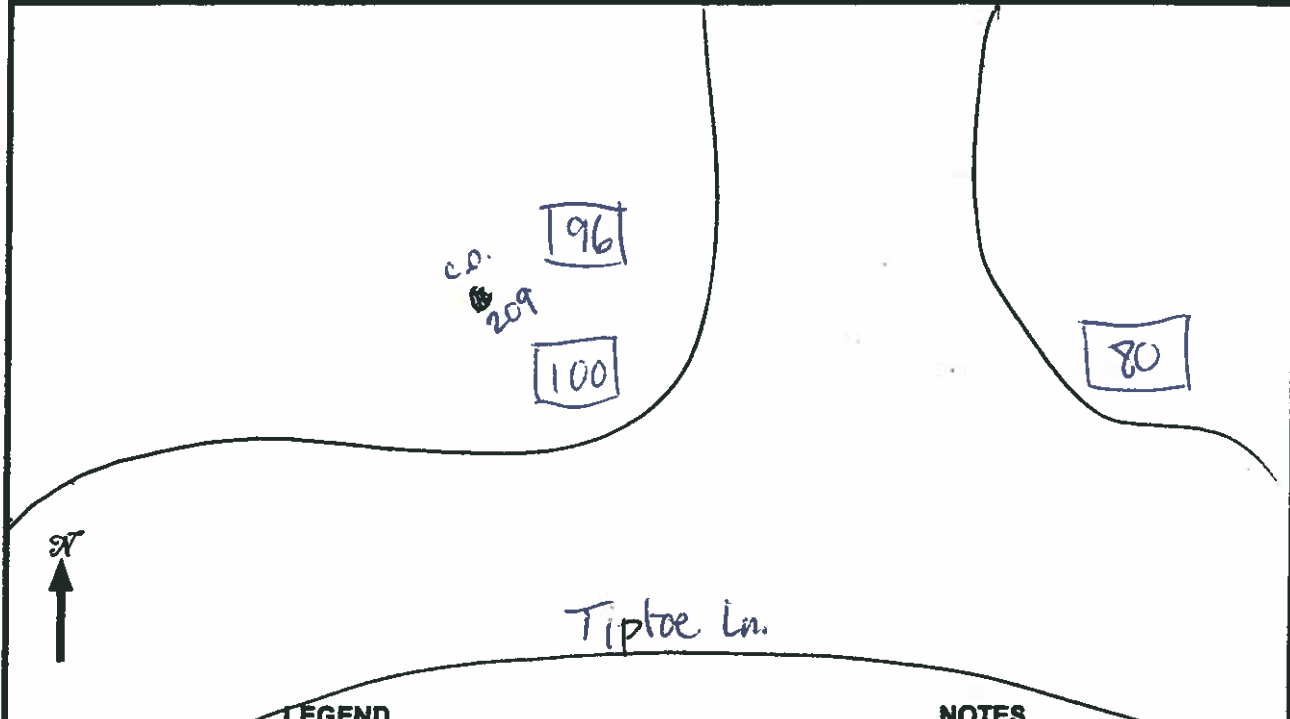
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No.
 Drainage Picture No.

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- Valve
- Photo Direction

Asset #: 209
 Completed by: RM/BK
 Date: 1-28-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION	PRIORITY
Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

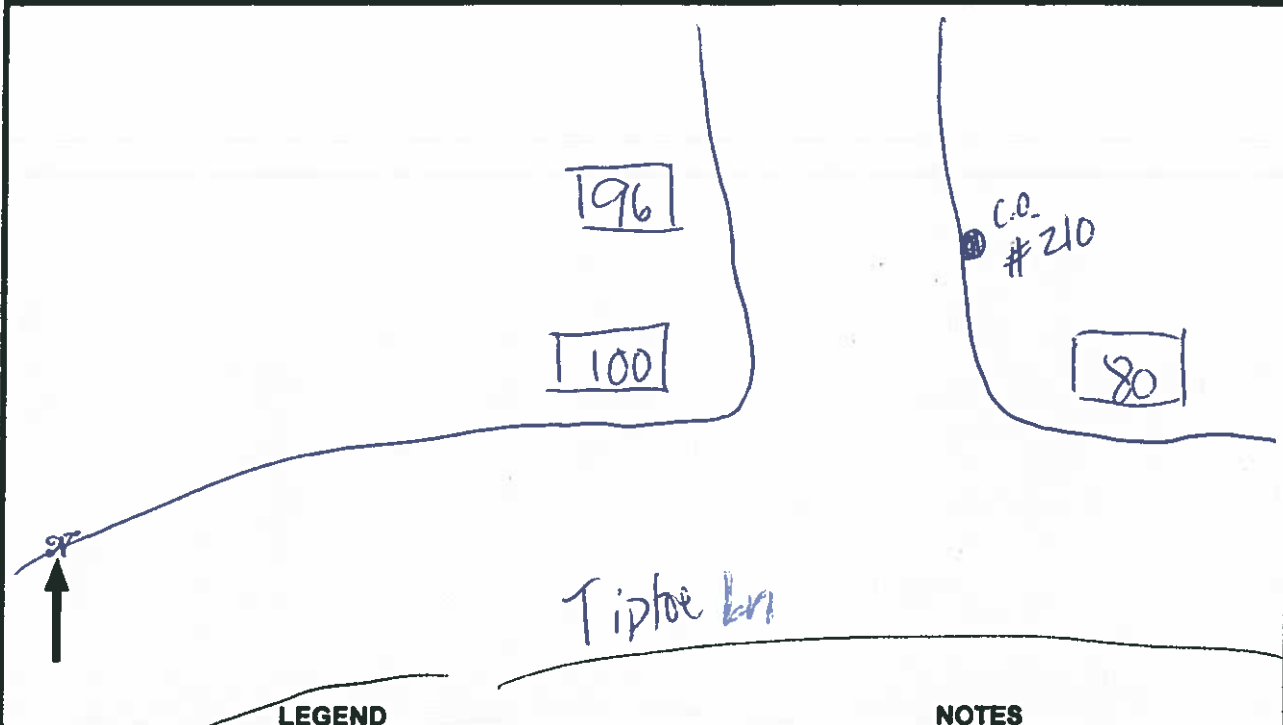
LOCATION CRITERIA FORM

Camera No. 888

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 210
 Completed by: RM/BK
 Date: 1-28-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

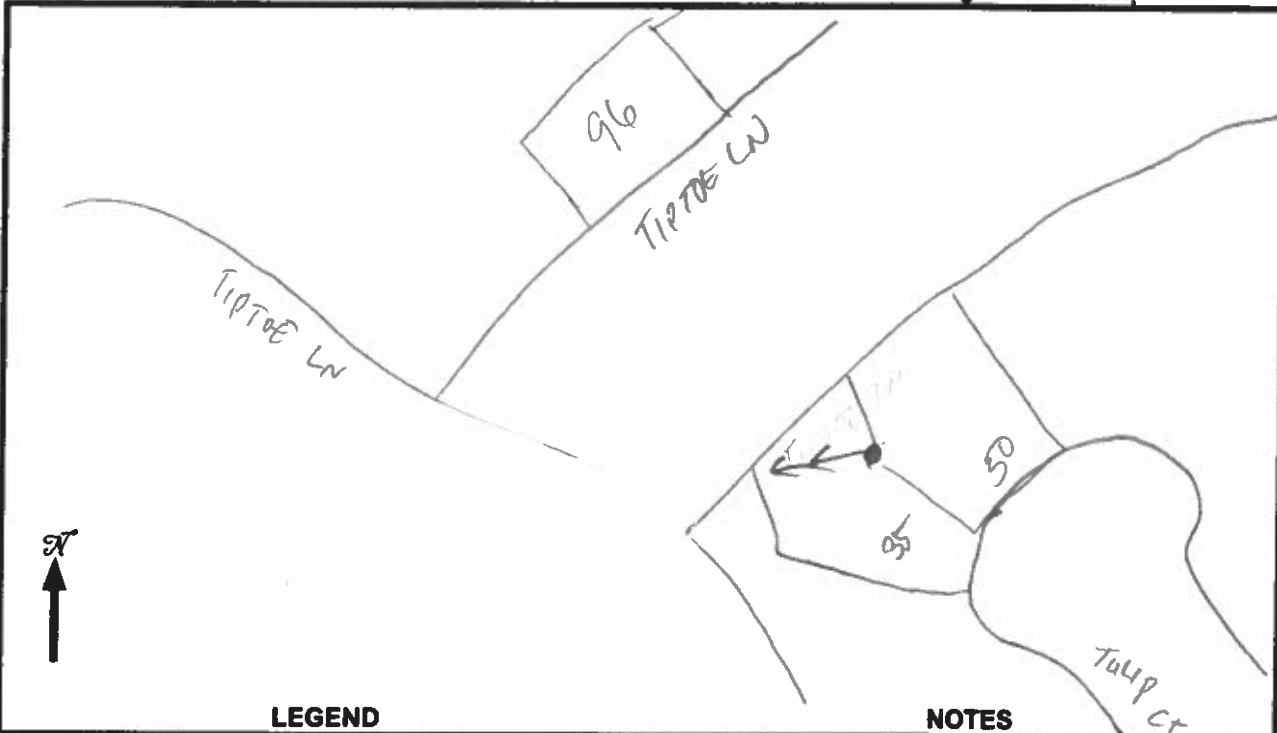
PRIORITY

Public Impact	<u>1</u>
(Proximity to public facilities, Economic impact, Public health or safety concerns)	Picture No.
Environmental	<u>5</u>
(Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	Picture No.
Access / Safety	<u>1</u>
(Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	Picture No.

LOCATION CRITERIA FORM

Camera No. 840
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → Likely spill path | ▷ Photo Direction |

Asset #: 211
 Completed by: AR
 Date: 2014-01-20
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

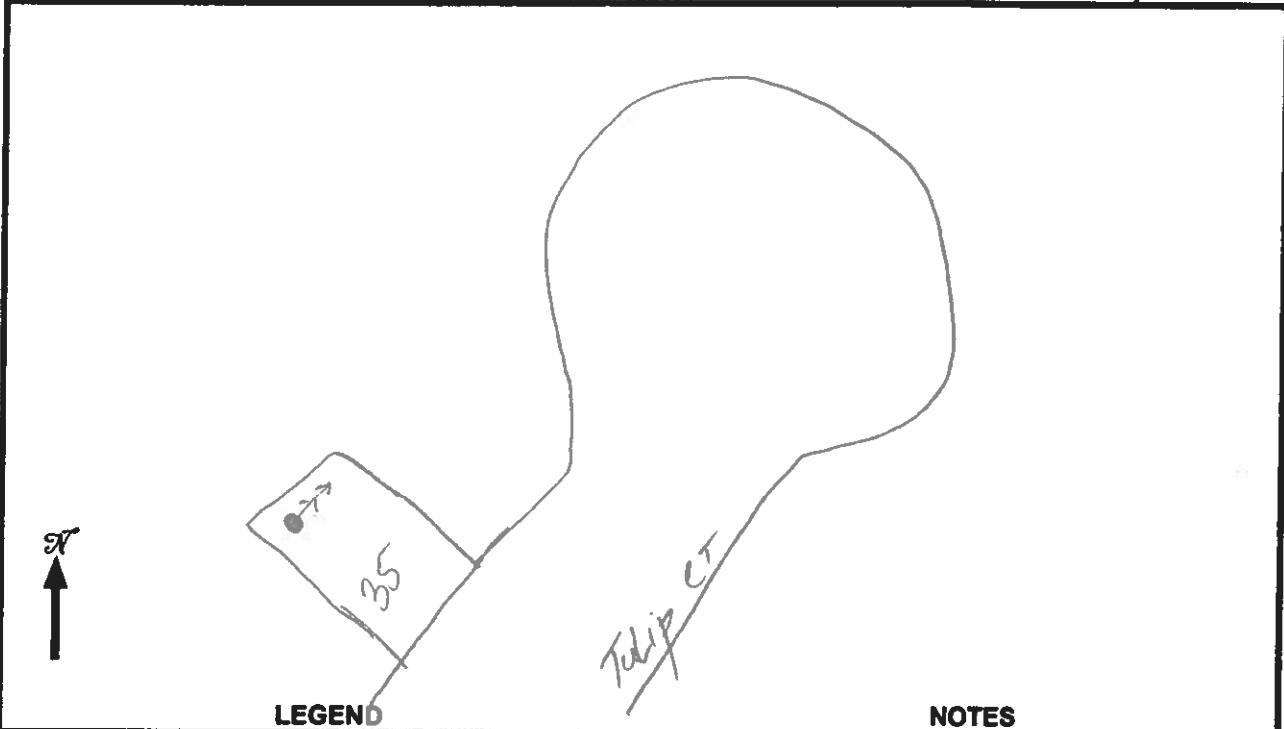
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4
	Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → → Likely spill path | ▷ Photo Direction |

Asset #: 212
 Completed by: AR
 Date: 2011-01-20
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

Fence over mH unable to open

LOCATION DESCRIPTION

Pic 2055 & 2056

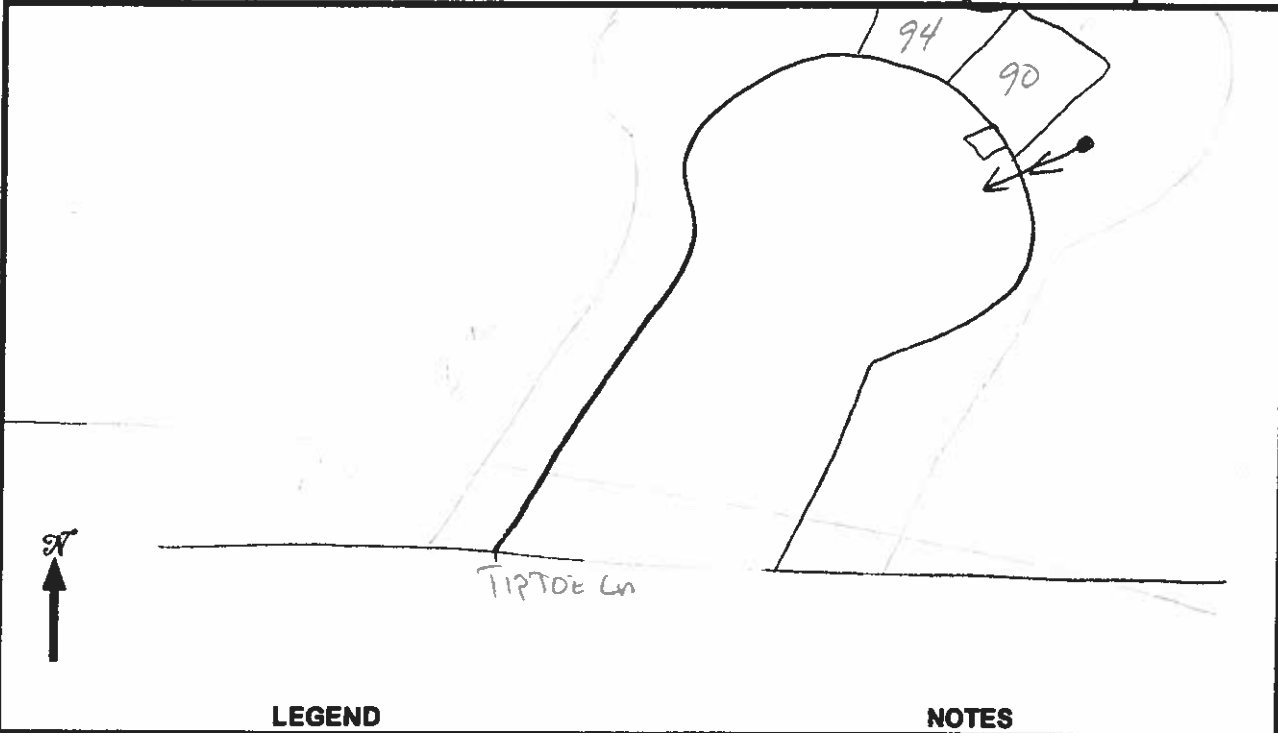
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4
	Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → Likely spill path | ▷ Photo Direction |

Asset #: 213
 Completed by: AR
 Date: 2011-01-20
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

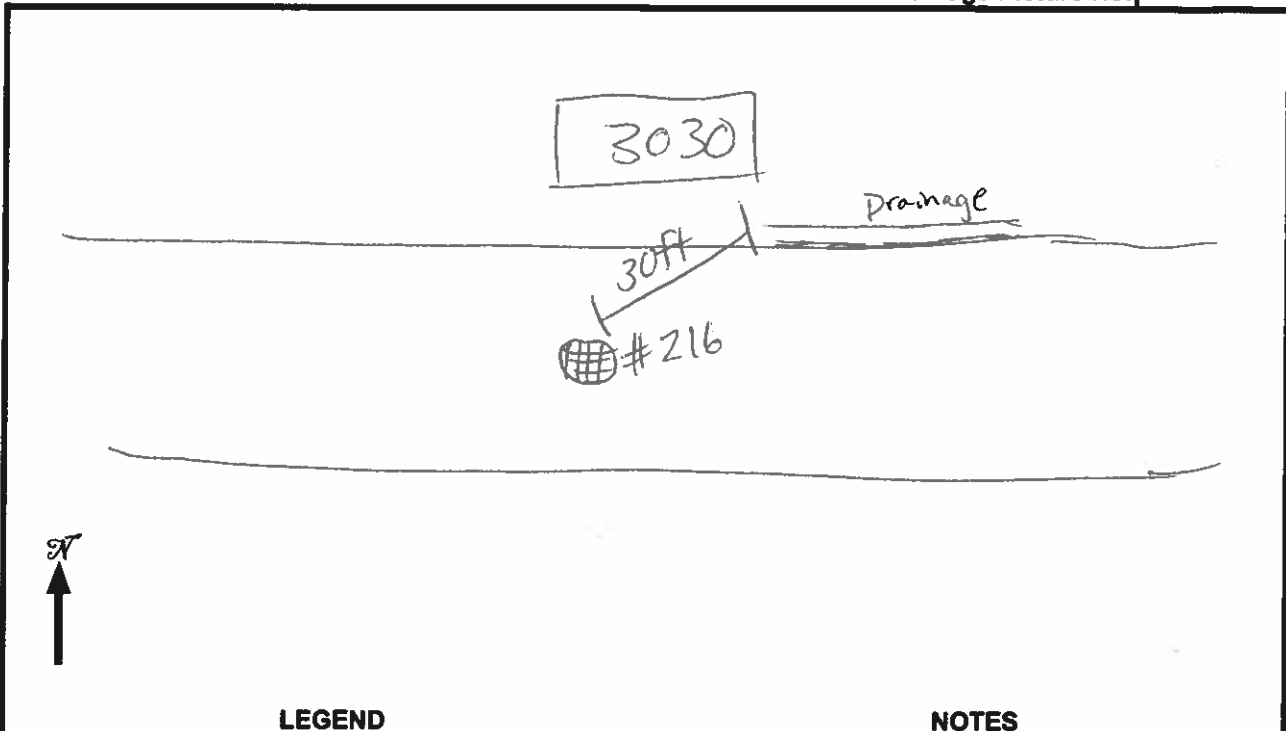
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4
	Picture No.

LOCATION CRITERIA FORM

Camera No. 840
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- → Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 216
 Completed by: BK/RM
 Date: 1-14-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

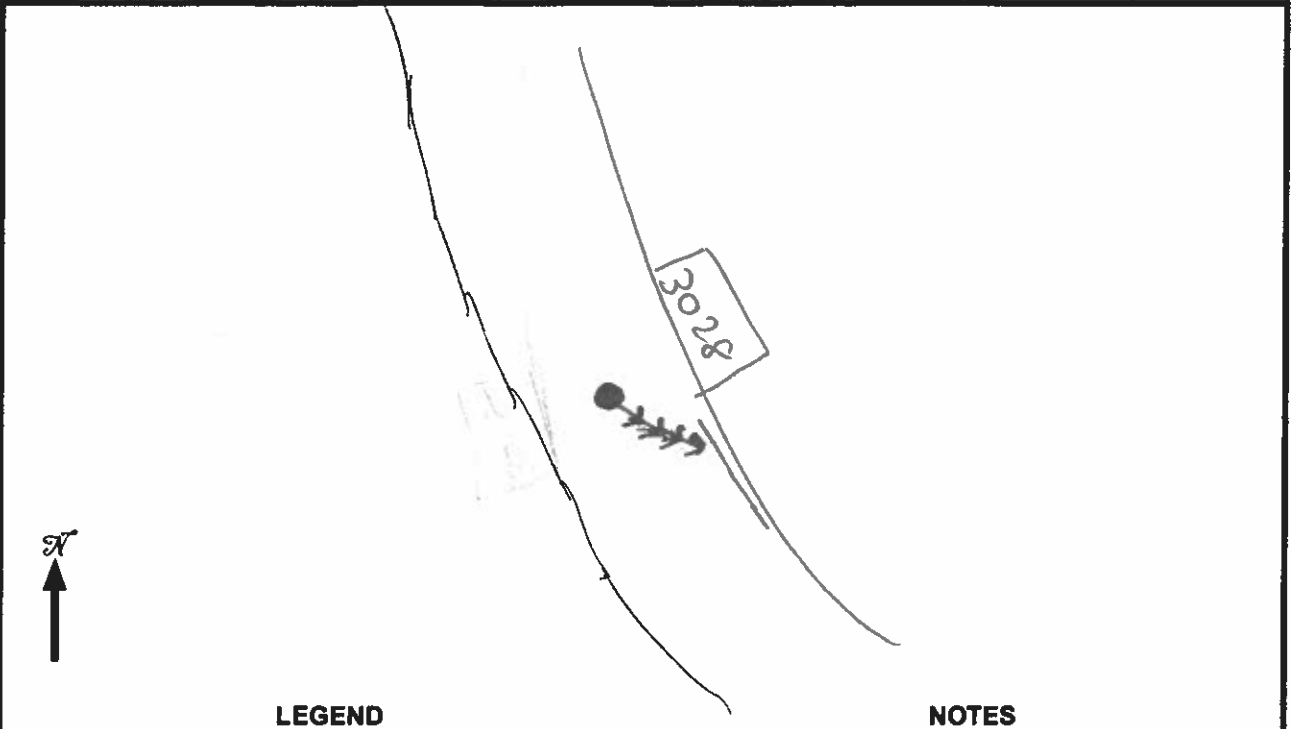
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1 Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5 Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1 Picture No.

LOCATION CRITERIA FORM

Camera No. 840
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|--------------------------|-------------------|
| ———— Sewer Line | ● Sewer MH |
| - - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → → Likely spill path | ▷ Photo Direction |

NOTES

Asset #: 217
 Completed by: SS
 Date: 2011-06-14
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

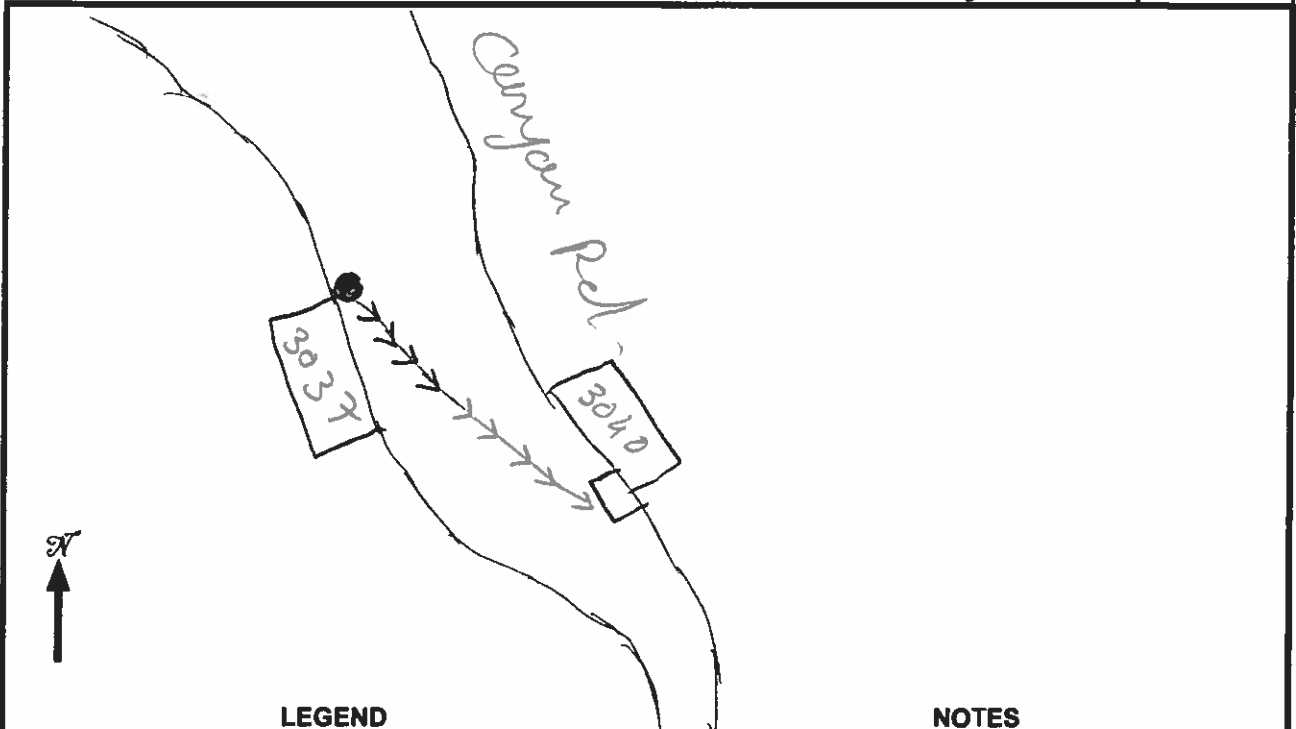
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1 Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4 Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1 Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|--|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line →→ Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|--|---|

NOTES

Asset #:	218
Completed by:	SS
Date:	2011-01-14
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

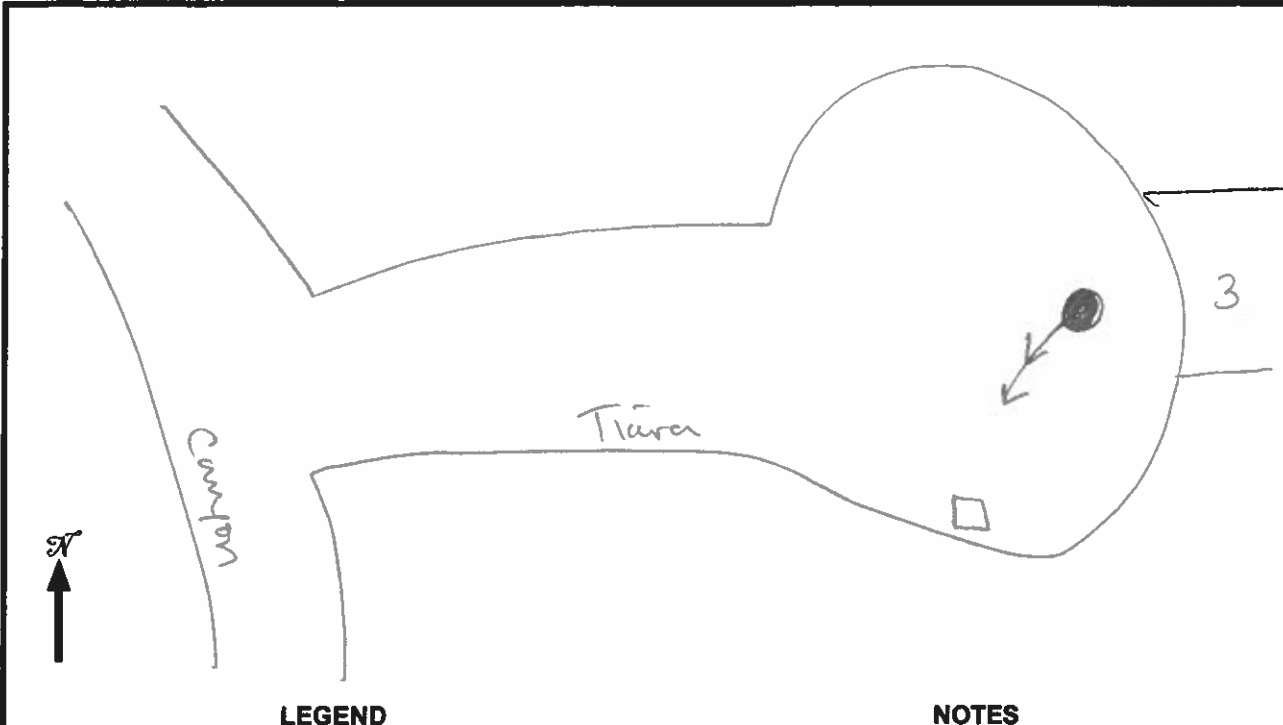
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
Picture No.	
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
Picture No.	
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
Picture No.	

LOCATION CRITERIA FORM

Camera No. 840
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → → Likely spill path | ▷ Photo Direction |

NOTES

Asset #: 219
 Completed by: S. AR
 Date: 2011-01-17
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

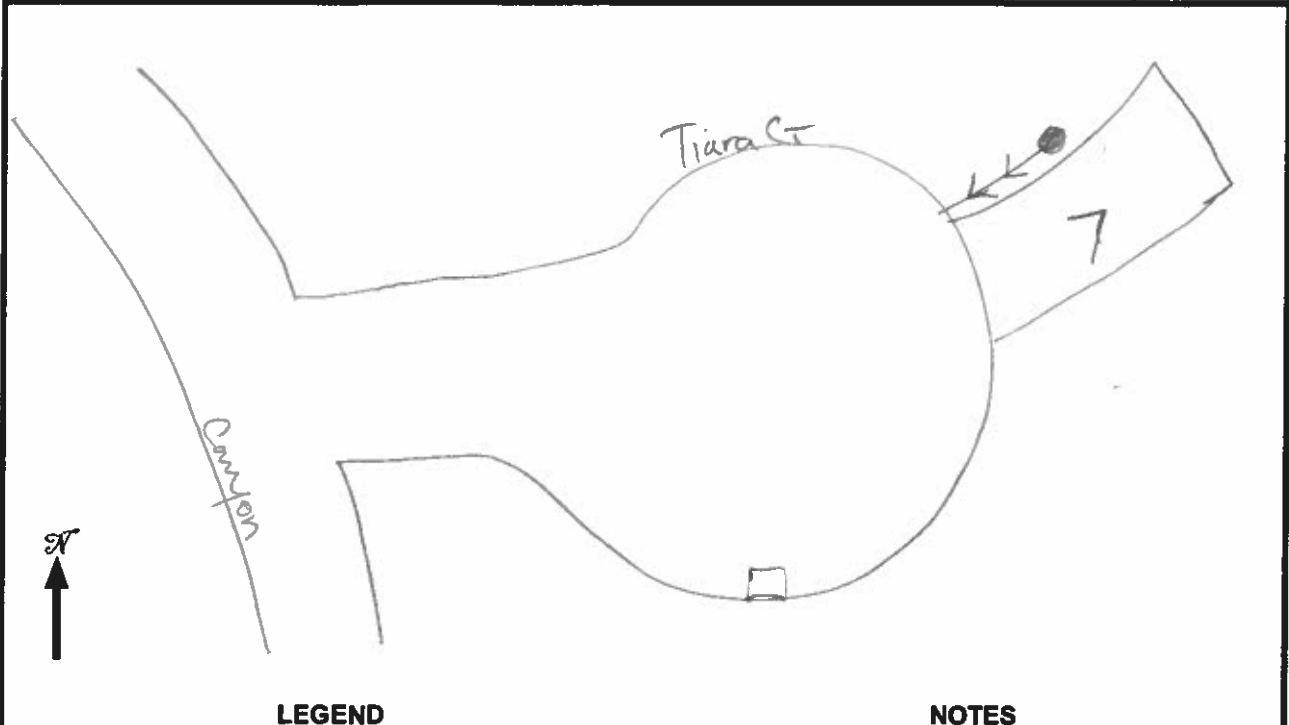
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	<u>1</u>
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	<u>4</u>
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	<u>1</u>
	Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → Likely spill path | ▷ Photo Direction |

NOTES

Asset #:	220
Completed by:	AC
Date:	2011-01-17
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4
	Picture No.

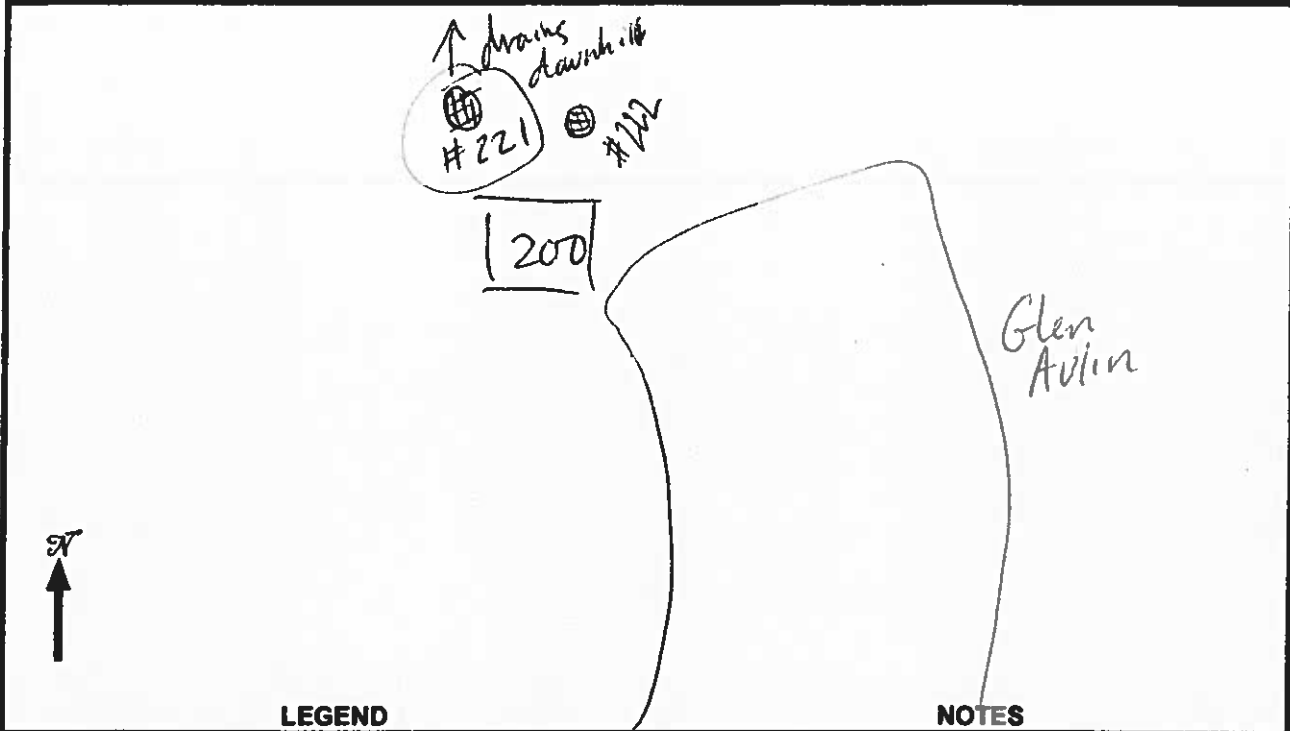
LOCATION CRITERIA FORM

Camera No. 485

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 221
 Completed by: RM/BK
 Date: 1-27-11

O & M HISTORY (Applies to manhole and segment downstream of manhole)

Inspection #: _____
 Group Project#: _____

LOCATION DESCRIPTION **PRIORITY**

Public Impact 1
 (Proximity to public facilities, Economic impact, Public health or safety concerns) Picture No.

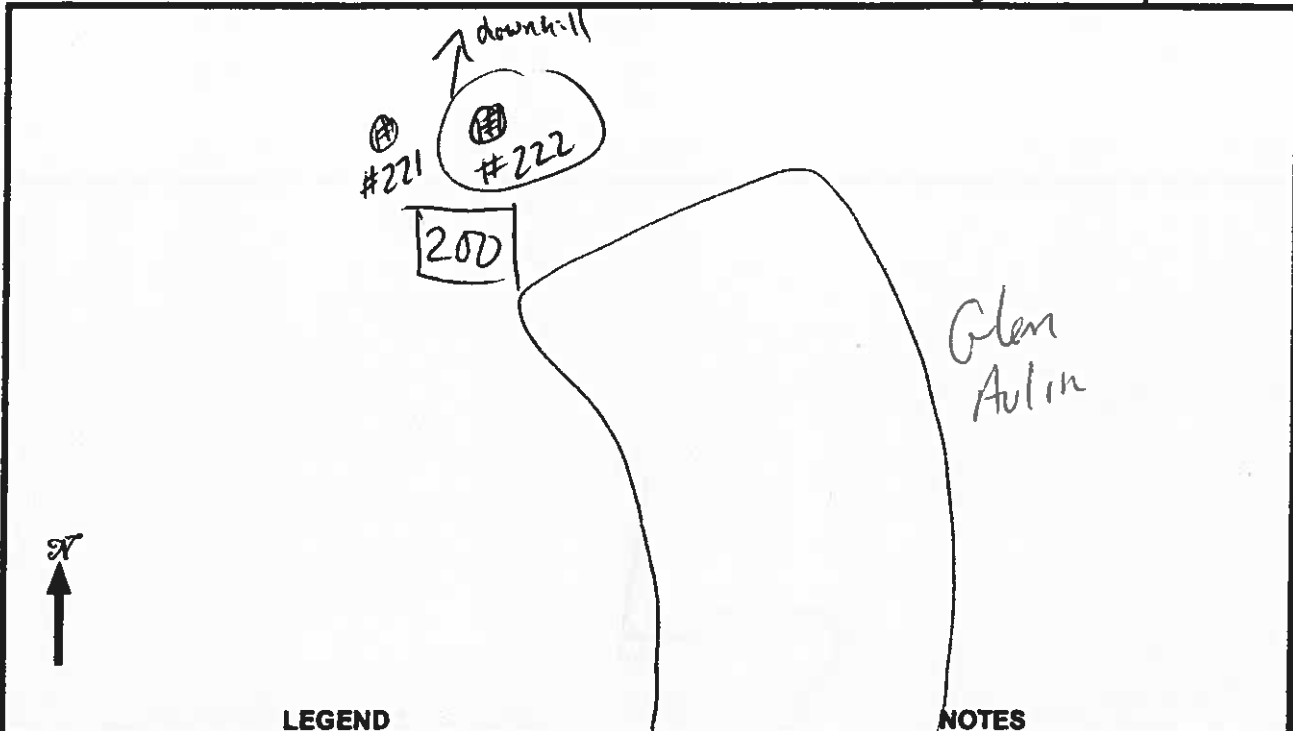
Environmental 5
 (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions) Picture No.

Access / Safety 1
 (Safe, readily accessible area, Traffic level, Strategic importance to operation of system) Picture No.

LOCATION CRITERIA FORM

Camera No.	885
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- | | |
|---|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line → → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|---|---|

Asset #: 222

Completed by: RM/BK

Date: 1-27-11

Inspection #: _____

Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION	PRIORITY
Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

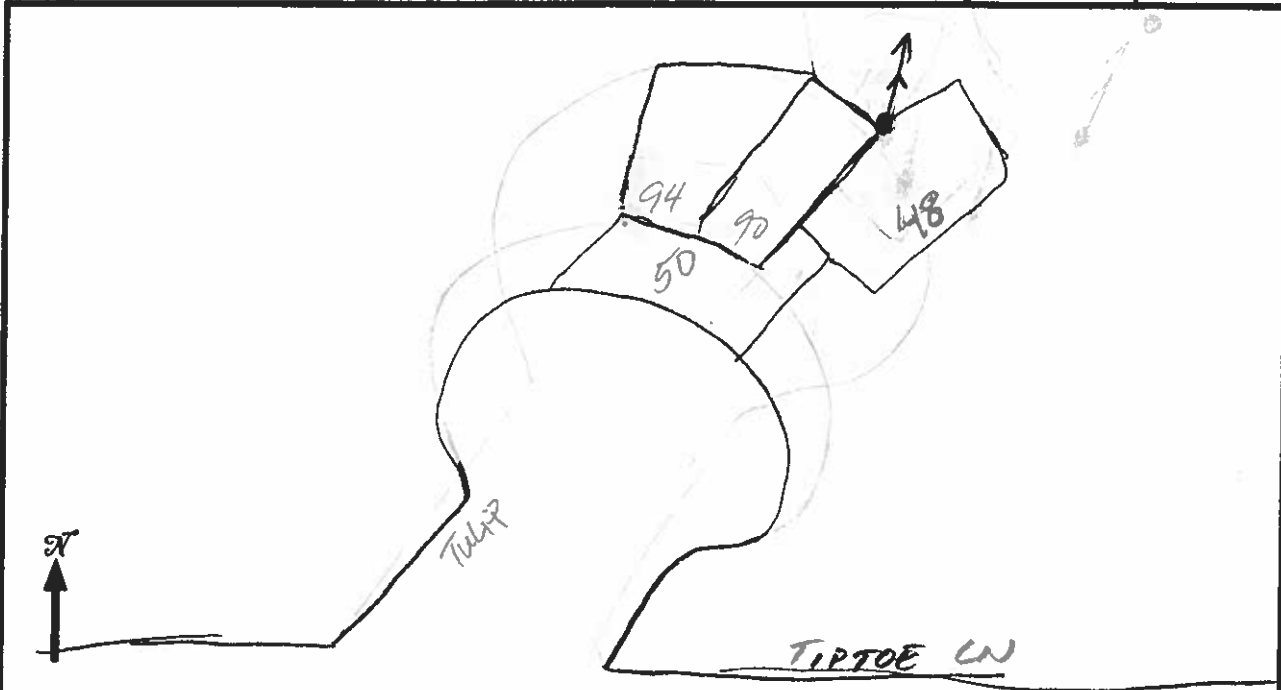
LOCATION CRITERIA FORM

Camera No. 840

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 223

Completed by: AR

Date: 2011-01-20

Inspection #: _____

Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact
(Proximity to public facilities, Economic impact, Public health or safety concerns)

1
Picture No.

Environmental
(Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)

4
Picture No.

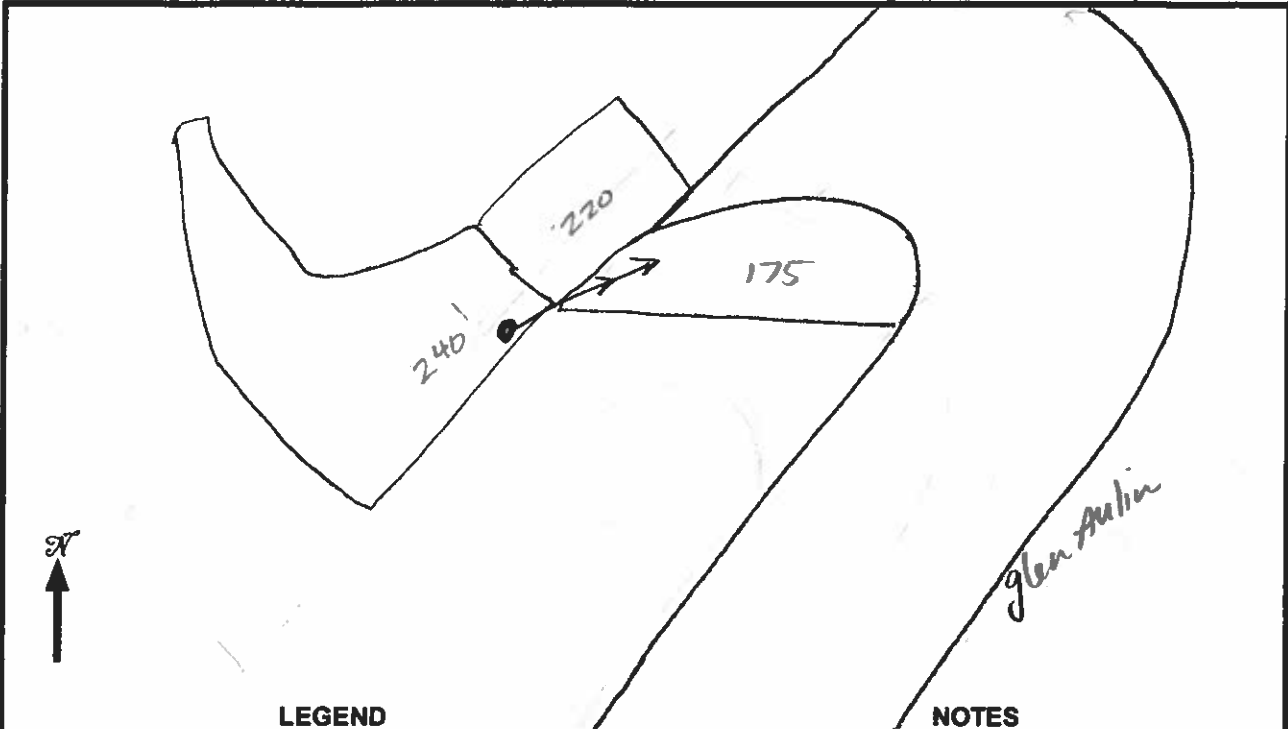
Access / Safety
(Safe, readily accessible area, Traffic level, Strategic importance to operation of system)

4
Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|---|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line → → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|---|---|

NOTES

Asset #:	224
Completed by:	AR
Date:	2011-01-18
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION	PRIORITY
----------------------	----------

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.

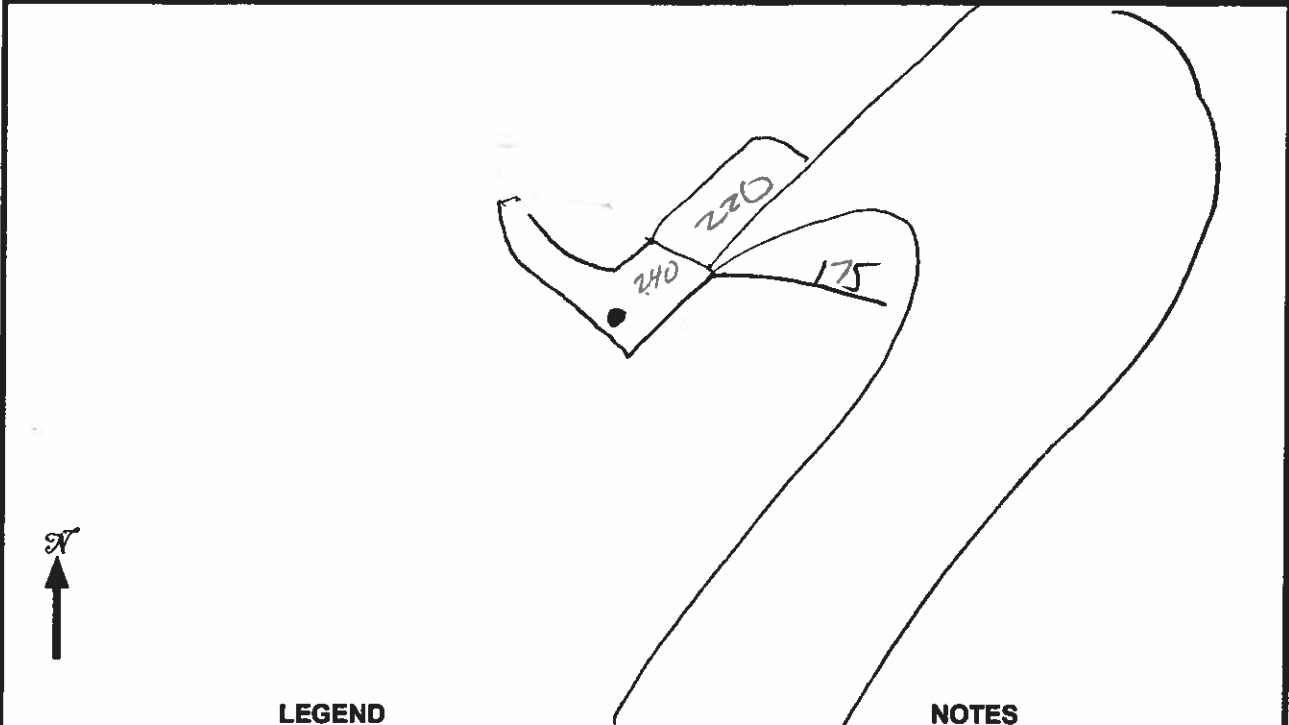
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.

Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No.	290
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|---|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line → → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|---|---|

NOTES

Asset #:	225
Completed by:	AR
Date:	2011-01-18
Inspection #:	
Group Project#:	

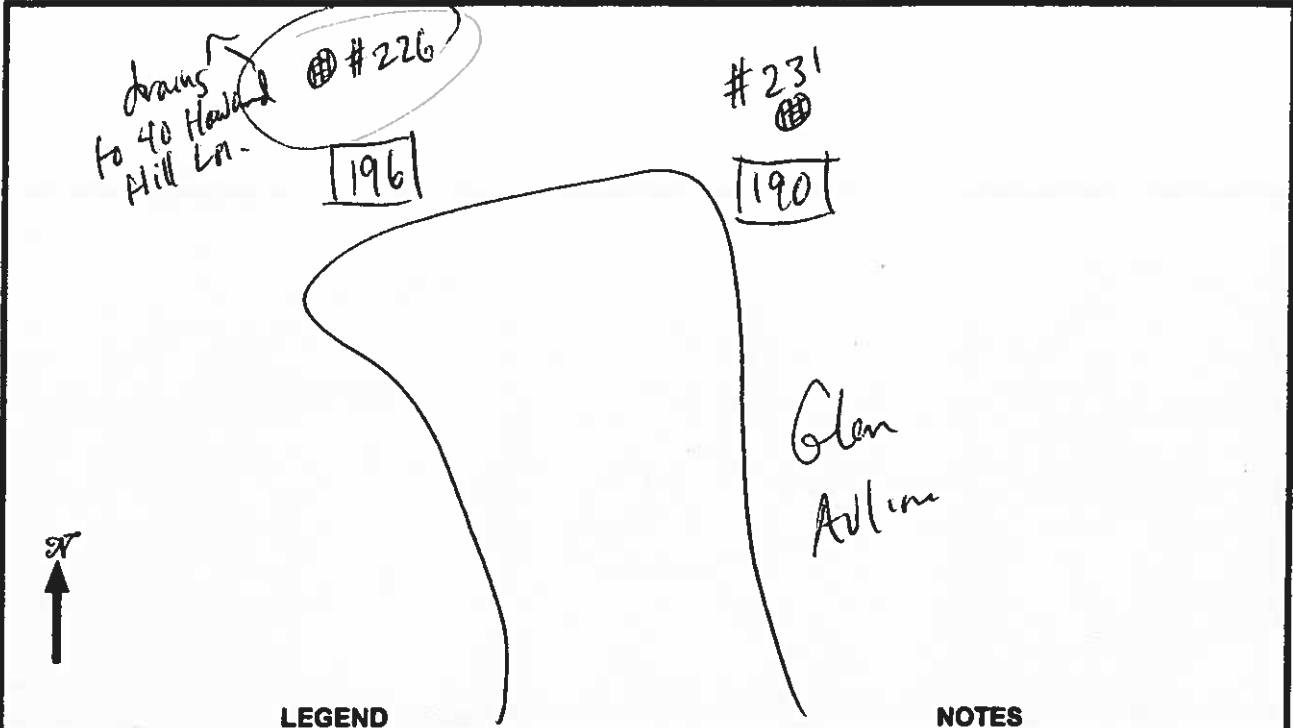
O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION	PRIORITY
Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No.	885
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- | | |
|---|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line → → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|---|---|

Asset #: 226
 Completed by: KM/BK
 Date: 1-27-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

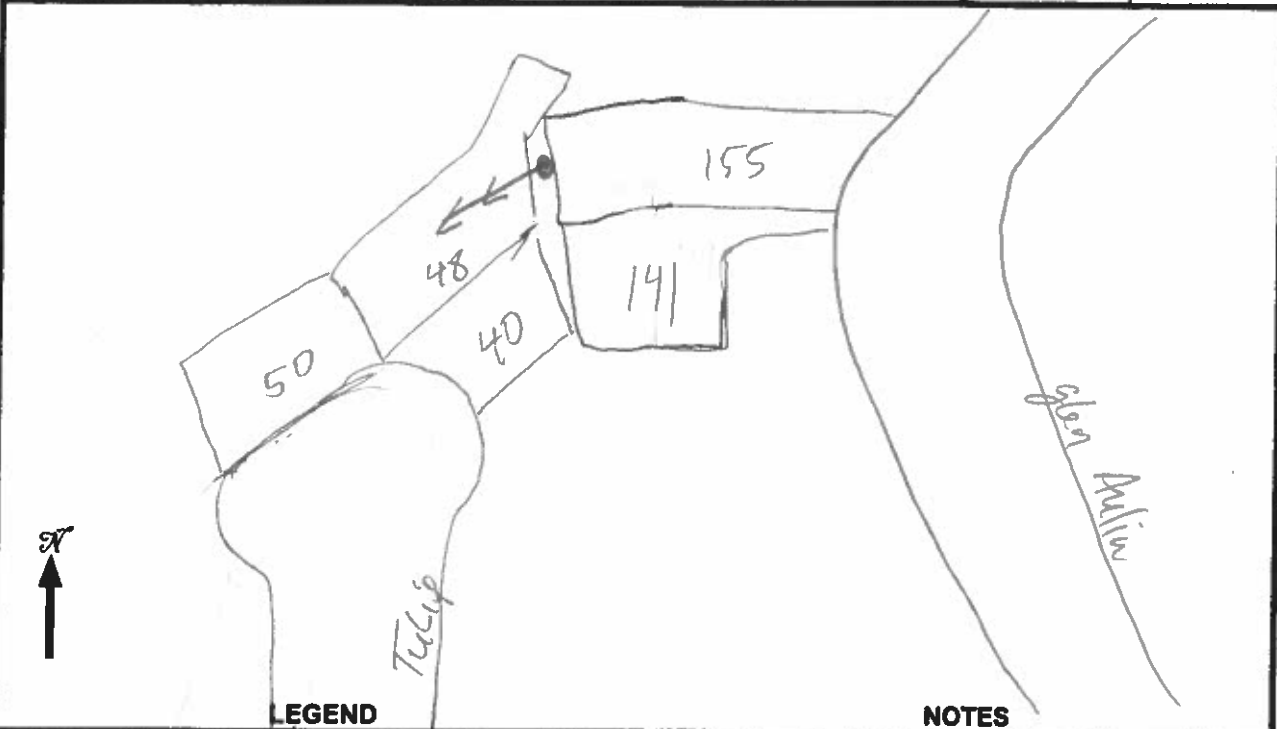
LOCATION CRITERIA FORM

Camera No. 840

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 227

Completed by: AP

Date: 2011-01-25

Inspection #: _____

Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

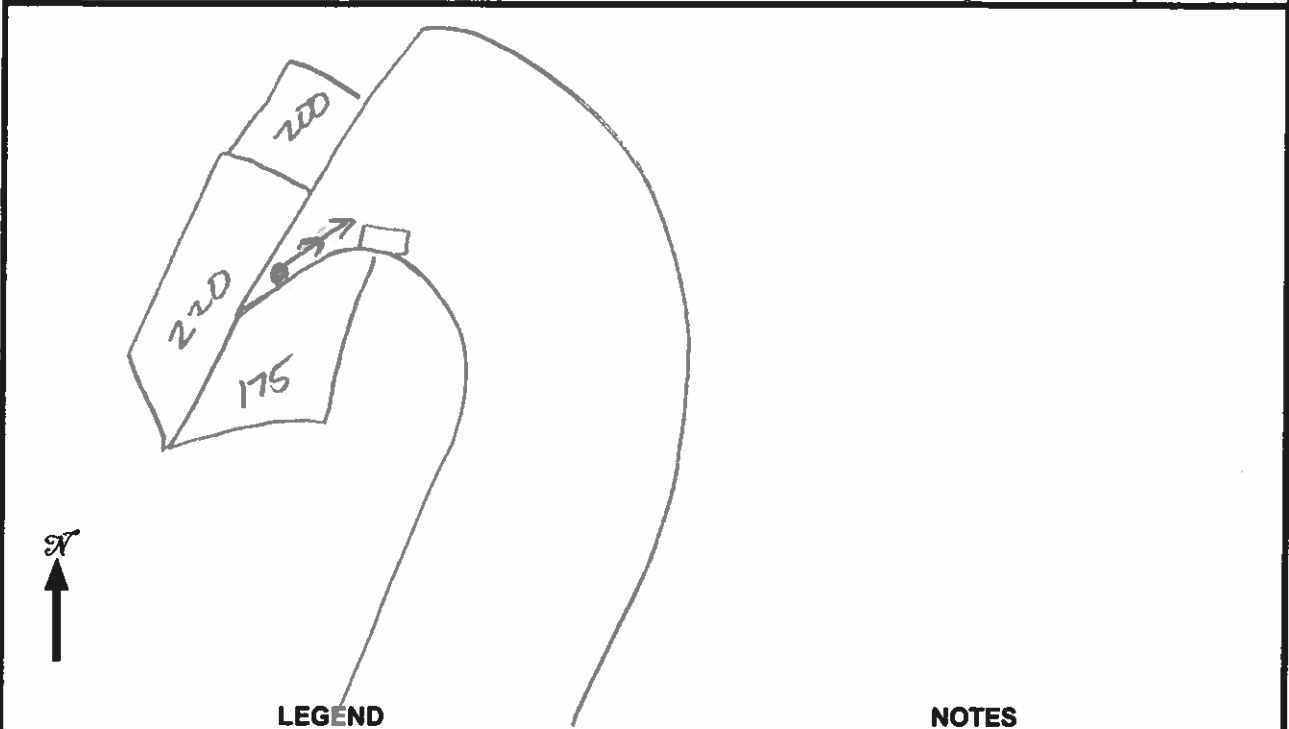
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No. _____
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No. _____
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4
	Picture No. _____

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → → Likely spill path | ▷ Photo Direction |

Asset #:	228
Completed by:	AR
Date:	2011-01-18
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION	PRIORITY
----------------------	----------

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	/
	Picture No.

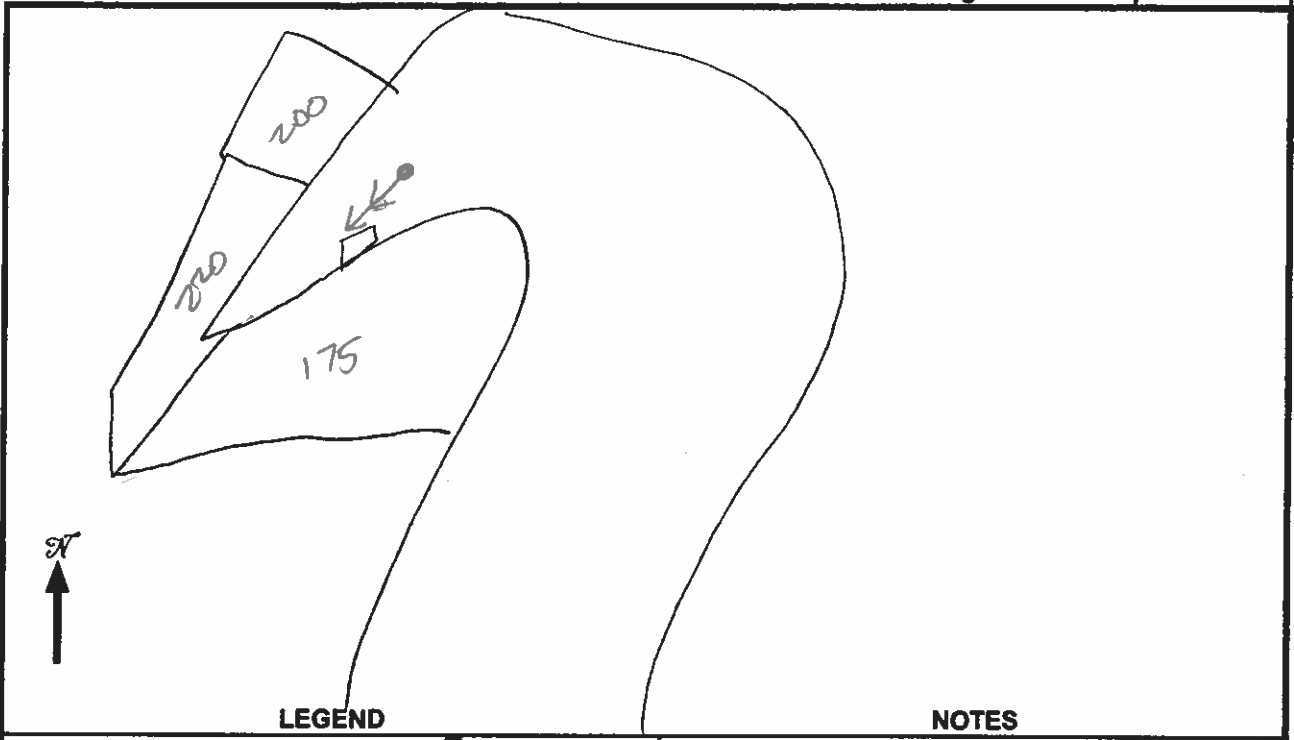
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.

Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	/
	Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- | | |
|---|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet X Valve ▽ Photo Direction |
|---|---|

Asset #: 229

Completed by: AR

Date: 2011-01-18

Inspection #: _____

Group Project#: _____

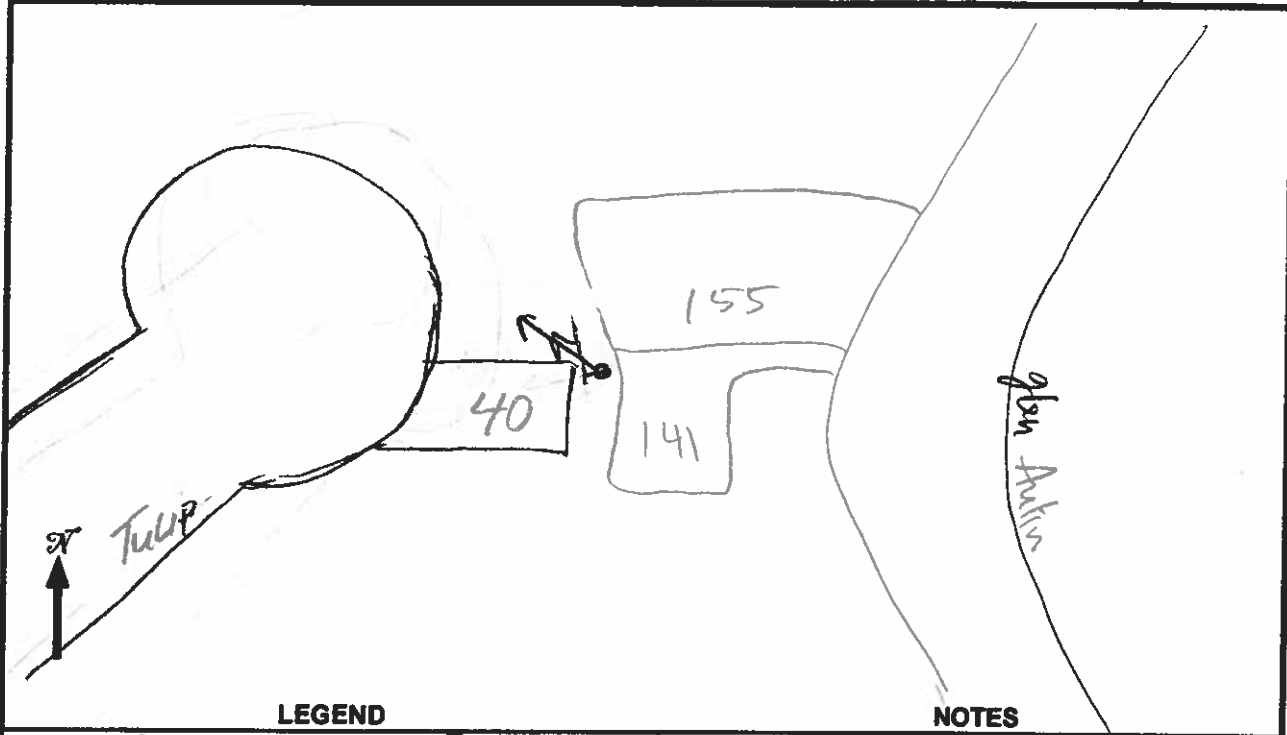
O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION	PRIORITY
Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

LOCATION SKETCH BY SANITARY SEWER MANHOLE

Camera No. 840
 General Picture No. _____
 Drainage Picture No. _____



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- → Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 230
 Completed by: AR
 Date: 2011-01-25
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

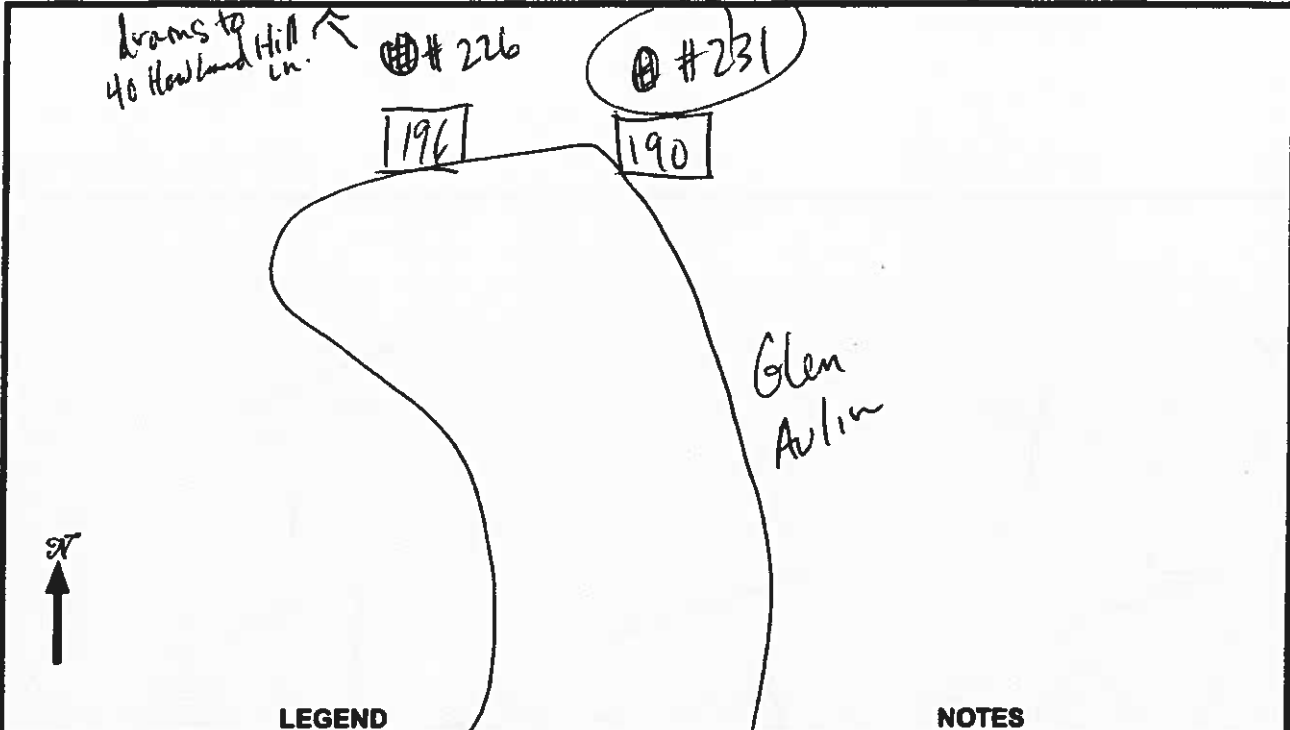
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4
	Picture No.

LOCATION CRITERIA FORM

Camera No. 885
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 231
 Completed by: RM / BK
 Date: 1-27-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

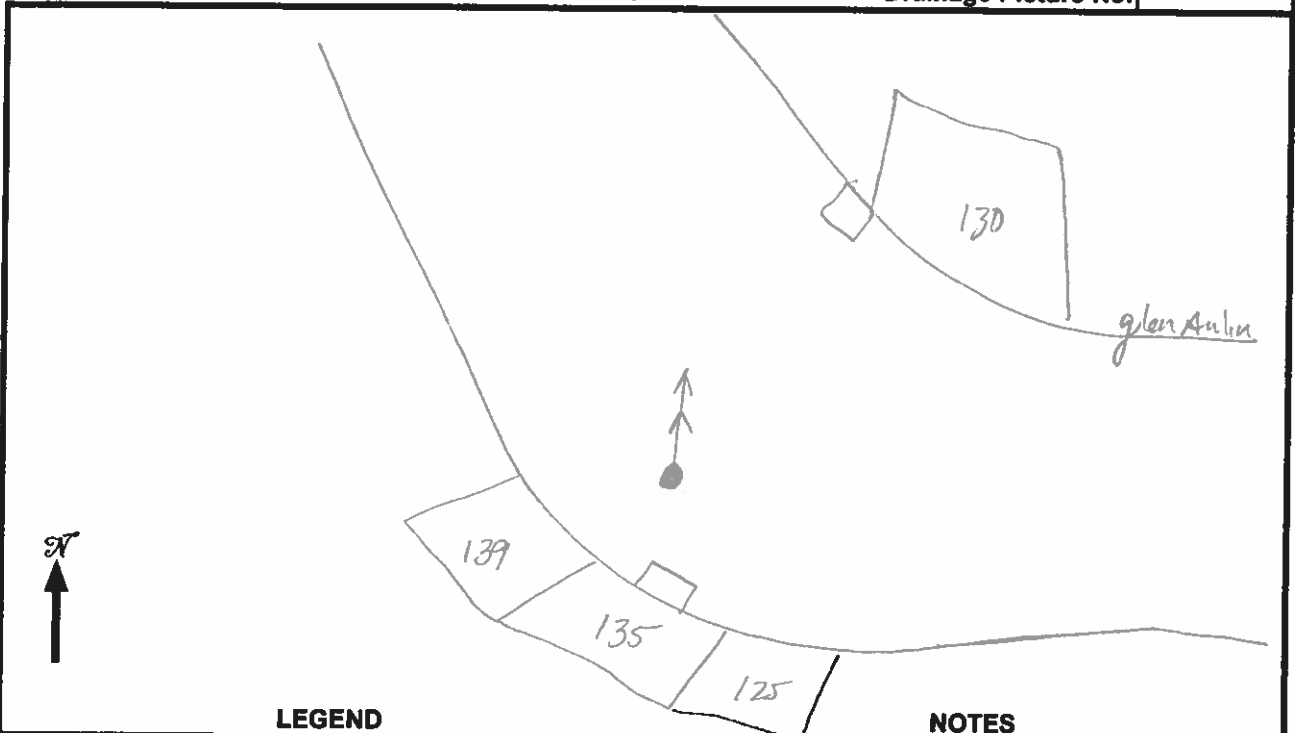
LOCATION CRITERIA FORM

Camera No. 840

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 232
 Completed by: AR
 Date: 2011-11-18
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	/
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	/
	Picture No.

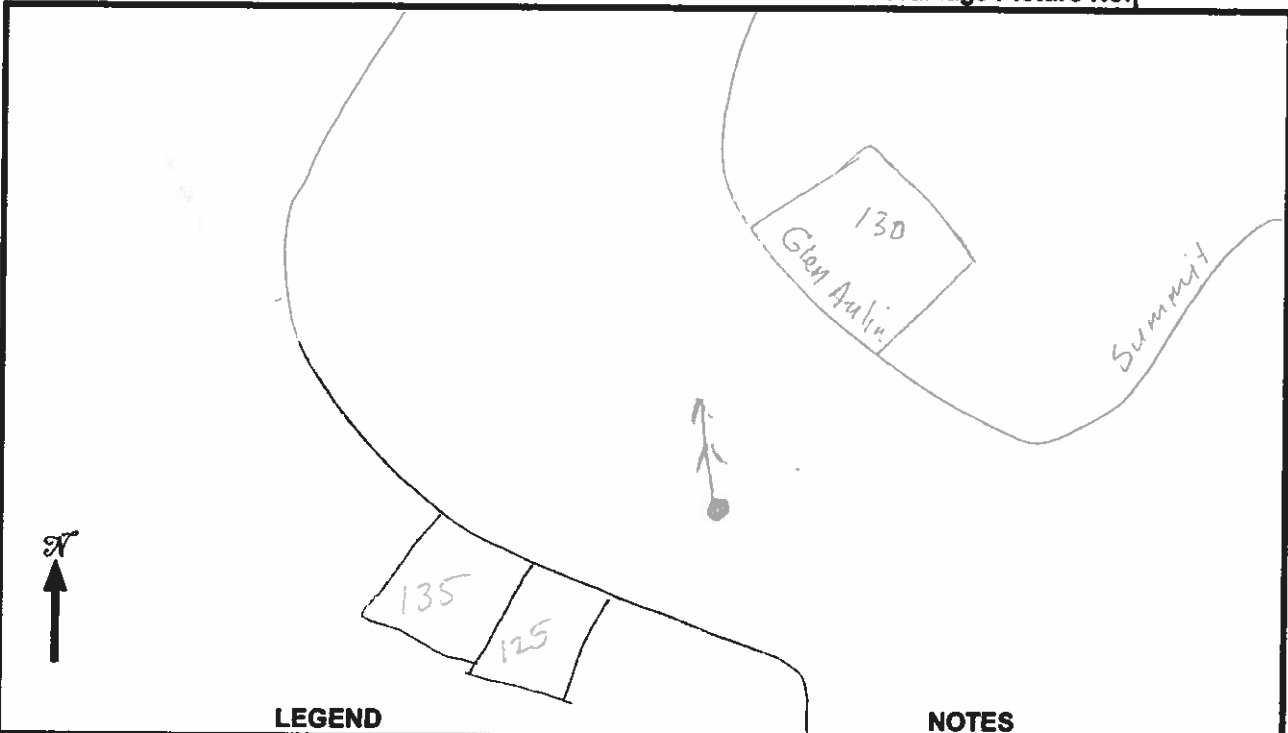
LOCATION CRITERIA FORM

Camera No. 870

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 233
 Completed by: AR
 Date: 2011-01-18
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

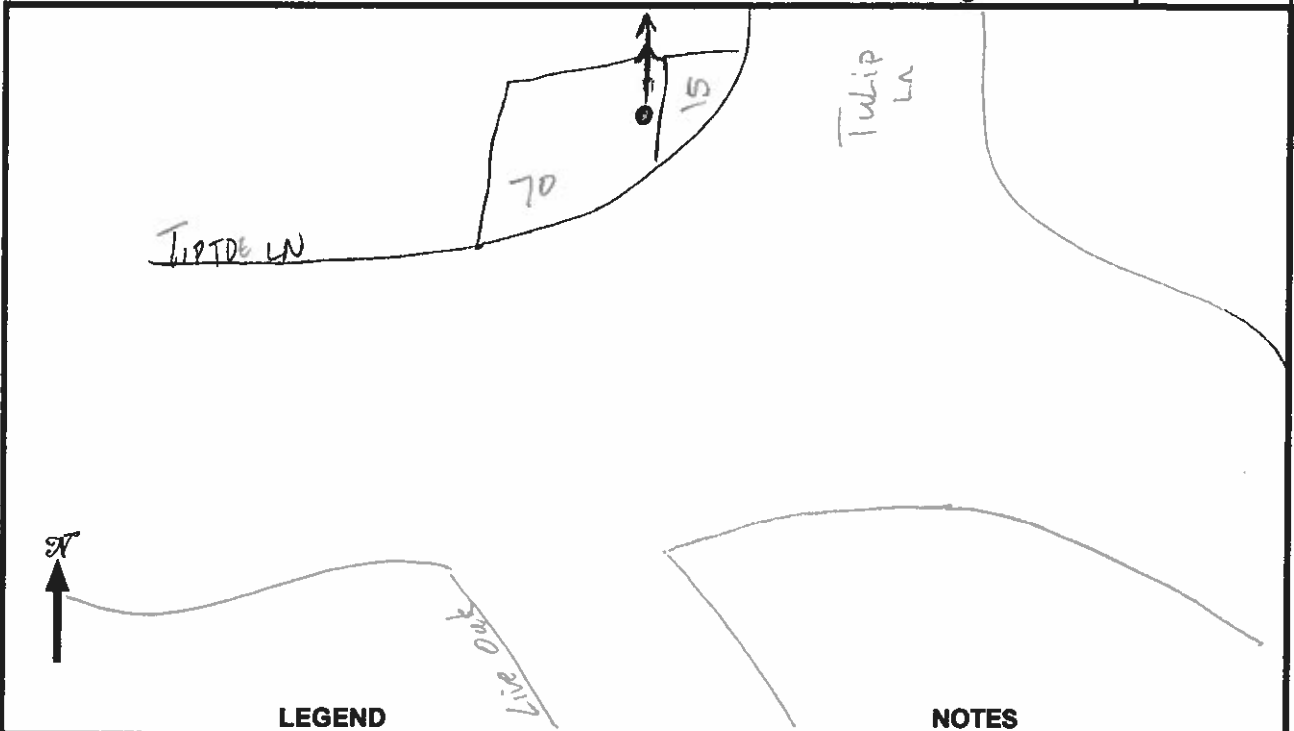
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	/
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	/
	Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → → Likely spill path | ▷ Photo Direction |

NOTES

Asset #: 234
 Completed by: AR
 Date: 2011-01-18
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

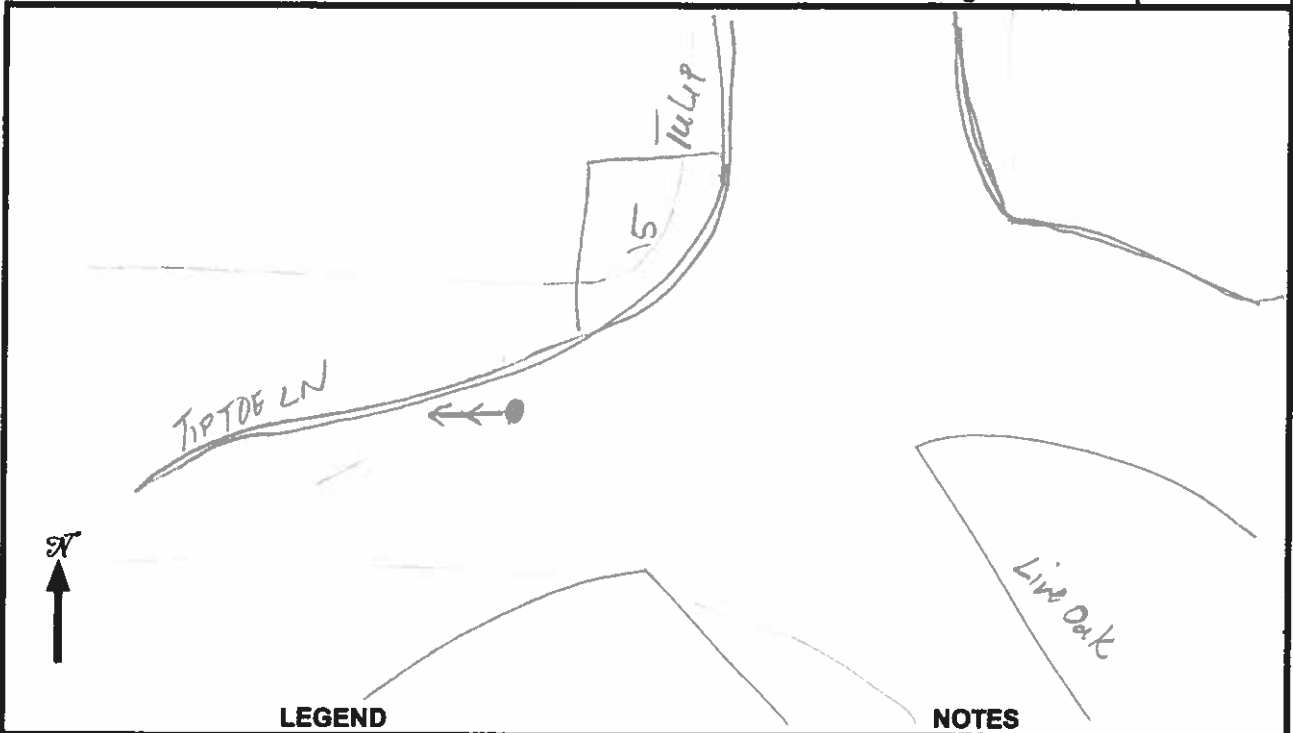
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → → Likely spill path | ▷ Photo Direction |

Asset #: 236
 Completed by: AK
 Date: 2011-01-18
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

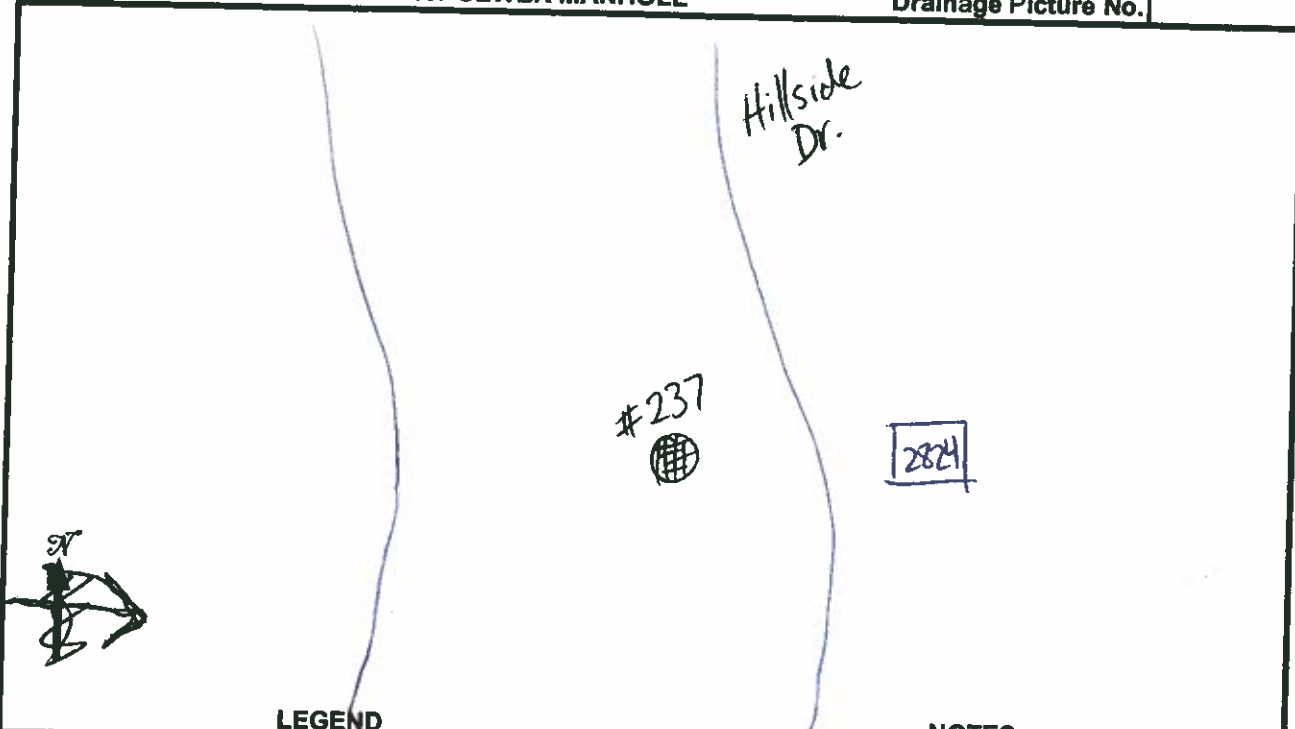
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

LOCATION SKETCH BY SANITARY SEWER MANHOLE

Camera No.	885
General Picture No.	
Drainage Picture No.	



LEGEND

- | | |
|---|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|---|---|

NOTES

Asset #:	237
Completed by:	RM/BK
Date:	1-19-11
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

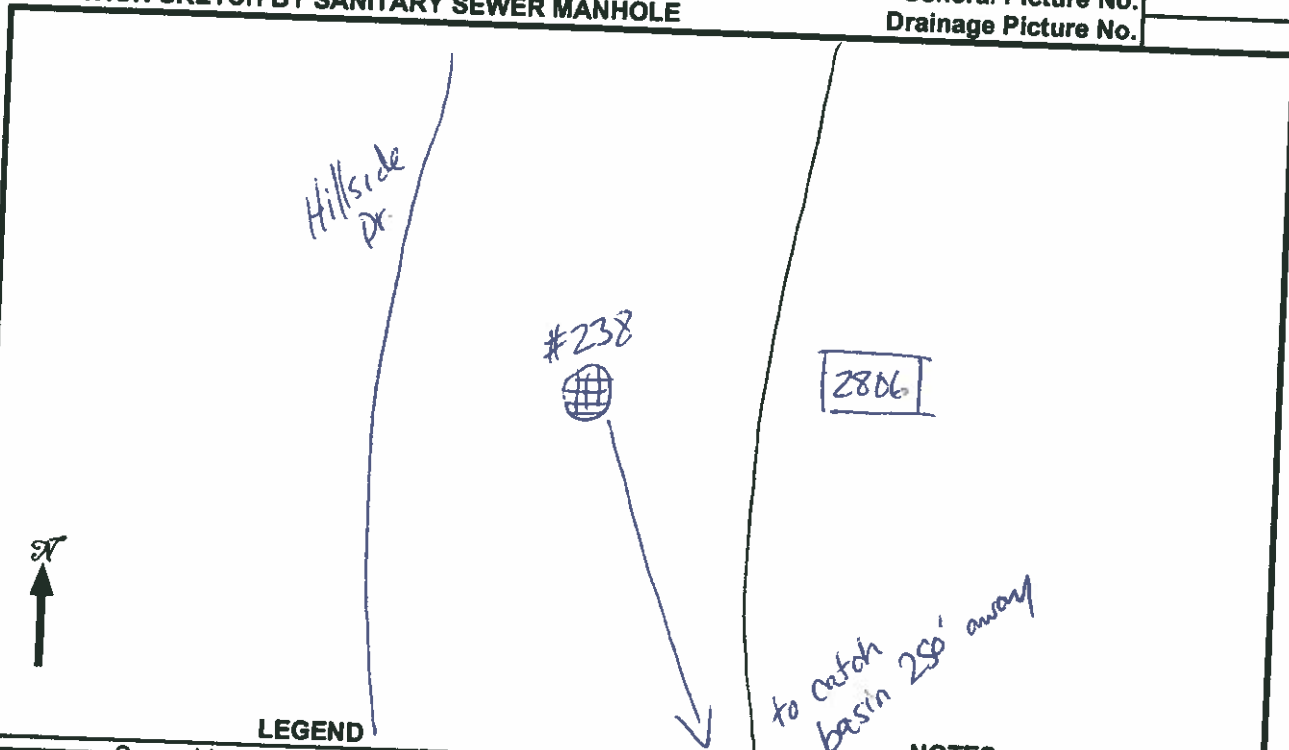
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

LOCATION SKETCH BY SANITARY SEWER MANHOLE

Camera No. 825
 General Picture No. _____
 Drainage Picture No. _____



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- → Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 238
 Completed by: RM/BK
 Date: 1-19-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

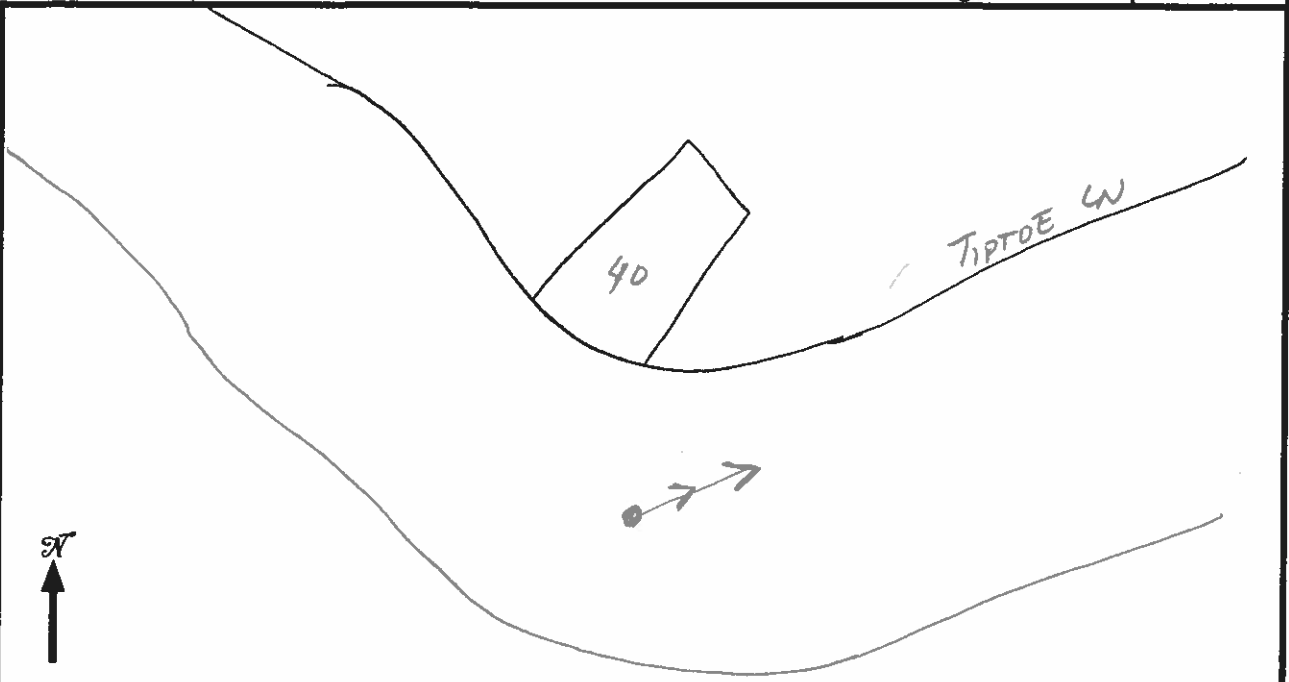
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No. 840
 General Picture No. _____
 Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 239
 Completed by: AR
 Date: 2011-01-18
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

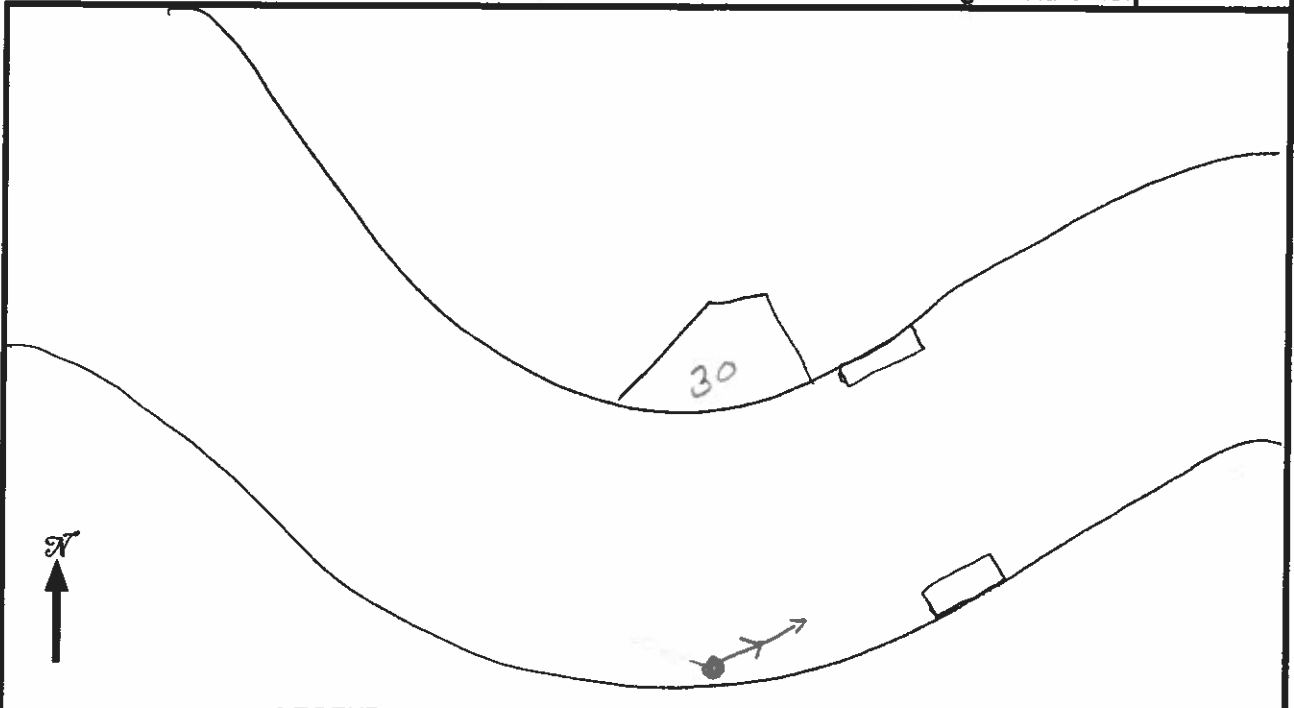
PRIORITY

Public Impact	<u>1</u>
(Proximity to public facilities, Economic impact, Public health or safety concerns)	Picture No.
Environmental	<u>4</u>
(Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	Picture No.
Access / Safety	<u>1</u>
(Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → Likely spill path | ▷ Photo Direction |

NOTES

Asset #:	240
Completed by:	A?
Date:	2011-01-18
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

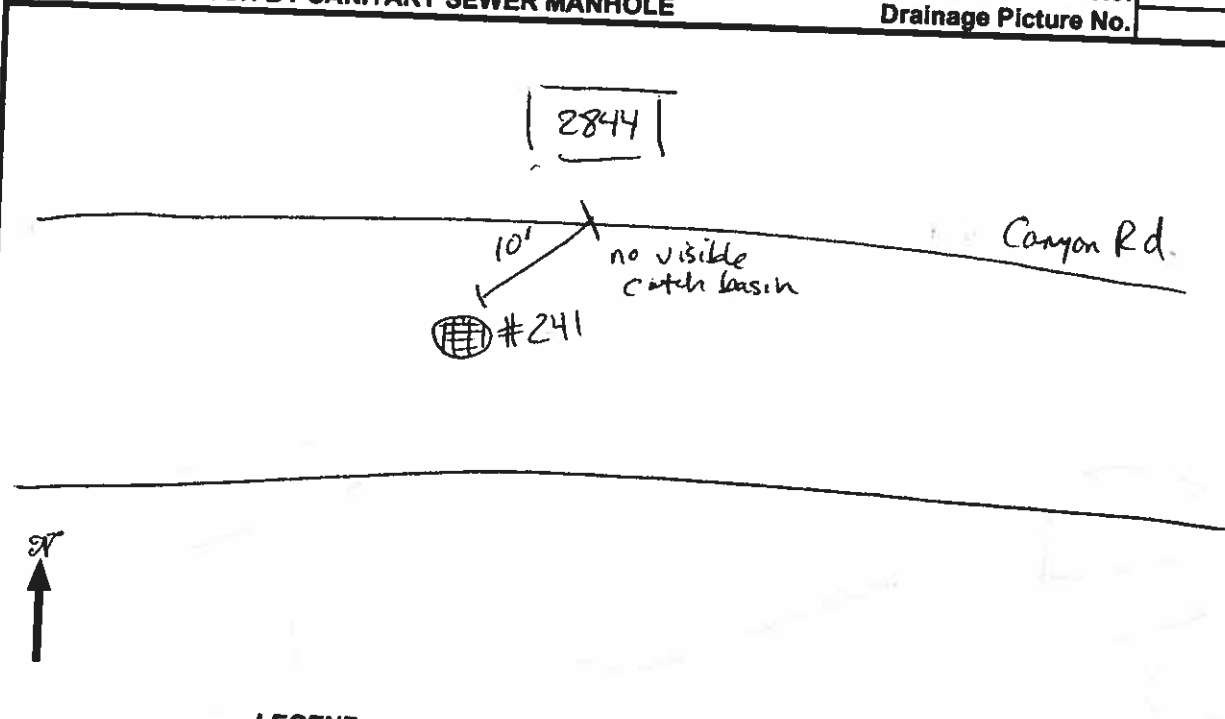
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

LOCATION SKETCH BY SANITARY SEWER MANHOLE

Camera No.	885
General Picture No.	
Drainage Picture No.	



LEGEND

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → → Likely spill path | ▷ Photo Direction |

NOTES

Asset #:	241
Completed by:	BK/RM
Date:	1-18-11
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

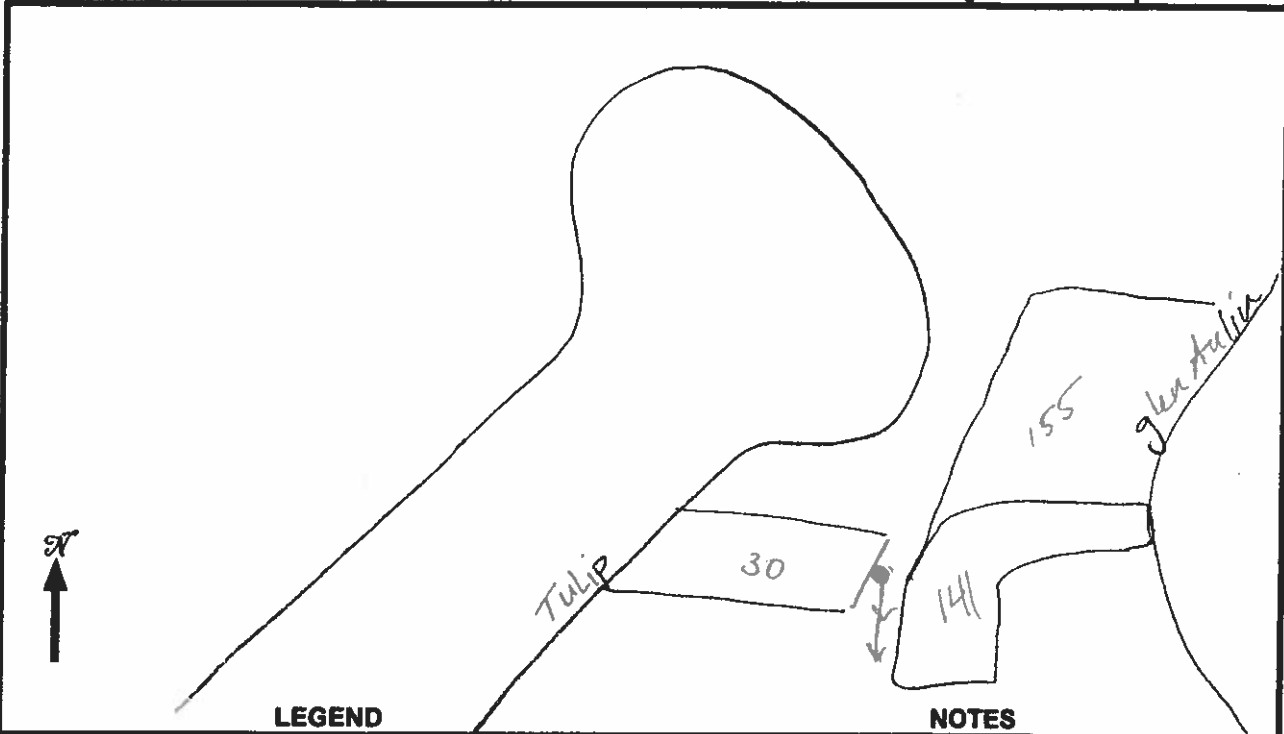
LOCATION DESCRIPTION

Public Impact	PRIORITY
(Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental	PRIORITY
(Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety	PRIORITY
(Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

LOCATION SKETCH BY SANITARY SEWER MANHOLE

Camera No. 040
 General Picture No. _____
 Drainage Picture No. _____



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 243
 Completed by: AR
 Date: 2011-01-25
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4
	Picture No.

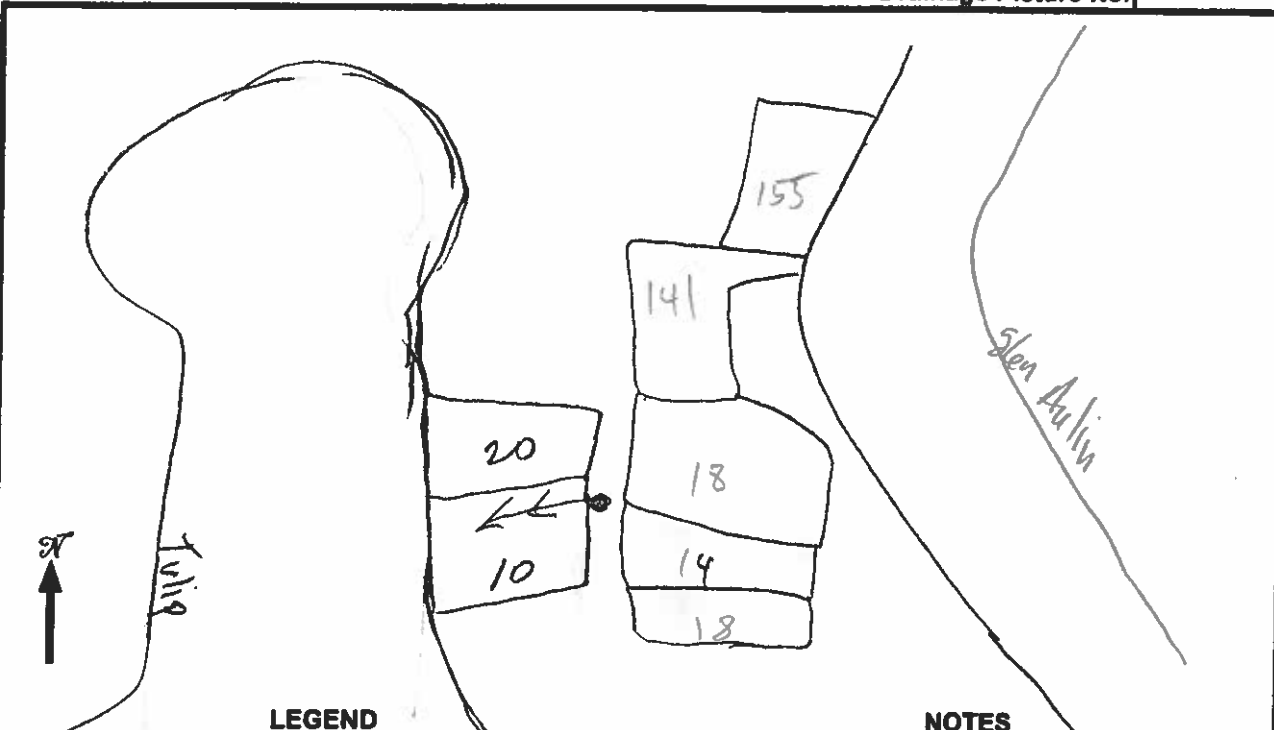
LOCATION CRITERIA FORM

Camera No. 840

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 244
 Completed by: AR
 Date: 2011-01-25
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

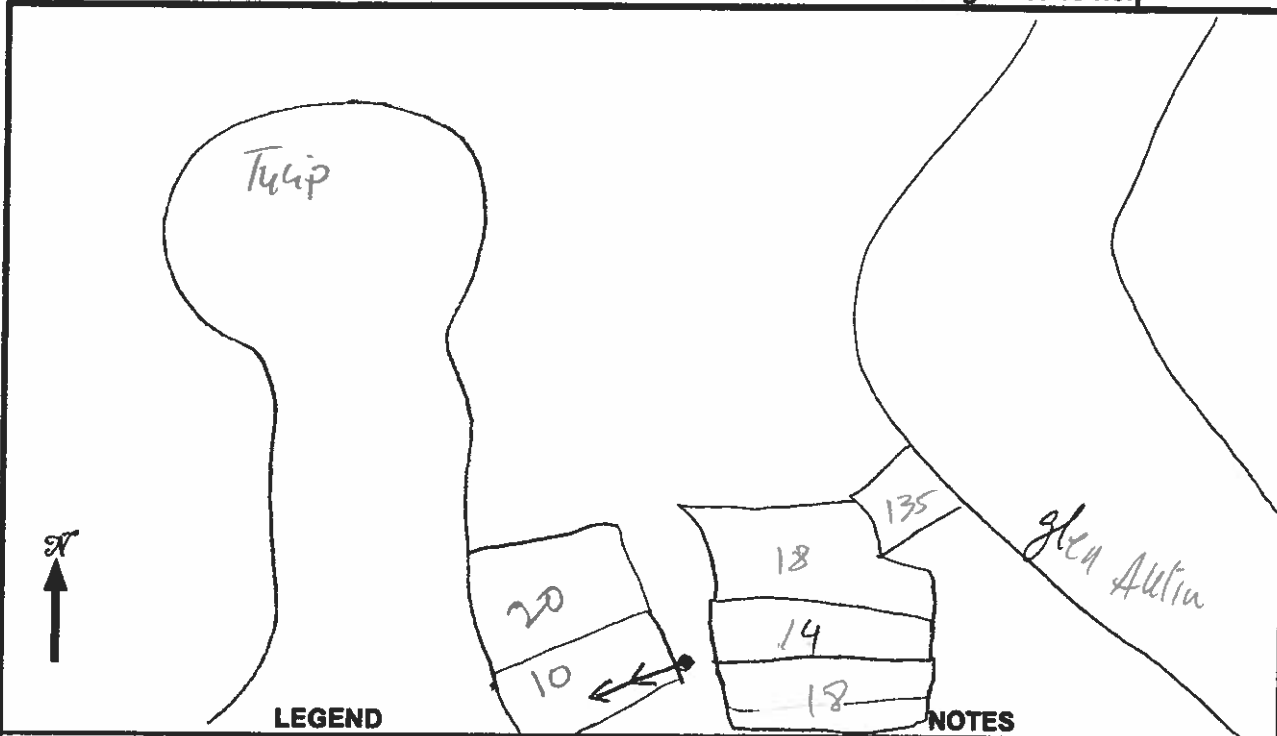
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	<u>1</u>
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	<u>4</u>
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	<u>4</u>
	Picture No.

LOCATION CRITERIA FORM

LOCATION SKETCH BY SANITARY SEWER MANHOLE

Camera No. 840
 General Picture No. _____
 Drainage Picture No. _____



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 245
 Completed by: AR
 Date: 2011-01-28
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

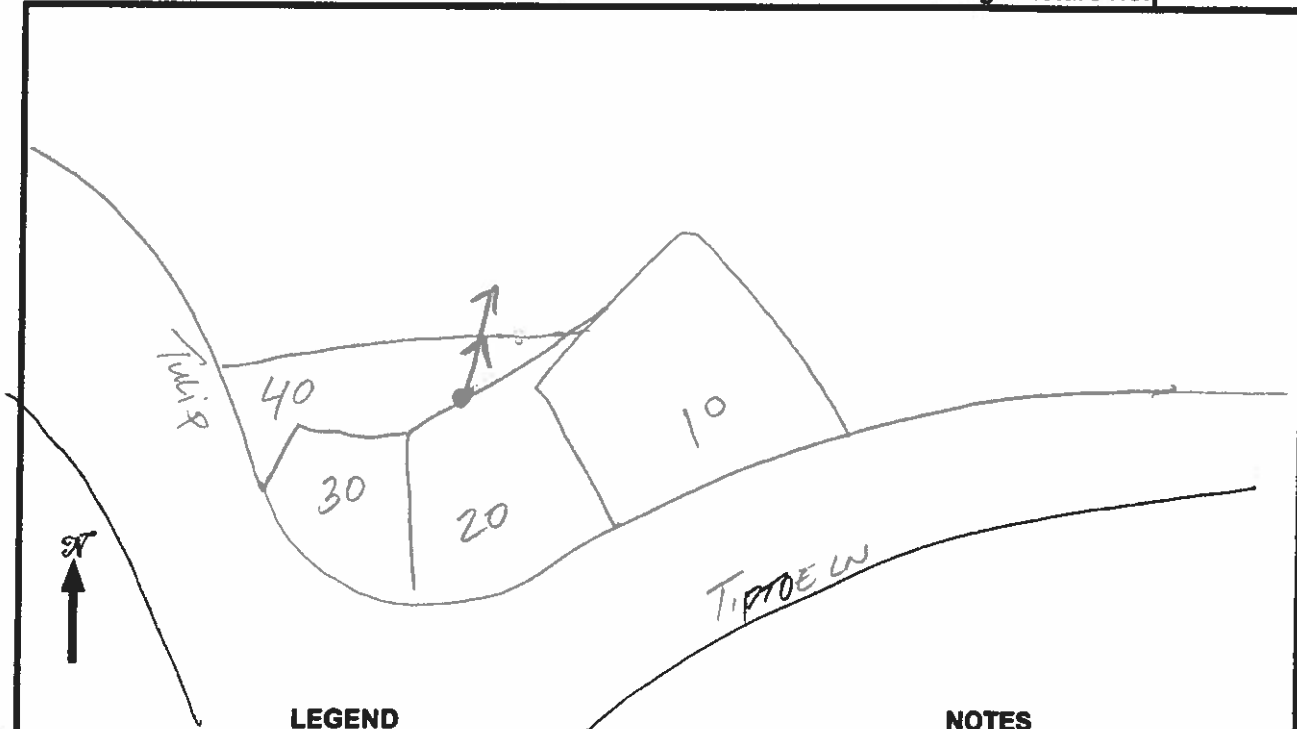
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4
	Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- | | |
|---|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|---|---|

Asset #:	246
Completed by:	AR
Date:	2011-01-25
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
Picture No.	
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
Picture No.	
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4
Picture No.	

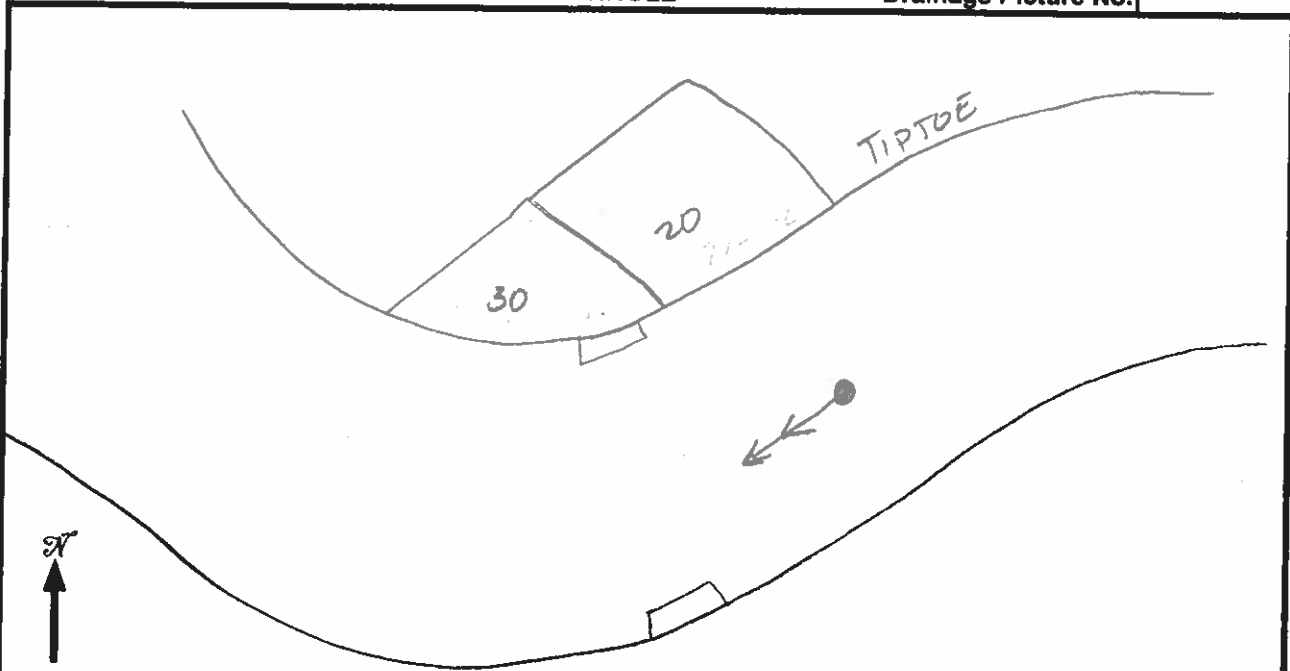
LOCATION CRITERIA FORM

Camera No. 840

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 249

Completed by: AR

Date: 2011-01-18

Inspection #: _____

Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact 1

(Proximity to public facilities, Economic impact, Public health or safety concerns) Picture No.

Environmental 4

(Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions) Picture No.

Access / Safety 1

(Safe, readily accessible area, Traffic level, Strategic importance to operation of system) Picture No.

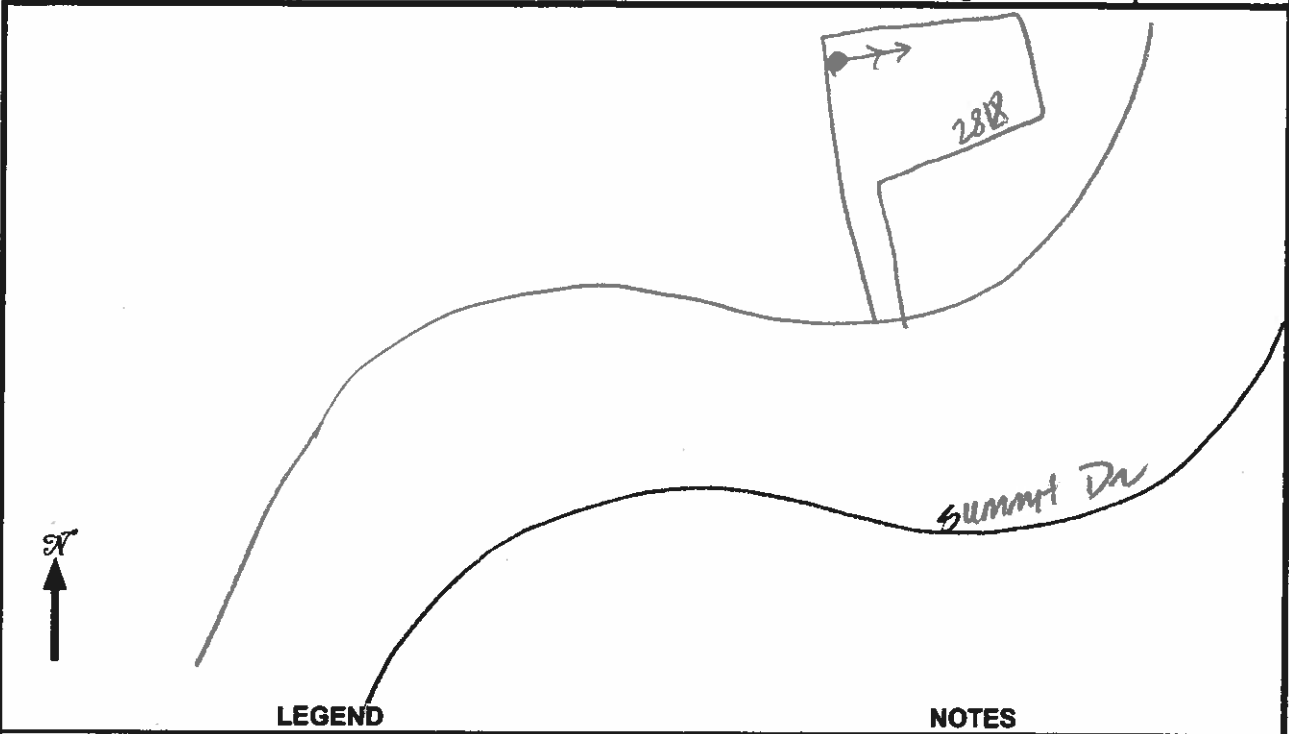
LOCATION CRITERIA FORM

Camera No. 840

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- | | |
|------------------------|-------------------|
| — Sewer Line | ● Sewer MH |
| - - - Storm Drain Line | □ Drain Inlet |
| Water Line | ⊗ Valve |
| → → Likely spill path | ▷ Photo Direction |

NOTES

Asset #: 257
 Completed by: AR
 Date: 2011-01-18
 inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

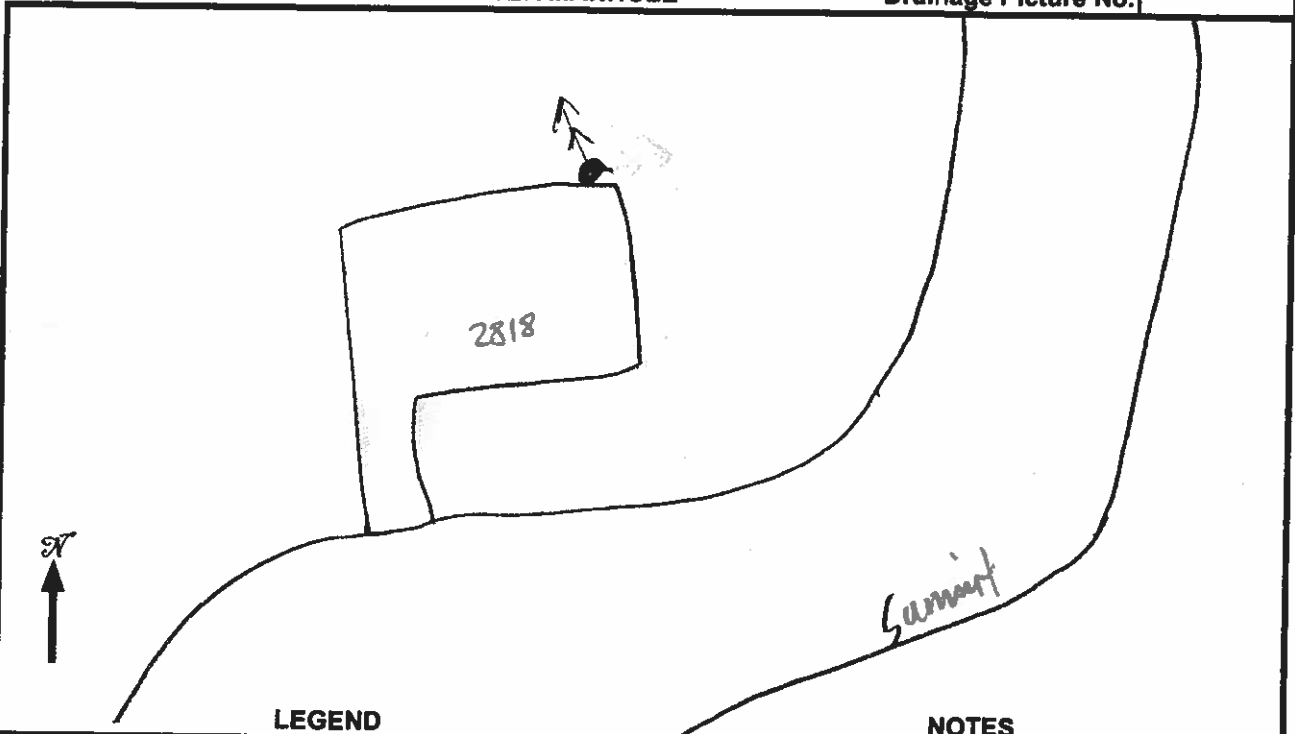
LOCATION CRITERIA FORM

Camera No. 240

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- → Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 253

Completed by: AR

Date: 2011-01-18

Inspection #: _____

Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact

(Proximity to public facilities, Economic impact, Public health or safety concerns)

Picture No. 1

Environmental

(Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)

Picture No. 4

Access / Safety

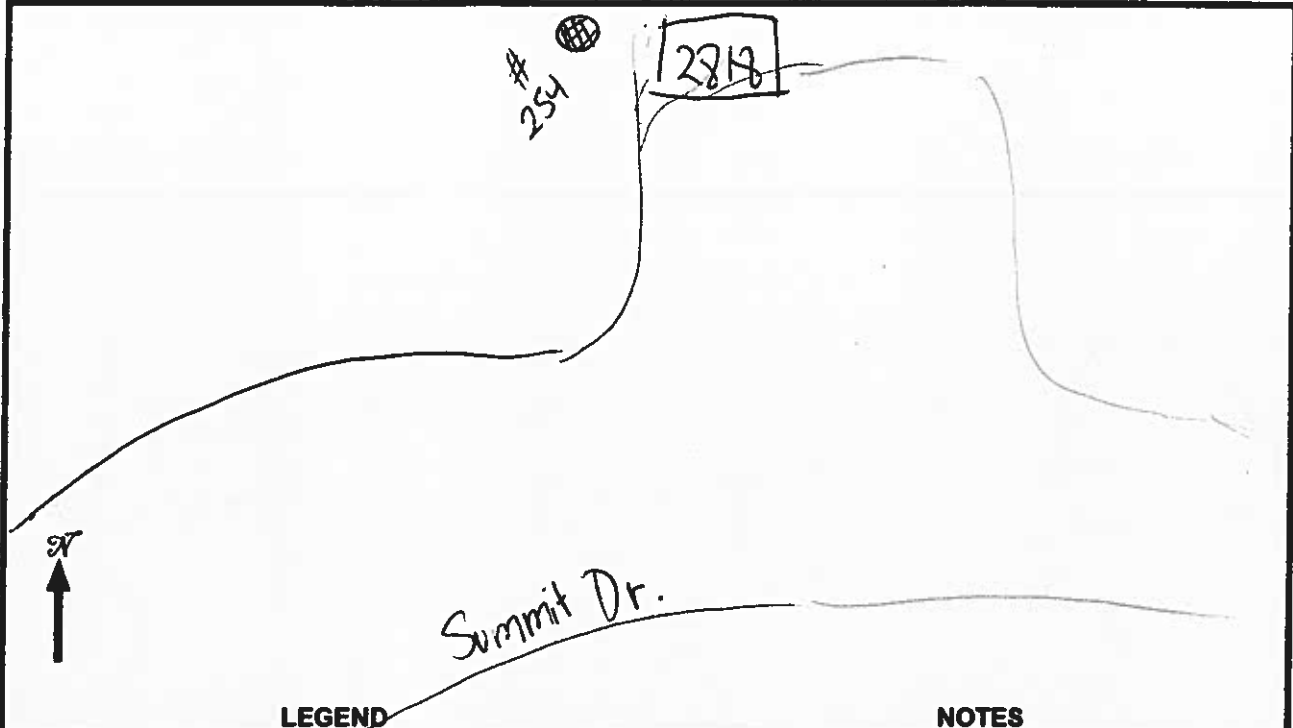
(Safe, readily accessible area, Traffic level, Strategic importance to operation of system)

Picture No. 1

LOCATION CRITERIA FORM

LOCATION SKETCH BY SANITARY SEWER MANHOLE

Camera No.	885
General Picture No.	
Drainage Picture No.	



LEGEND

NOTES

- | | |
|---|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|---|---|

Asset #:	254
Completed by:	RM / BK
Date:	1-27-11
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

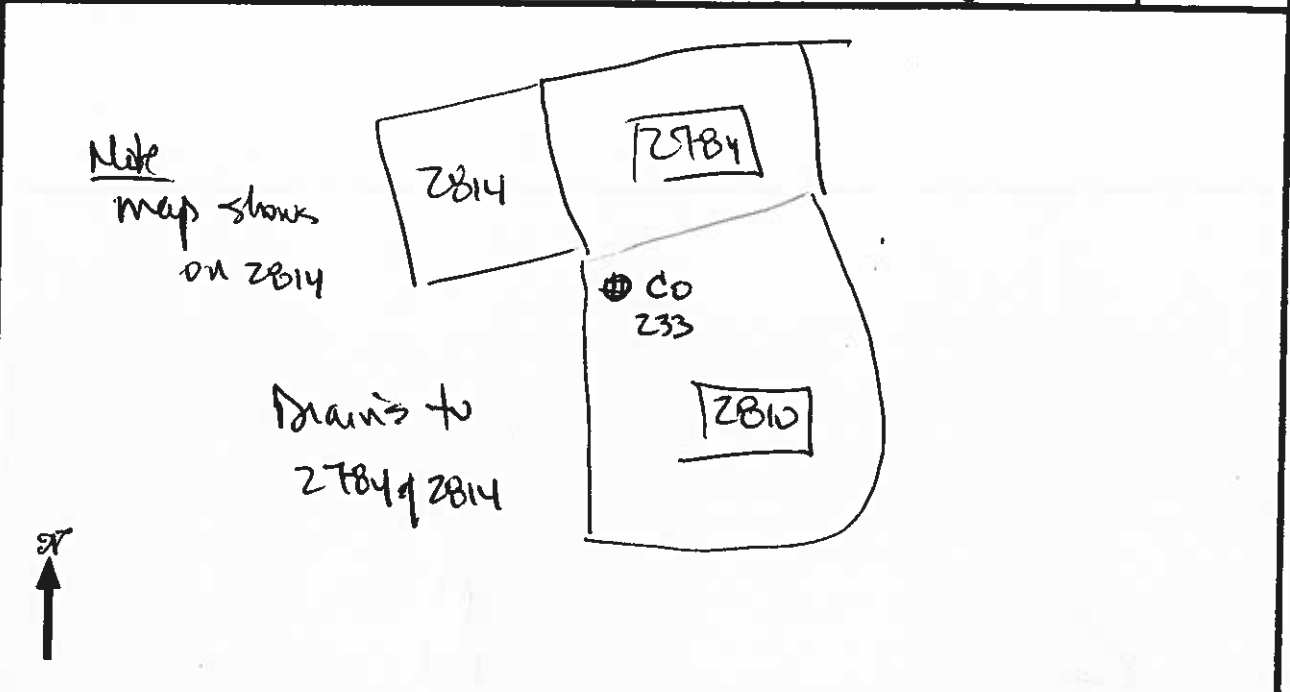
LOCATION CRITERIA FORM

Camera No. 885

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- → Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 256

Completed by: RM/BK

Date: 25 Jan '11

Inspection #: _____

Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	5
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

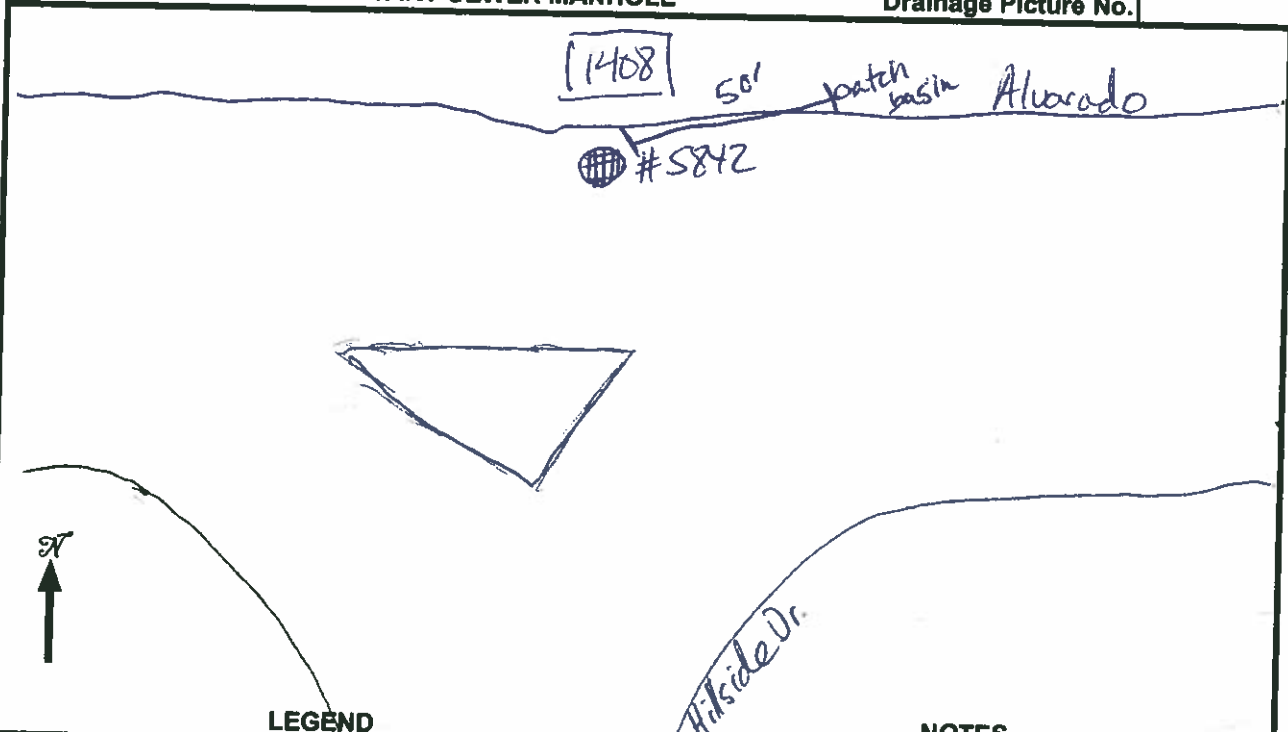
LOCATION CRITERIA FORM

Camera No. 285

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

NOTES

Asset #: 5842
 Completed by: RM/BK
 Date: 1-19-11
 Inspection #: _____
 Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

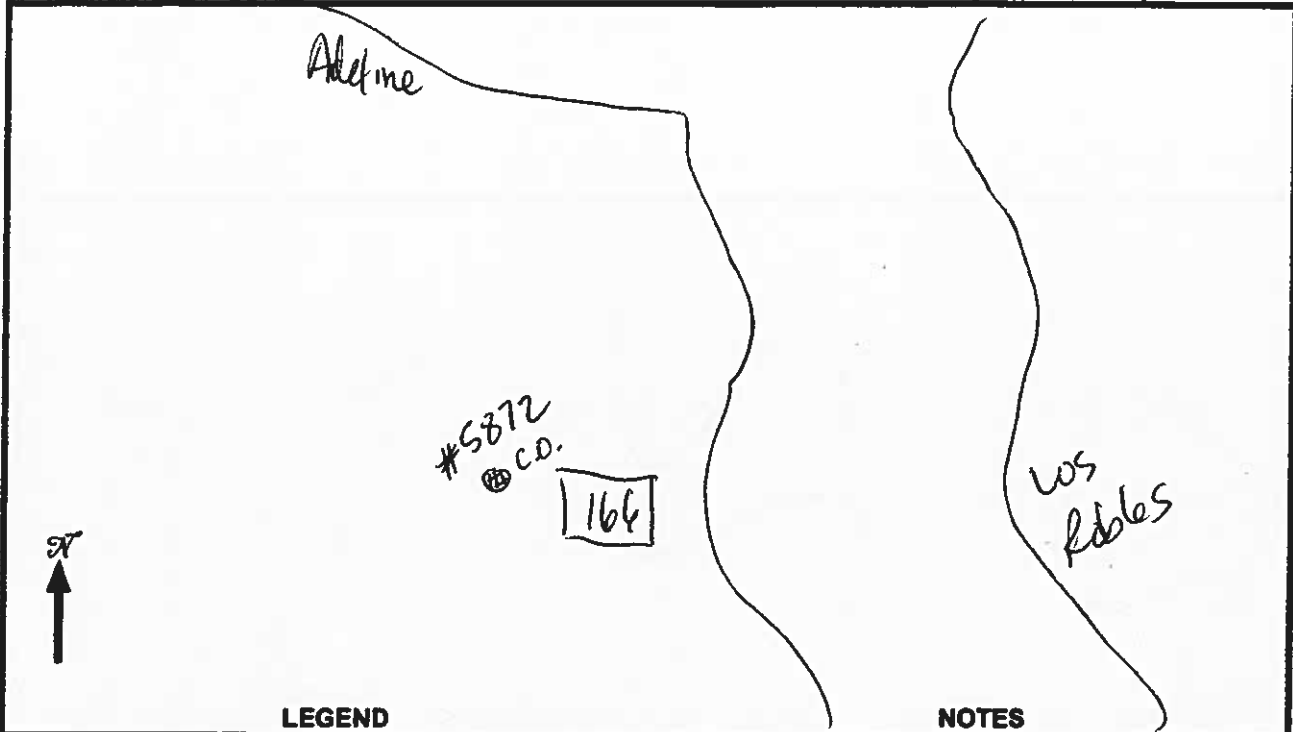
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

LOCATION CRITERIA FORM

Camera No.	825
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- | | |
|---|---|
| <ul style="list-style-type: none"> — Sewer Line - - - Storm Drain Line Water Line → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|---|---|

Asset #: 5872

Completed by: RM/BK

Date: 1-26-11

O & M HISTORY (Applies to manhole and segment downstream of manhole)

Inspection #: _____

Group Project#: _____

LOCATION DESCRIPTION	PRIORITY
Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	1
	Picture No.

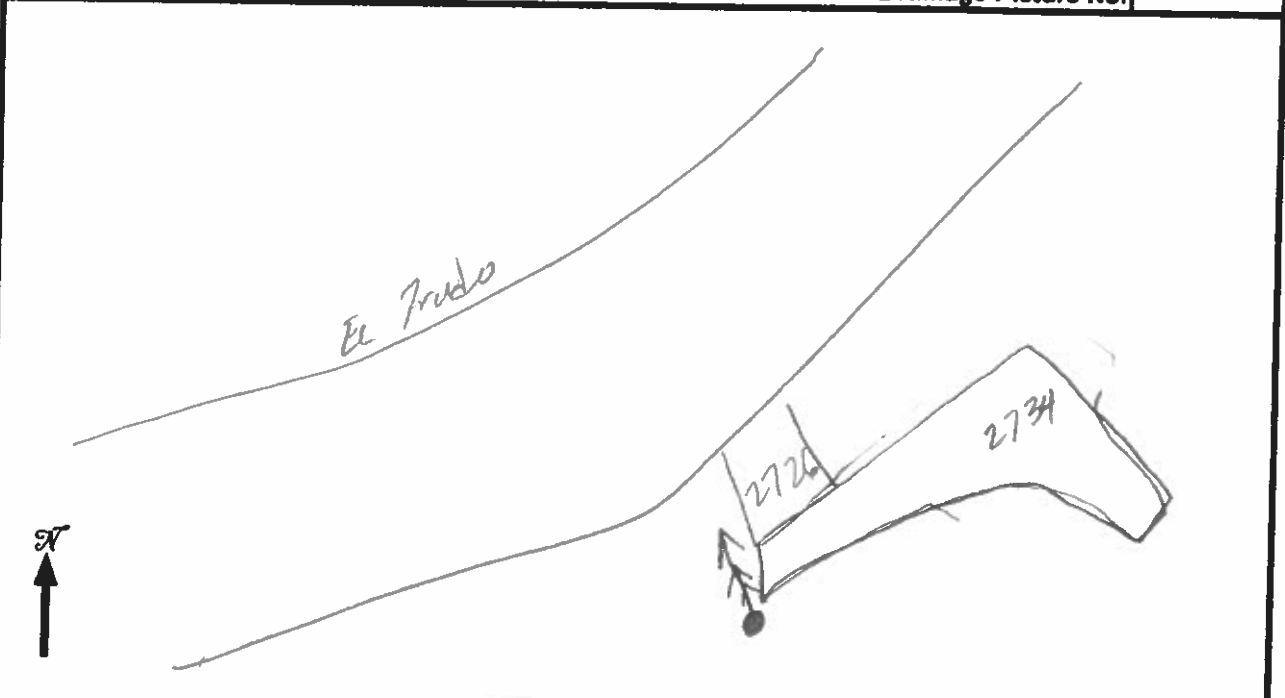
LOCATION CRITERIA FORM

Camera No. 840

General Picture No. _____

Drainage Picture No. _____

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- Sewer Line
- - - Storm Drain Line
- Water Line
- Likely spill path
- Sewer MH
- Drain Inlet
- ⊗ Valve
- ▷ Photo Direction

Asset #: 6071

Completed by: AR

Date: 2011-01-20

Inspection #: _____

Group Project#: _____

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

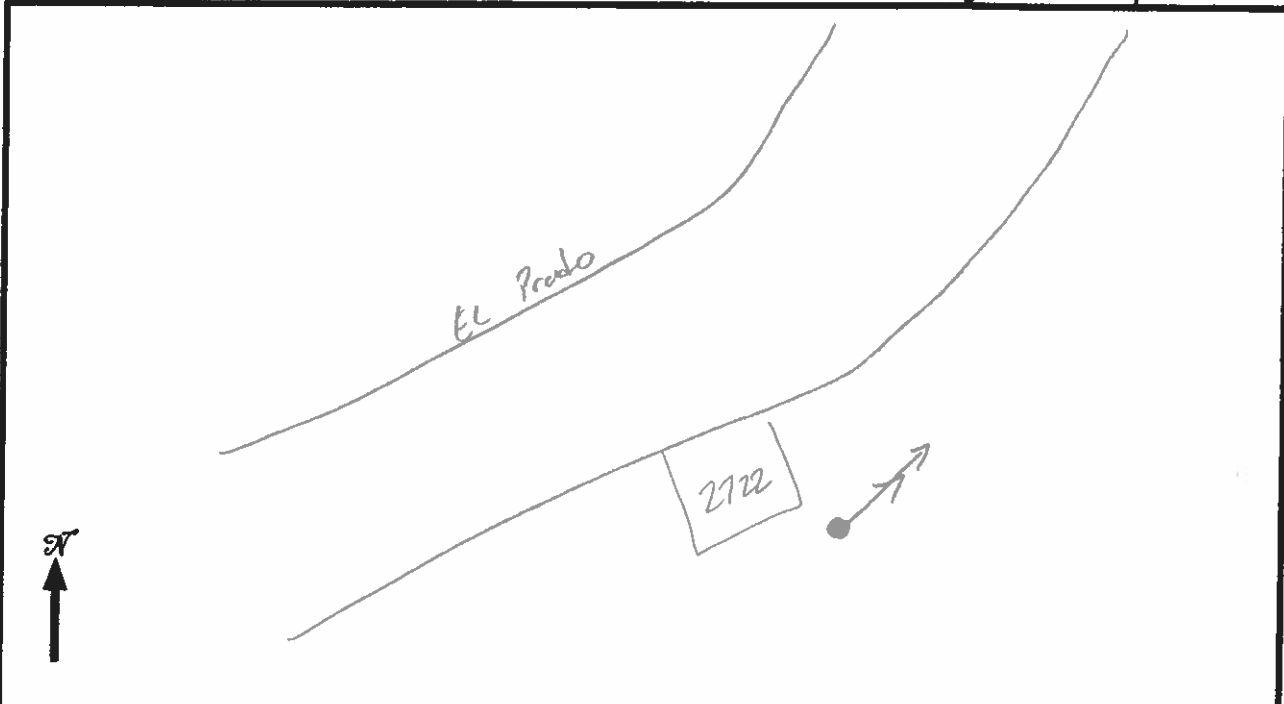
PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	1
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	2
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4
	Picture No.

LOCATION CRITERIA FORM

Camera No.	840
General Picture No.	
Drainage Picture No.	

LOCATION SKETCH BY SANITARY SEWER MANHOLE



LEGEND

NOTES

- | | |
|--|---|
| <ul style="list-style-type: none"> ———— Sewer Line - - - - Storm Drain Line Water Line → → Likely spill path | <ul style="list-style-type: none"> ● Sewer MH □ Drain Inlet ⊗ Valve ▷ Photo Direction |
|--|---|

Asset #:	6078
Completed by:	AR
Date:	2011-01-20
Inspection #:	
Group Project#:	

O & M HISTORY (Applies to manhole and segment downstream of manhole)

LOCATION DESCRIPTION

PRIORITY

Public Impact (Proximity to public facilities, Economic impact, Public health or safety concerns)	7
	Picture No.
Environmental (Proximity to nearest drain inlet and waterway of the U.S. / Description of conditions)	4
	Picture No.
Access / Safety (Safe, readily accessible area, Traffic level, Strategic importance to operation of system)	4
	Picture No.

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Walnut Creek, CA 94596
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Prepared for: County of San Mateo, Burlingame Hills Sewer Maintenance District
Project Title: Wastewater Collection System Capacity Assurance Plan and Master Plan Update
Project No: 139924-003-001

Technical Memorandum No. 2

Subject: Hydraulic Model Development (Task 3)
Date: February 18, 2011
To: Mark Chow, P.E., Principal Civil Engineer

From: *Christopher M. Peters*
Christopher Peters, P.E., Engineer in Responsible Charge,
California License No. C69669, Expires 6/30/2012

Prepared by: *Katherine Hayden*
Katherine Hayden, P.E., Project Engineer

Reviewed by: *Peter Bellows*
Peter Bellows, P.E., Vice President



Table of Contents

List of Figures	iv
List of Tables	iv
Hydraulic Model Development	1
2.1 Introduction	1
2.1.1 Scope of Work.....	1
2.1.2 Service Area	1
2.1.3 Existing Collection System	1
2.1.4 Previous Planning Reports and Information	1
2.2 Land Use Evaluation	3
2.2.1 Information Sources	3
2.2.2 Master Plan Update Land Use	3
2.3 Dry Weather Flow Projections	5
2.3.1 Wastewater Flow Components	5
2.3.2 Unit Flow Factor Development.....	6
2.4 Flow Monitoring.....	6
2.5 Hydraulic Model.....	7
2.5.1 Model Software.....	7
2.5.2 Model Network Development	7
2.6 Dry Weather Model Calibration	10
2.6.1 Dry Weather Flow Data.....	10
2.6.2 BSF and Diurnal Pattern Calibration	10
2.6.3 Unit Flow Factor and Dry Weather GWI Calibration	10
2.6.4 Dry Weather Parameters.....	10
2.6.5 Dry Weather Observed vs. Modeled Results.....	12
2.7 Wet Weather Model Calibration	12
2.7.1 Wet Weather Flow Data.....	12
2.7.2 Wet Weather GWI Calibration	12
2.7.3 R-factor Calibration.....	13
2.7.4 Wet Weather Parameters.....	14
2.7.5 Wet Weather Observed vs. Modeled Results.....	14
2.8 Conclusions	16
References	17
Attachment A: Dry Weather Calibration Hydrographs.....	A-1
Attachment B: Wet Weather Calibration Hydrographs	B-1

List of Figures

Figure 2-1. Existing Collection System.....	2
Figure 2-2. Land Use Map	4
Figure 2-3. Wastewater Hydrograph Components.....	5
Figure 2-4. Flow Monitor Locations and Basins.....	8
Figure 2-5. Model Network.....	9
Figure 2-6. Typical Weekday Diurnal Patterns	11
Figure 2-7. Typical RDI/I Hydrograph Components: Runoff Surfaces	13
Figure 2-8. Calibration Parameters.....	15

List of Tables

Table 2-1. Land Use Categories.....	3
Table 2-2. Water Use by Land Use Category	6
Table 2-3. Flow Monitor Locations.....	7
Table 2-4. Modeled District Sewers.....	7
Table 2-5. Calibrated Dry Weather Parameters	11
Table 2-6. Dry Weather Model Calibration Results.....	12
Table 2-7. Calibrated Wet Weather Parameters	14
Table 2-8. Wet Weather Model Calibration Results.....	14

Technical Memorandum 2

Hydraulic Model Development

This Technical Memorandum 2 (TM 2) documents the development of a hydraulic model of the Burlingame Hills Sewer Maintenance District's (District) trunk sewers to evaluate their hydraulic capacity.

2.1 Introduction

The intent of the Burlingame Hills Sewer Maintenance District Wastewater Collection System Capacity Assurance Plan and Master Plan Update (Master Plan Update) project is to develop an update to the 1999 Master Plan utilizing flow monitoring data collected in the District and the City of Burlingame (City) in 2009 and field inspection data collected as part of this project.

2.1.1 Scope of Work

The scope of work for the Master Plan Update includes the following tasks:

1. Project Management
2. Infiltration/Inflow (I/I) Field Inspections
3. Hydraulic Model Development
4. System Performance Evaluation and Capacity Assurance Plan
5. Capital Improvement Plan Development

TM 2 is the deliverable for Task 3, Hydraulic Model Development.

2.1.2 Service Area

The District service area encompasses approximately 161 acres located in the County of San Mateo (County) on the San Francisco Peninsula. The District is roughly bounded by Canyon Road and Summit Drive in the south, Skyline Boulevard and Tiptoe Lane in the west, Hillside Drive and Adeline Drive in the north and Alvarado Avenue in the east. Figure 2-1 shows the District service area and collection system.

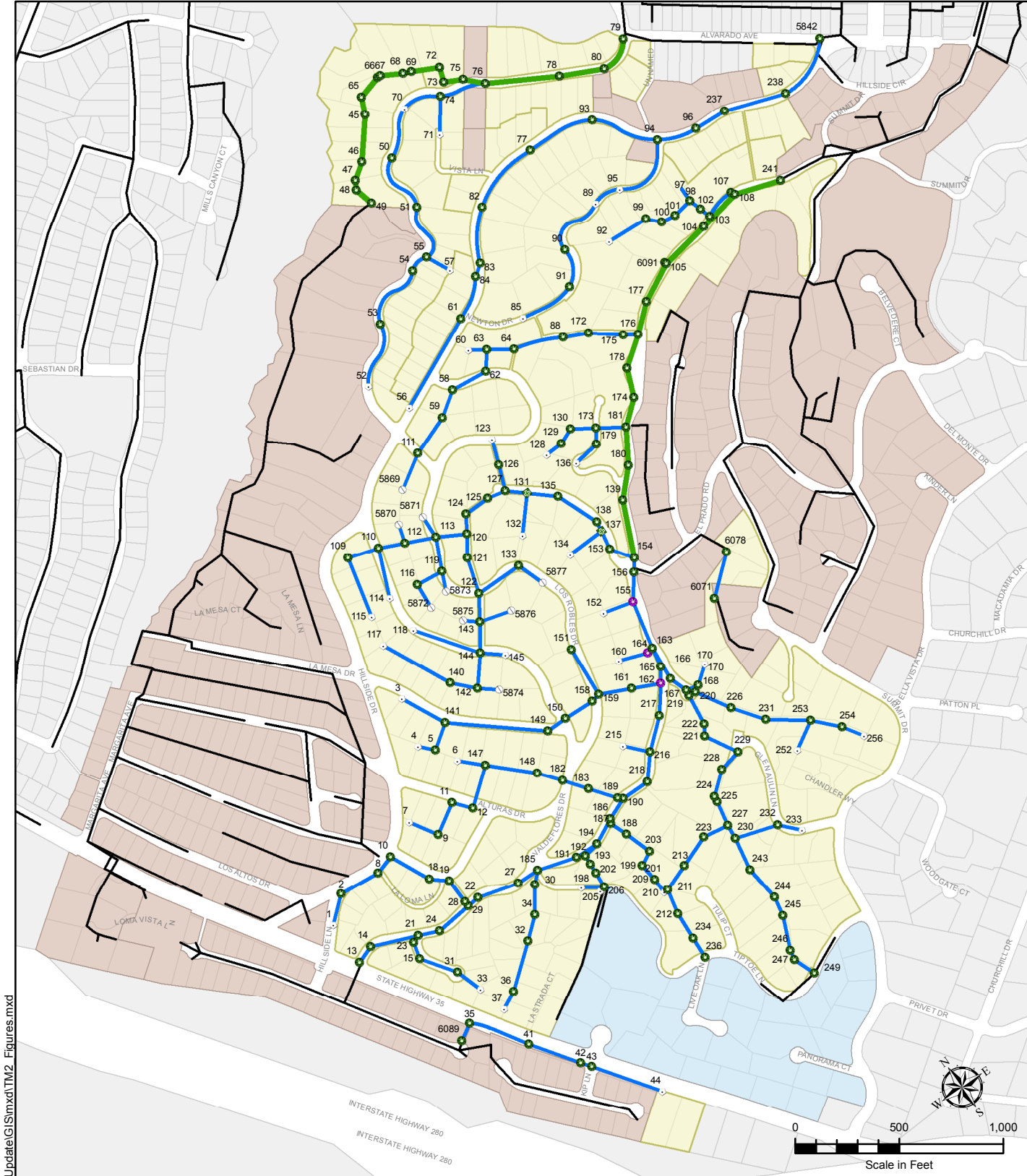
2.1.3 Existing Collection System

The District collection system consists of approximately 6.6 miles of 6-inch to 8-inch-diameter vitrified clay pipe. There are three main trunk sewers in the District, located on Adeline Drive, Canyon Road and Hillside Drive. These sewers roughly divide the District service area into three major drainage areas.

The District's collection system also transports City and Town of Hillsborough (Town) flows in the trunk sewers on Adeline Drive and Canyon Road and in the sewer on Canyon Road upstream of the trunk sewer. Flow monitoring data includes flows contributed by the City and Town, as well as the District. The contributing City and Town areas (approximately 165 acres) are also shown on Figure 2-1. District service area flows are conveyed by gravity to the City collection system and transported and treated at the City's wastewater treatment plant. Wastewater pumping stations are not required in the District due to the topography in the service area. The District trunk sewers discharge to the City's collection system at different locations.

2.1.4 Previous Planning Reports and Information

An evaluation of the District wastewater collection system was completed in 1999. The City, which transports and treats the District's wastewater and contributes flows to District sewers, prepared an evaluation of their wastewater collection system in 2010. Reports, planning documents, and information used in the development of this Master Plan Update are included in the References section.



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<p>LEGEND</p> <p>District Collection System</p> <ul style="list-style-type: none"> — 6-inch diameter VCP — 8-inch diameter VCP ● Manhole ● Drop Manhole ○ Flushing Inlet ○ Terminus ■ Wye <p>Boundaries</p> <ul style="list-style-type: none"> District Service Area City Contributing Area Town Contributing Area Non District Parcels Non District Sewer Mains City 	<p>Location Map</p>	<p>County of San Mateo Burlingame Hills Sewer Maintenance District Master Plan Update</p> <p>FIGURE 2-1. Existing Collection System</p> <div style="background-color: #003366; color: white; padding: 5px; display: inline-block; font-weight: bold;">Brown AND Caldwell</div>
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2.2 Land Use Evaluation

This section describes existing land uses within the District service area and in contributing City and Town areas. Land use provides the basis for developing unit wastewater flows and wastewater flow projections for the Master Plan Update.

2.2.1 Information Sources

Land use information was assigned to each parcel within the District service area and contributing City and Town areas. Information used to develop the parcel land use information is summarized below.

- *Geographical Information System (GIS) data* – The County provided a GIS shapefile containing the County Tax Assessor’s (Assessor’s) parcel numbers (APNs), boundaries, and address information.
- *San Mateo County parcel information* – Parcel information was received in a Microsoft® Access database including APNs and County Tax Assessor’s land use codes for parcels.
- *City of Burlingame 2010 Wastewater Collection System Master Plan* – The land uses developed in the City’s 2010 Master Plan were used for contributing City parcels.
- *City of Burlingame General Plan* – The City’s General Plan consists of 10 elements, two of which were used for the land use analysis: the Land Use Element and the Housing Element, adopted in 1969 and 2002, respectively. Burlingame Hills is in the City sphere of influence.
- *County of San Mateo General Plan* – The County’s General plan Land Use and Housing Elements, adopted in 2003, were used for the land use analysis.
- *Aerial Photography* – Aerial photography from Google Earth software was used to categorize the land use of some parcels originally of unknown land use.

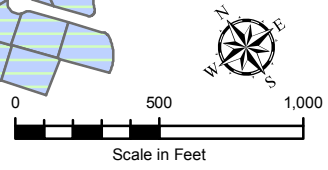
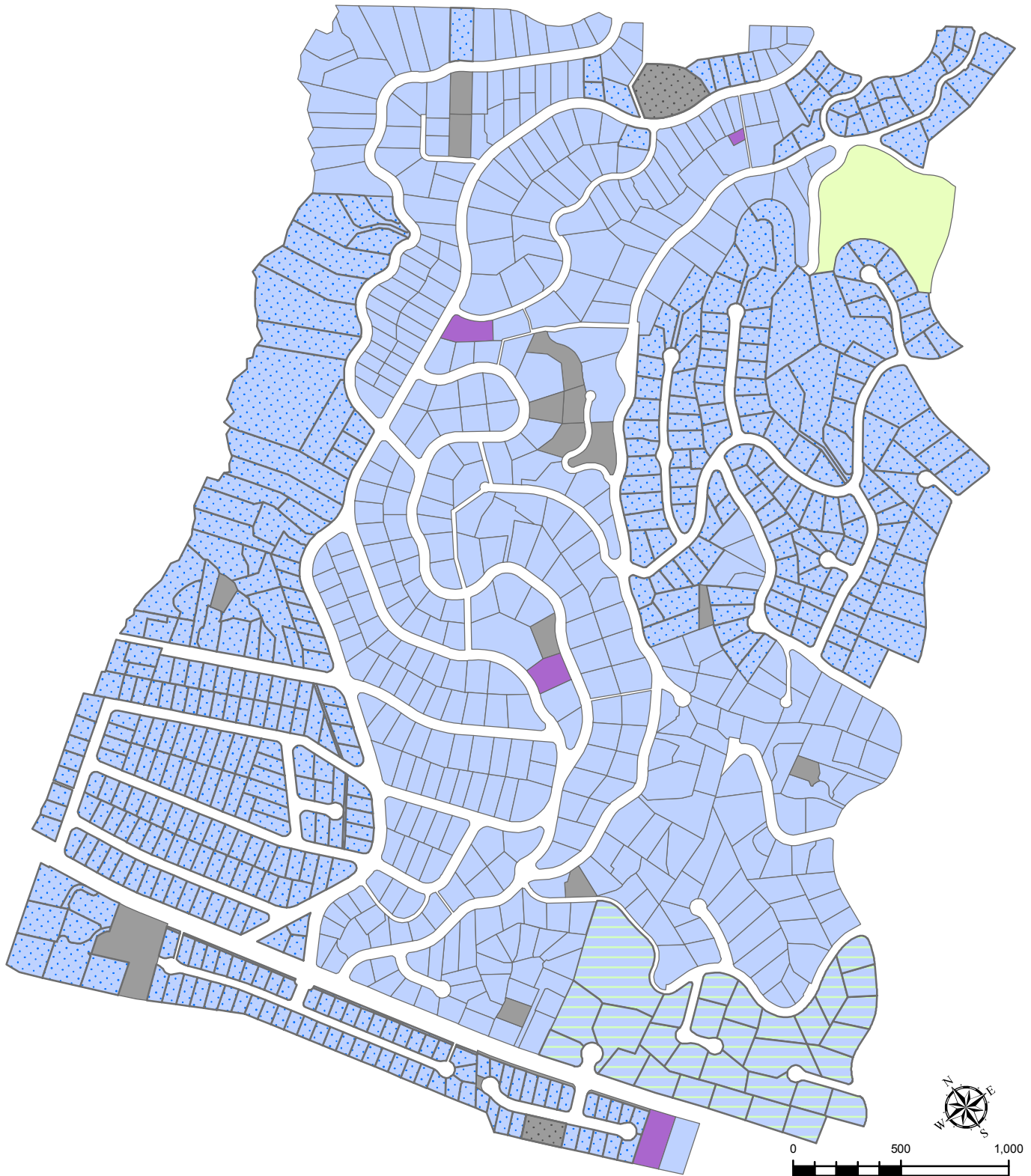
2.2.2 Master Plan Update Land Use

The land use assignments for the area tributary to the District’s collection system are shown on Figure 2-2. The majority of the parcels are single family residential. Table 2-1 summarizes the areas in each of the land use categories.

The areas served by the District are essentially fully developed and planning documents do not indicate substantial changes in land use distribution due to redevelopment in the study area. Therefore, this Master Plan Update evaluates current land use conditions and does not evaluate a future build-out land use scenario.

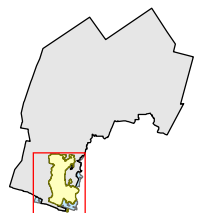
Table 2-1. Land Use Categories

Master Plan Land Use Category	Assessor’s Land Use Descriptions	City and Town Contributing			District Service Area		
		Parcel Count	Area (acres)	Percent of Total Area (%)	Parcel Count	Area (acres)	Percent of Total Area (%)
Single Family Residential	Residential, single family residence	458	154	47.1	418	155	47.5
Multi-Family Residential (Medium Density)	Residential, miscellaneous	-	-	-	2	1.2	0.4
	Residential, more than one detached residence	-	-	-	2	0.6	0.2
Institutional	Institutional, schools	1	6	1.9	-	-	-
Non-Contributing	Vacant, residential	7	3	1.0	10	4.1	1.3
	Miscellaneous, water companies, radio stations	2	2	0.6	-	-	-
TOTAL		468	165	50.6	432	161	49.4



LEGEND

- Land Use Categories**
- Single Family Residential District
 - Single Family Residential City
 - Single Family Residential Town
 - Medium Density Residential District
 - Institutional City
 - Non-Contributing Vacant Residential
 - Non-Contributing Miscellaneous City



Location Map



**County of San Mateo
Burlingame Hills
Sewer Maintenance District
Master Plan Update**

**FIGURE 2-2.
Land Use Map**

Brown AND Caldwell

2.3 Dry Weather Flow Projections

This section summarizes the development of dry weather flow (DWF) projections for parcels located in the District service area and in City and Town contributing areas. Flow projections were based on the master plan land use categories developed in Section 2.2, and will form the foundation for the development and calibration of the hydraulic model of the collection system.

2.3.1 Wastewater Flow Components

Wastewater flow generally consists of three components (see Figure 2-3): base sanitary flow (BSF), groundwater infiltration (GWI), and rainfall dependent infiltration and inflow (RDI/I). DWF is comprised of only BSF and dry weather GWI.

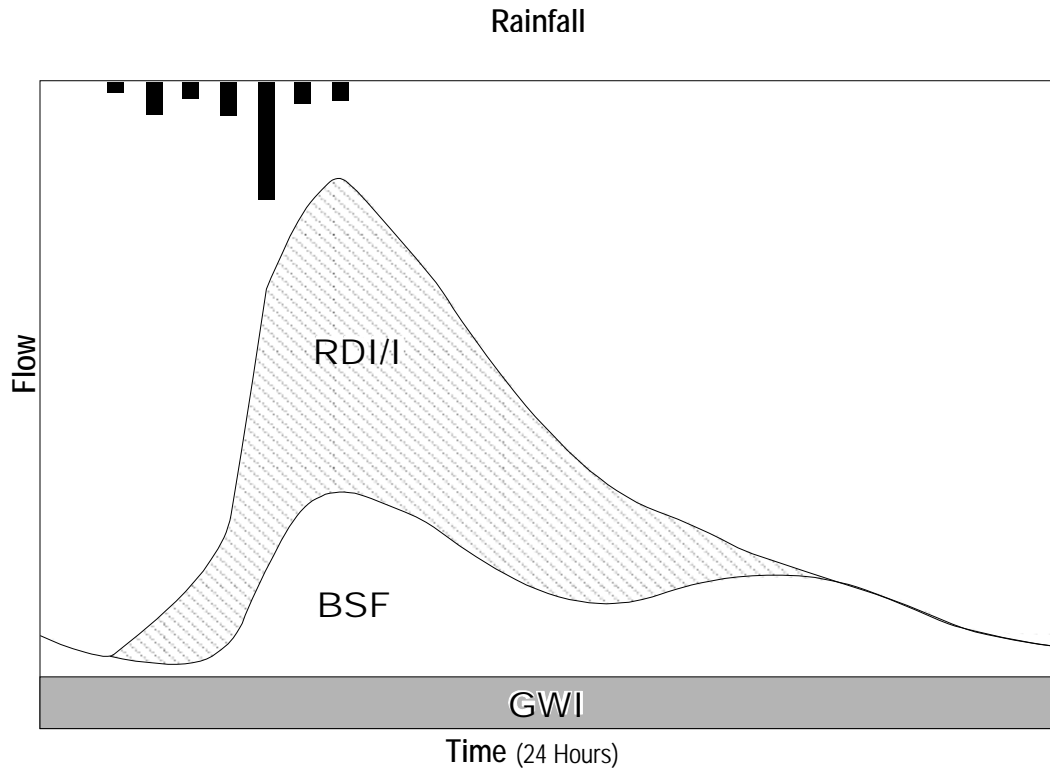


Figure 2-3. Wastewater Hydrograph Components

Base Sanitary Flow. BSF is generated from residential, commercial, industrial, and public sources that discharge wastewater into the collection system. During dry weather, it is the major source of the DWF in the collection system. BSF is determined from the land use type, and may be impacted by water use practices such as water conservation.

Unit Flow Factors. BSF is typically calculated by applying a distinct unit flow factor to each type of land use. The BSF for this project was based on the amount of potable water billed to water service customers of each land use category during the winter months of 2008 (November 2007 – February 2008) by estimating the portion of potable water discharged to the collection system as wastewater.

Diurnal Patterns. BSF varies throughout the day, and the pattern of variation depends on the land use category. Residential areas, for example, typically exhibit a diurnal pattern with the lowest flows occurring during early morning hours, and the highest peak flows occurring mid-morning, with a second peak in the evening. Commercial and industrial land uses tend to generate a relatively constant flow during working hours, dropping off steeply between late evening and early morning. Diurnal patterns will be used during the dry weather model calibration in Section 2.5.

Groundwater Infiltration. GWI occurs when groundwater levels are above the collection system pipe inverts, allowing water to enter the system through faulty joints or other defects. During any given day, GWI comprises a relatively constant proportion of the total flow entering the system. It can vary significantly from dry season to wet season, and is higher in the spring after the rainy season than at the end of a dry summer. The amount of GWI can be approximated by taking the difference between the projected BSF and measured DWF. The difference between the predicted BSF and the measured DWF will be used to develop dry weather and wet weather GWI projections during the model calibration in Section 2.5.

Rainfall Dependent Infiltration and Inflow. RDI/I occurs during wet weather. *Infiltration* enters the collection system by the same mechanism as GWI. The *inflow* component of RDI/I comes from surface water and stormwater runoff that enters the collection system largely through manholes, cross connections with the storm drain system, downspouts, or direct connections to the collection system. The amount of RDI/I can be characterized for different rainfall events using flow monitoring and precipitation data. RDI/I does not contribute to dry weather flows. RDI/I projections will be made during the wet weather model calibration in Section 2.5.

2.3.2 Unit Flow Factor Development

Dry weather unit flow factors are developed to project base sanitary flow by land use category using winter water consumption data. The unit flow factor for the single family residential land use is derived by dwelling unit (flow per parcel). For medium to high density residential and non-residential land uses, unit flows are derived on a flow per acre basis.

Estimating BSF from Water Use Data. In a non-arid urban setting such as Burlingame Hills, landscape irrigation and other non-household water uses are typically at a minimum during wet season winter months. The amount of municipal water “consumed” can be consistently correlated with the amount of water returned to the wastewater collection system and is used to estimate BSF. Although water use data is variable throughout the year and summer water use is higher than winter use, BSF generation is consistent throughout the year. The potable water returned to the collection system as BSF is typically 90 to 95 percent of winter water use.

Water Use Data. The City supplied a monthly water billing summary by land use, which includes the study area, for July 2007 through June 2008. The water use data for the winter of 2007/2008 was correlated to the master plan land use categories. Table 2-2 lists the average water use for each master plan land use category, used for the initial calibration of the hydraulic model.

Master Plan Land Use Category	Water Billing Land Uses	Average Water Use
Single Family Residential	Single Family	170 gpd per parcel
Multi-Family Residential (Medium Density)	Duplex	1,270 gpd per acre
Institutional	Hospitals & Institutional	450 gpd per acre

2.4 Flow Monitoring

Flow monitoring and rainfall data will be used for model calibration and to develop design storm hydrographs. Flow monitors (FM) and rain gages were installed from December 30, 2008 to March 10, 2009. Flow monitors were installed in the designated manhole and monitored flows in the pipe immediately upstream of the manhole. Table 2-3 identifies the location of the four flow monitors.

Site No.	Location	Manhole No.	Diameter	Recording Interval	Notes
3	Adeline Dr. & Alvarado Ave.	79	8-inch	5-minute	
4	Easement (Hillside Dr.) & Alvarado Ave.	5842	6-inch	5-minute	
7	Easton Dr.	City E3-21078	12-inch	5-minute	Downstream of manhole 241
18	Easement (Adeline Dr.)	52	6-inch	5-minute	City Entry Point

The locations of the flow monitors and the tributary drainage basin boundaries are shown on Figure 2-4.

2.5 Hydraulic Model

This section summarizes the development of the hydraulic model. The District’s collection system was included in the City’s collection system hydraulic model. The hydraulic model was developed by importing and validating the collection system network, allocating BSF and GWI to the network, applying wastewater diurnal patterns based on land use, and then calibrating the model to both dry and wet weather precipitation and flow monitoring data collected during the winter of 2009.

2.5.1 Model Software

InfoWorks™ CS is used for this project because it is a fully dynamic hydraulic modeling program able to model complicated collection systems. It has a robust user interface, accurate and stable hydraulic engine, and the ability to model RDI/I via R-factor analysis. InfoWorks™ CS imports sewer data directly from an existing database, and is currently used by a number of Bay Area municipalities including San Jose, San Francisco, and San Mateo.

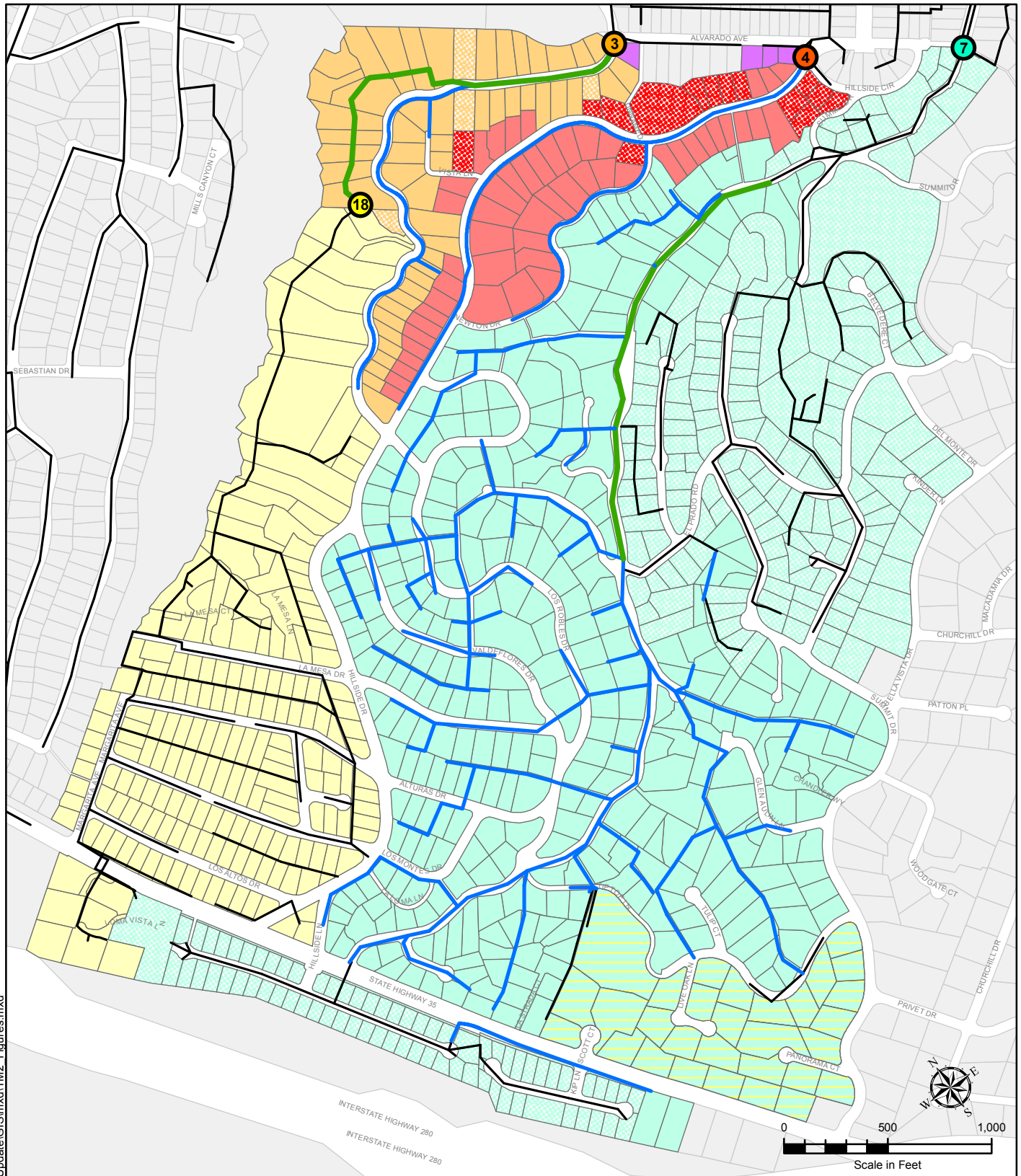
2.5.2 Model Network Development

The hydraulic model of the District’s collection system consists of the model network conduits (pipes) and nodes (manholes), and subcatchments for flow allocation.

Model Network. The three District trunk sewers were modeled. These sewers include all the 8-inch diameter pipelines in the District. In addition, 6-inch diameter pipelines in Canyon Road and Adeline Drive were modeled. The modeled sewers are summarized in Table 2-4.

Description	Diameter (inches)	Upstream Manhole Number	Downstream Manhole Number	Length (feet)
Adeline Drive Trunk Sewer	8	49	79	2,007
Hillside Drive Trunk Sewer	6	93	5842	1,319
Canyon Road Trunk Sewer	8	154	241	2,164
Adeline Drive Sewer	6	52	76	2,003
Canyon Road Sewer	6	13	154	2,809
El Prado Road Easement Sewer	6	6071	6078	232

Figure 2-5 shows the location and diameter of modeled gravity mains. Approximately 30 percent of the total length of pipe in the District’s collection system was included in the model.



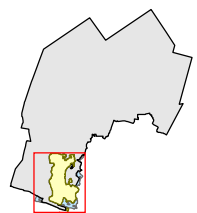
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LEGEND

- Flow Monitor**
- FM 3
 - FM 4
 - FM 7
 - FM 18

- FM Basins**
- FM 3 District City
 - FM 4 District City
 - FM 5 District City
 - FM 7 District City
 - FM 18 City

- Sewer Mains**
- 6-inch diameter
 - 8-inch diameter
 - City Sewers
- Non Contributing**
- City and Town



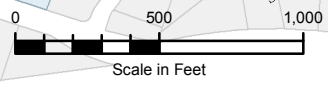
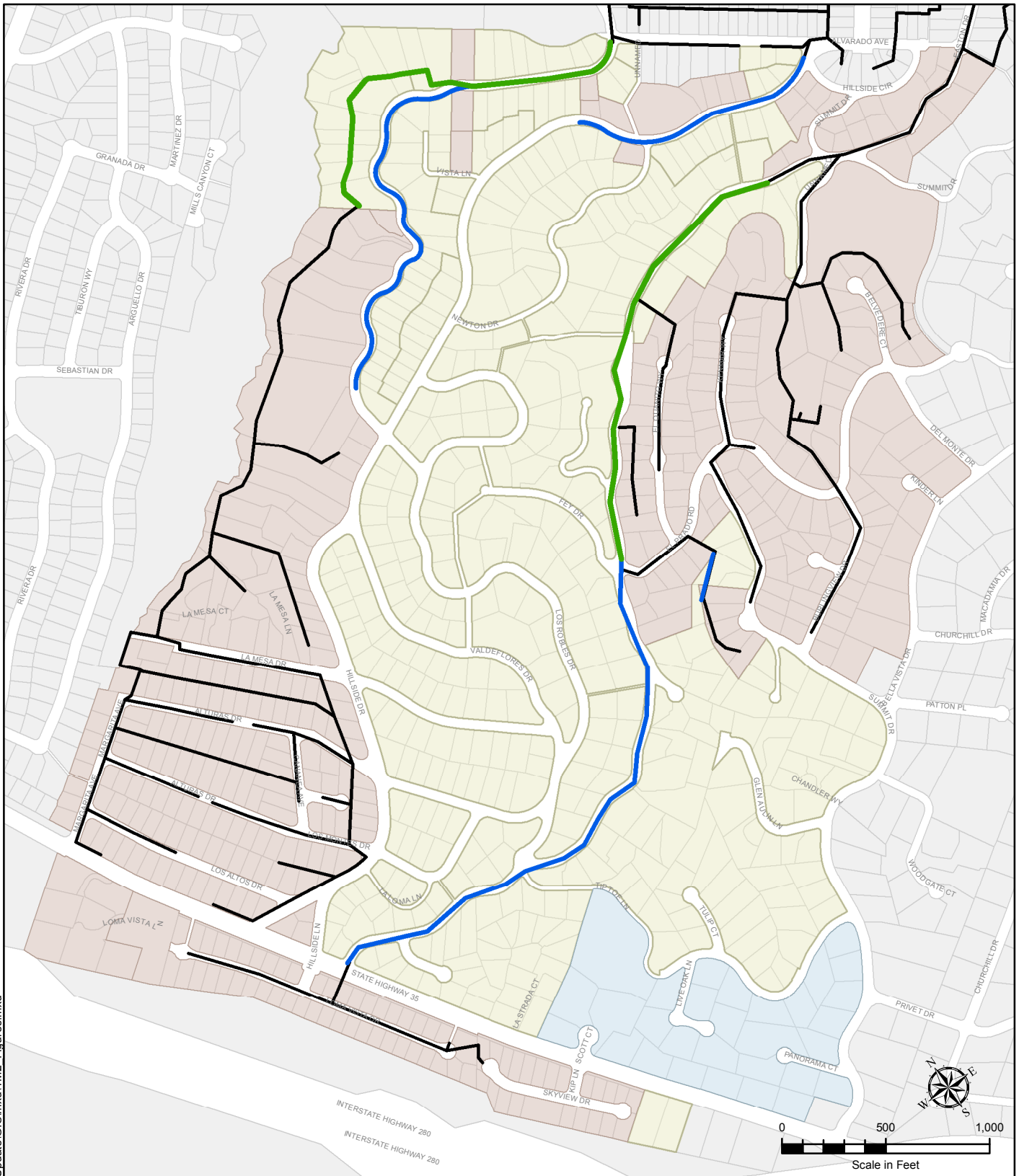
Location Map



**County of San Mateo
Burlingame Hills
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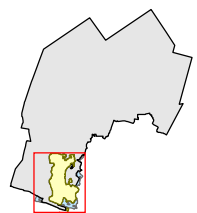
**FIGURE 2-4.
Flow Monitor Locations and Basins**

Brown AND Caldwell



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LEGEND	
	Modeled District Sewers 6-inch diameter
	Modeled District Sewers 8-inch diameter
	Modeled City Sewers
	Contributing Areas District Service Area
	City Contributing Area
	Town Contributing Area
	Non Contributing Area



Location Map



**County of San Mateo
Burlingame Hills
Sewer Maintenance District
Master Plan Update**

**FIGURE 2-5.
Model Network**



Pipe and Manhole Data. Data for the network pipes and manholes were imported directly from the GIS files. All gravity mains were assigned Manning's friction factor $n = 0.013$. A number of GIS elements with incomplete or inconsistent data were either excluded from the hydraulic model or corrected during the model development:

- Missing or inconsistent invert elevations and pipe diameters were interpolated from upstream and downstream pipes.
- Missing manhole rim elevations were interpolated from 2-foot GIS topographic contours. Generally, the interpolated elevations were found to be within ± 0.5 feet of known rim elevations.

Flow Allocation. Wastewater flows were allocated to the collection system by loading the flows generated by each parcel to a manhole based on GIS sewer lateral locations where available, or the proximity of the parcel to the nearest manhole. Parcels sharing common land uses and input nodes were grouped into subcatchments and input into the model as a single element. The summation of subcatchment loads is the total load at each manhole.

2.6 Dry Weather Model Calibration

The dry weather model calibration process used to calibrate the hydraulic model for the City and District collection systems is described in this section. The calibration process sought to match modeled peak flows and volumes to observed data at the FM sites by projecting BSF, distributing GWI, and matching the shape of FM hydrographs. Once the network and subcatchments were developed, the hydraulic model was calibrated to dry weather flow data collected during the winter of 2008/2009.

2.6.1 Dry Weather Flow Data

No significant precipitation was recorded during the period from January 3 to January 20; therefore, Thursday, January 15, 2009 was selected as the dry weather calibration day.

2.6.2 BSF and Diurnal Pattern Calibration

The objective of BSF calibration was to correlate the modeled hydrographs with the shape and magnitude of the observed hydrographs at each FM location by applying diurnal patterns and manipulating the unit flow factors until modeled flows match observed flows reasonably well.

Diurnal patterns are used to account for the typical variation in flow during a day, and were applied to the model subcatchments by land use during BSF calibration. Initially, diurnal flow patterns were developed from flow monitor (FM) data by average BSF hourly peaking factors from multiple days. Single family residential (SFR) parcels account for the largest proportion of flow in the District's service area. The Burlingame Hills residential diurnal pattern varied from the City FM basins, which have higher SFR densities. The typical weekday diurnal patterns for Burlingame Hills residential as well as City residential and commercial land uses are shown on Figure 2-6.

2.6.3 Unit Flow Factor and Dry Weather GWI Calibration

Unit flow factors were adjusted to match model flows to observed flows during BSF calibration. Metered flows at FM 7 required a significant increase in the unit flow factors.

The flow attributed to GWI was roughly equivalent to the difference between the low (early morning) metered flow and model BSF. For basins where there was a difference, a constant flow of GWI was added to the subcatchments in the corresponding FM basin. The location of each FM basin is shown on Figure 2-4.

2.6.4 Dry Weather Parameters.

The final dry weather GWI, diurnal patterns, and unit flow factors resulting from the calibration are listed in Table 2-5.

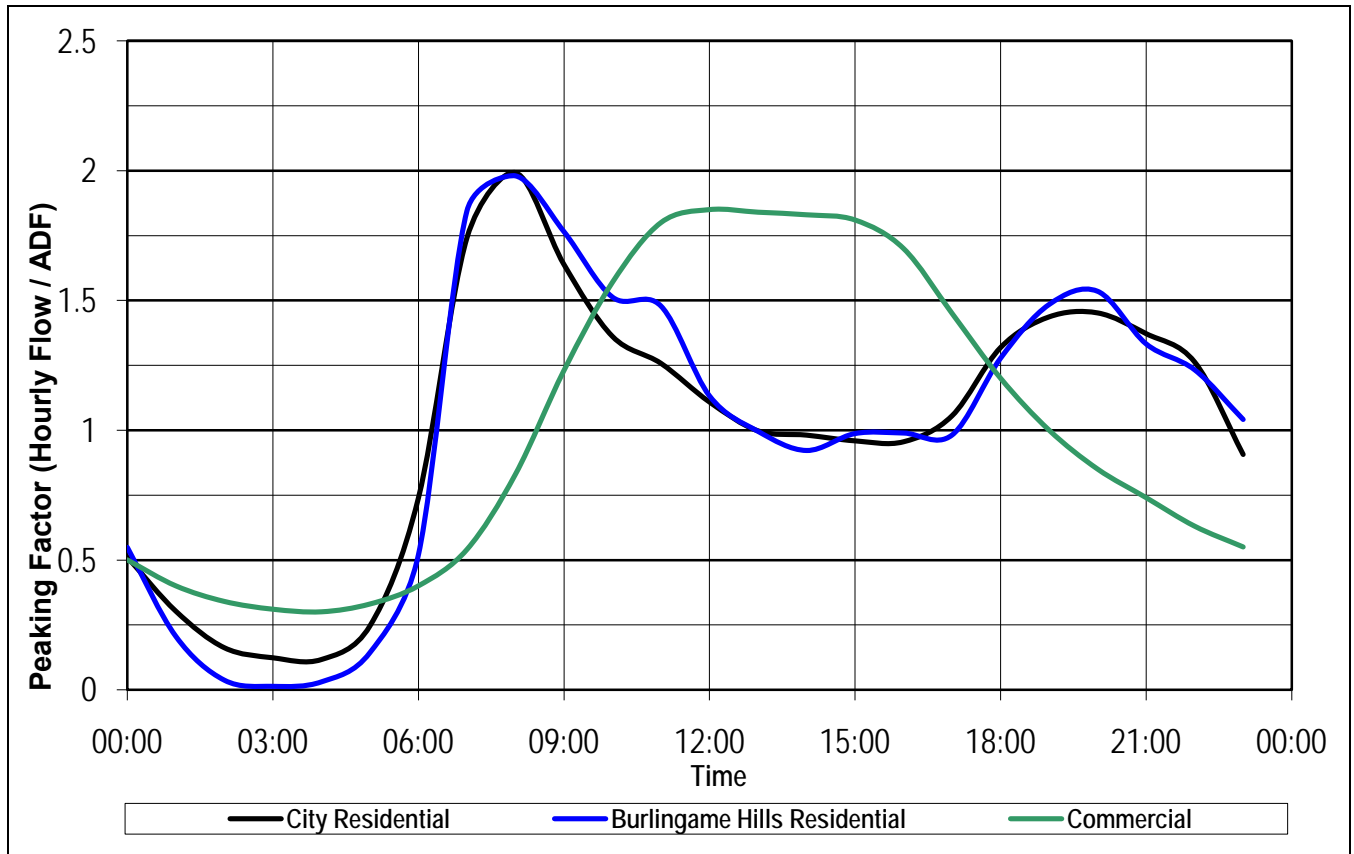


Figure 2-6. Typical Weekday Diurnal Patterns
 (Source: 2010 Burlingame Wastewater Collection System Master Plan)

Table 2-5. Calibrated Dry Weather Parameters				
FM Basin	GWI (mgd)	Land Use Category	Calibrated Unit Flow Factors	Diurnal Pattern
3/18	0.05	Single Family Residential	170 gpd per parcel	Burlingame Hills
4 ¹	0.00	Single Family Residential	170 gpd per parcel	Burlingame Hills
		Single Family Residential (FM 7)	420 gpd per parcel	Burlingame Hills
7	0.03	Single Family Residential (FM 7)	420 gpd per parcel	Burlingame Hills
		Multi-Family Residential (Medium Density)	1,200 gpd per acre	City Residential ²
		Institutional	430 gpd per acre	Commercial

1. FM basin 4 has characteristics similar to both FM basins 3 and 7, and is modeled as a mix of both.
2. The City diurnal was used for all multi-family residential in the City model, including the few parcels in the District.

2.6.5 Dry Weather Observed vs. Modeled Results

The dry weather calibration was carried out by comparing modeled results with metered data from the flow monitoring period described above. The dry weather calibration hydrographs for FM 3, 4, and 7 are located in Attachment A. FM 18, which monitored City flows, was used only for wet weather calibration at FM 3.

Comparisons of metered vs. modeled average dry weather flow (ADWF) and peak dry weather flow (PDWF) are presented in Table 2-6. The target accuracy range for peak flow calibration is typically ± 15 percent; it is more difficult to calibrate to flows in small metered areas because they are more sensitive to daily variations in water usage. As illustrated on the figures and in Table 2-6, modeled ADWF and PDWF varied slightly from monitored data but were with an acceptable margin of error, particularly for low flow rates such as these.

Flow Monitor	ADWF (mgd)			PDWF (mgd)			Observations
	Observed	Modeled	Percent Difference	Observed	Modeled	Percent Difference	
3	0.10	0.10	0	0.15	0.13	-13	Used only for dry weather calibration for the FM Basin 3.
4	0.006	0.007	17	0.019	0.014	-26	Low DWF.
7	0.20	0.16	-20	0.32	0.26	-19	Higher observed flow may be due to Institution (school) parcel.
18	NA	NA	NA	NA	NA	NA	Used only for wet weather calibration for FM Basin 3.

2.7 Wet Weather Model Calibration

The wet weather model calibration process used to calibrate the hydraulic model for the City and District collection systems is described in this section. Wet weather model calibration involves estimating the amount of RDI/I that enters the collection system during a storm event, spatially distributing the total RDI/I amount throughout the collection system area, and then adjusting modeling parameters to match modeled flows to observed flows. Once the dry weather parameters were developed, the hydraulic model was calibrated to wet weather flows based on metered flows collected during the winter of 2008/2009.

2.7.1 Wet Weather Flow Data

The three-day period of February 14, 15, and 16, 2009 was selected as the wet weather calibration period, with significant rainfall, approximately a 5-year 24-hour storm (a total of 2.9 inches, with a peak hourly rainfall of 0.25 inches/hour), occurring between 3:00 a.m. on February 15 and 10:00 a.m. on February 16. This period was selected because data from the FMs showed that rainfall during that period caused the highest peak at most of the FM sites. The storm event on March 2, 2009 was used to verify the wet weather calibration. These storms will be used to identify calibrated RDI/I parameters which will later be applied to the 10-year, 24-hour design storm.

2.7.2 Wet Weather GWI Calibration

Significant rainfall events during the FM period began around February 5, 2009 and continued to March 5, 2009, and caused a slight rise in the minimum flows observed afterwards. During the days between those early rains and the calibration storm, the shape and magnitude of the diurnal patterns returned to normal, but were transposed slightly higher up the Y-axis, indicating an increase in wet weather GWI. For that reason, wet weather GWI factors were developed and applied to the network for the wet weather calibration.

2.7.3 R-factor Calibration

Subcatchment RDI/I factors were input into the model in the form of an R-factor, which is the percentage of rainfall volume that reaches the collection system. RDI/I varies between sewer basins depending on many different localized conditions such as pipe condition, ground surface (permeable vs. impermeable), number of connections, etc.

R-factors are divided between fast, medium, and slow runoff surfaces (see Figure 2-7) that determine how fast RDI/I enters the system. During calibration, the percentage of rainfall assigned to each surface was manipulated to change the shape of each FM basin hydrograph. The process of manipulating the runoff surfaces was iterative, and was repeated until the modeled hydrograph corresponded reasonably well with the observed hydrograph.

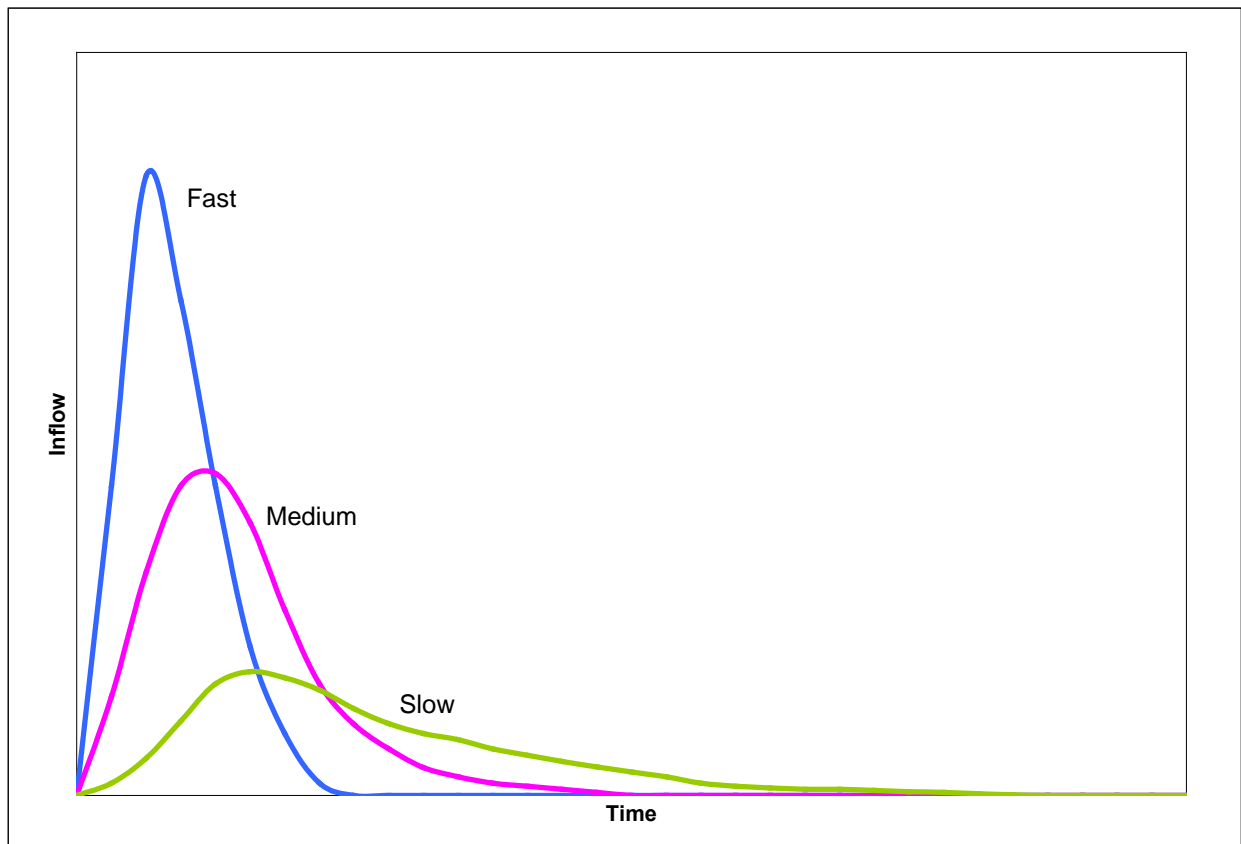


Figure 2-7. Typical RDI/I Hydrograph Components: Runoff Surfaces

FM 3 showed anomalies in data during wet weather flows. Both FM 3 and FM 18 monitored the FM basin 3, with FM 18 located approximately 2,000 feet upstream of FM 3. Flow velocities were very high at FM 3, particularly during wet weather events, due to the steep grade just upstream of its location. High velocity can affect the accuracy of flow meters; therefore, FM 18 was used for wet weather calibration of the FM 3 basin when velocities peaked.

2.7.4 Wet Weather Parameters

The model was calibrated to wet weather flows by iteratively comparing modeled results with observed data for the calibration period. The final wet weather GWI and R-factors resulting from the calibration process are listed in Table 2-7 and shown on Figure 2-8.

Wet weather GWI rates ranged from 0 to 1060 gallons per day (gpd) per acre for the four FM basins. FM Basins 3, 7, and 18 exhibited relatively GWI rates compared to FM Basin 4. The low wet weather GWI rate seen in FM Basin 4 indicates a lower incidence of GWI due to pipe and manhole leaks.

R-factors vary slightly between the four basins, ranging from 5.7 to 9.5, and are considered higher than normal. Generally, R-factors above three (3) are considered high.

Table 2-7. Calibrated Wet Weather Parameters				
FM Basin	Area (ac)	GWI (mgd)	GWI Rate (gpd/ac)	R-factor (Percent of Rainfall Volume)
3*	21	0.02	950	7.1
4	20	0.00	0	9.5
7	208	0.22	1060	5.7
18	62	0.04	645	7.1*

* Wet weather parameters for FM 3 were developed using FM 18 calibration

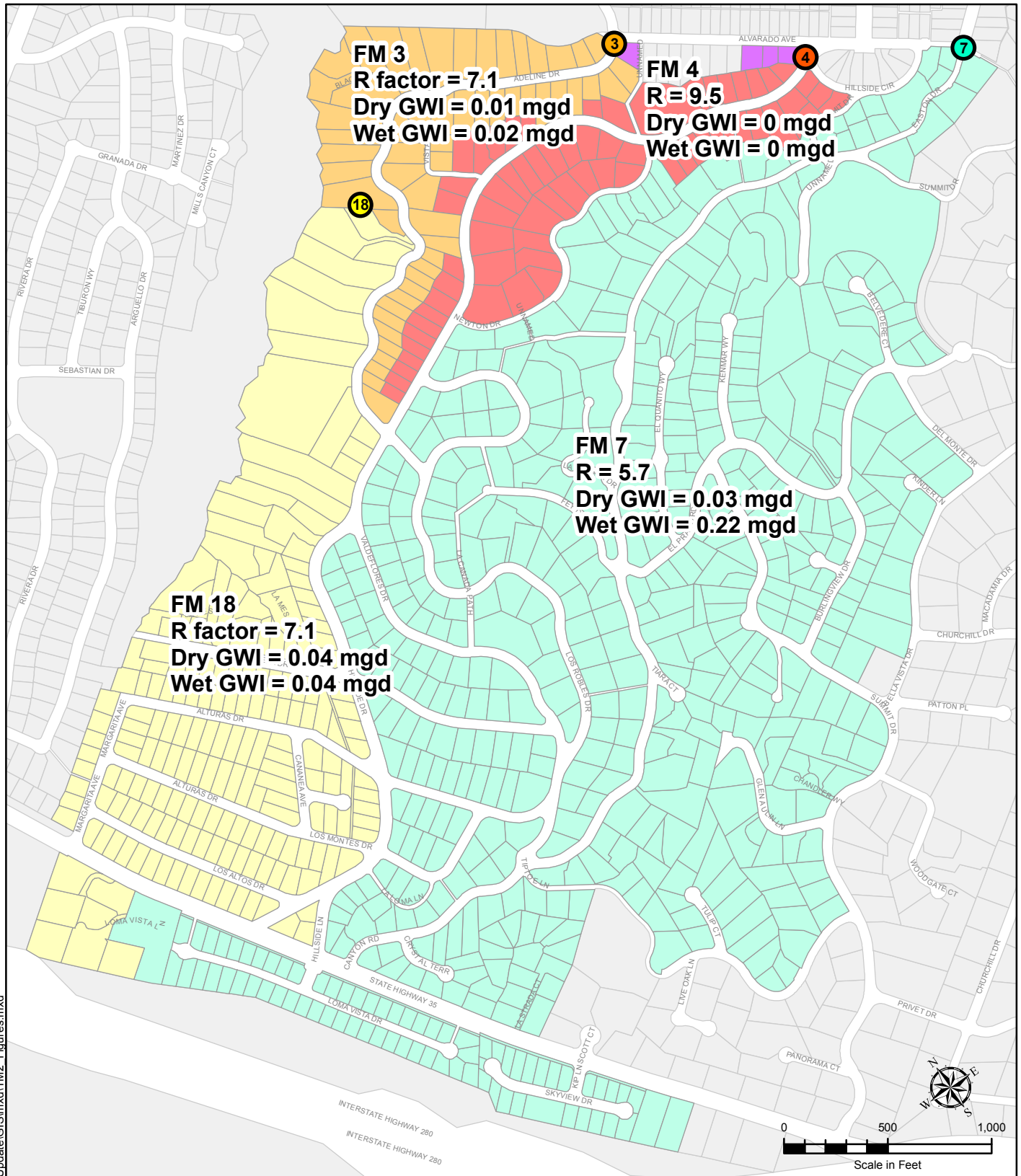
2.7.5 Wet Weather Observed vs. Modeled Results

The wet weather calibration was carried out by comparing modeled results with metered data from the flow monitoring period described above. Table 2-8 presents the numerical results of the final wet weather calibration. Wet weather results are presented as peak wet weather flow (PWWF) occurring during the three-day wet weather calibration simulation.

Table 2-8. Wet Weather Model Calibration Results					
Flow Meter	ADWF (mgd)	Peak Wet Weather Flow (mgd)			Observations
		Observed	Modeled	Percent Difference	
3	0.10	-	-	-	Used only for dry weather calibration for the FM Basin 3.
4	0.01	0.21	0.21	0	
7	0.20	1.58	1.57	-1	
18	-	0.72	0.71	-1	Used only for wet weather calibration for the FM Basin 3.

The wet weather calibration hydrographs for FM 4, 7, and 18 are located in Attachment B. As illustrated on these figures and in Table 2-8, FM 4 and FM 7 hydrographs aligned well for both peak hour and total volume, while the peak hour at FM 18 was matched but not the secondary peaks and overall volume.

The wet weather parameters listed in Table 2-7 were verified by applying these wet weather parameters to a simulation of the rainfall event on March 2, 2009, and comparing the modeled flows with the metered flow data. Wet weather parameters vary with each storm because of varied rainfall patterns and characteristics of the collection system; but generally, the model responded well to the March 2, 2009 rainfall and projected wet weather flows that correlated well with metered flows.



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Flow Monitor	FM Basins	Non Contributing
FM 3	FM 3	Parcels
FM 4	FM 4	
FM 7	FM 7	
FM 18	FM 18	



Location Map



County of San Mateo
Burlingame Hills
Sewer Maintenance District
Master Plan Update

FIGURE 2-8.
Calibration Parameters

Brown AND Caldwell

2.8 Conclusions

The following conclusions were made on the hydraulic model development:

- Flow monitoring limitations were encountered (such as low flows and high velocities), but enough data was collected to calibrate the model.
- The PWWF calibration was good (within 1 percent), which lends confidence to the model projections using the design storm.

The RDI/I parameters developed in this task will be used to develop 10-year, 24-hour flow projections in the next task. This information will be used to evaluate the system capacity and develop capital improvement projects where deficiencies are identified.

References

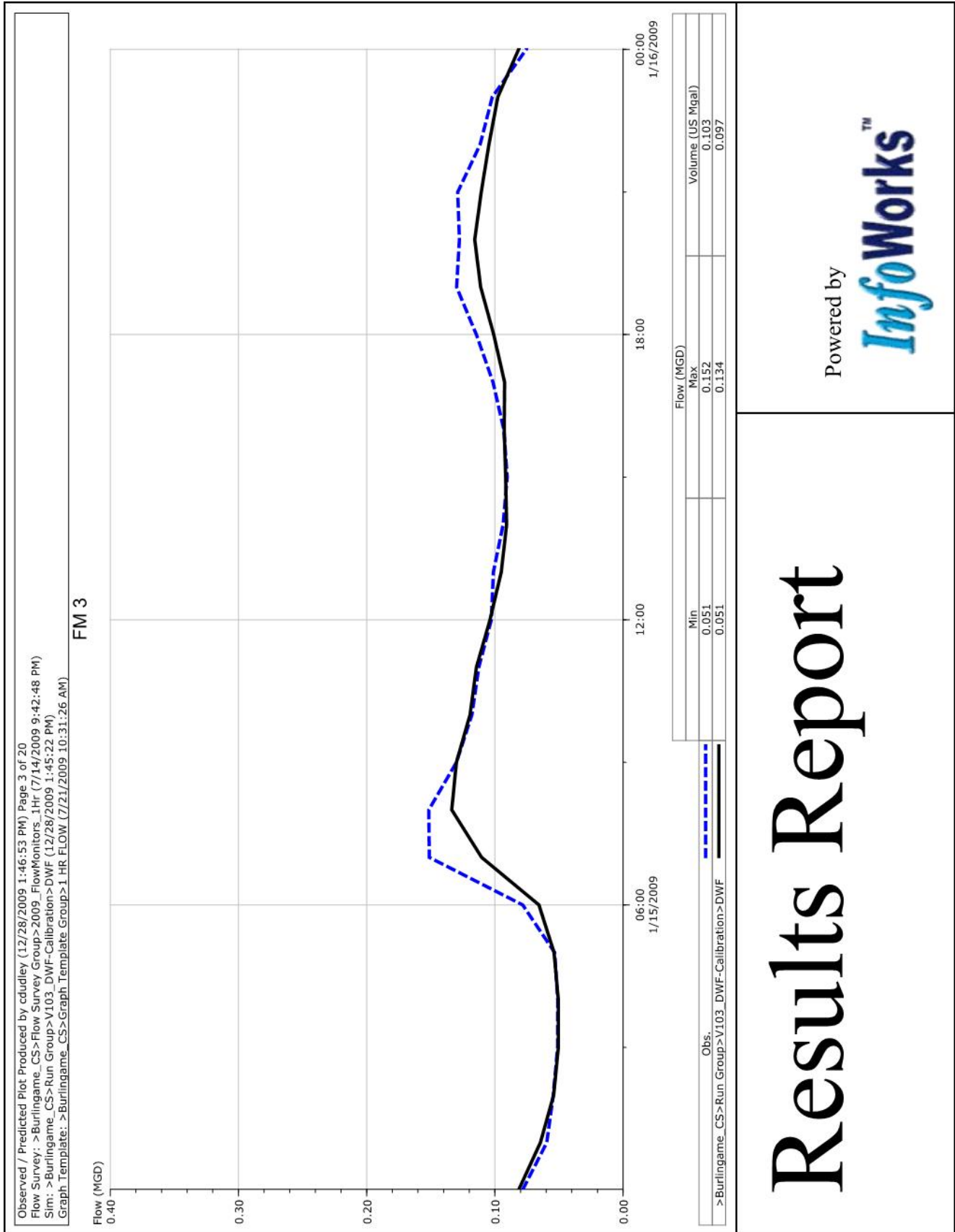
Brown and Caldwell, *Wastewater Collection System Master Plan*, City of Burlingame, California, October 2010.

Brown and Caldwell, *Sewer Master Plan*, Burlingame Hills Sewer Maintenance District, County of San Mateo, California, December 1999.

County of San Mateo, Geographical Information System (GIS), *Parcels*, 2009.

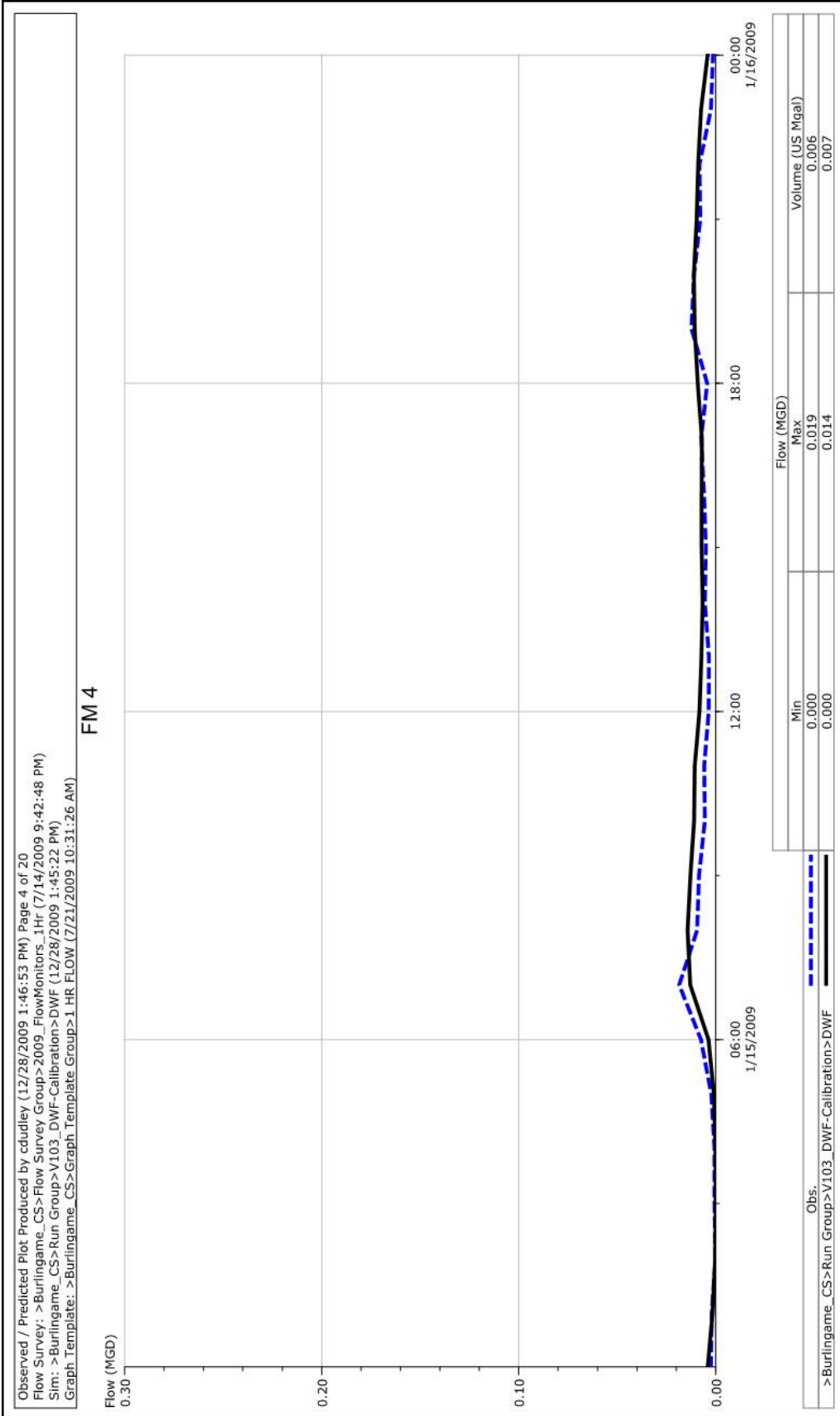
Attachment A: Dry Weather Calibration Hydrographs

January 15th, 2009



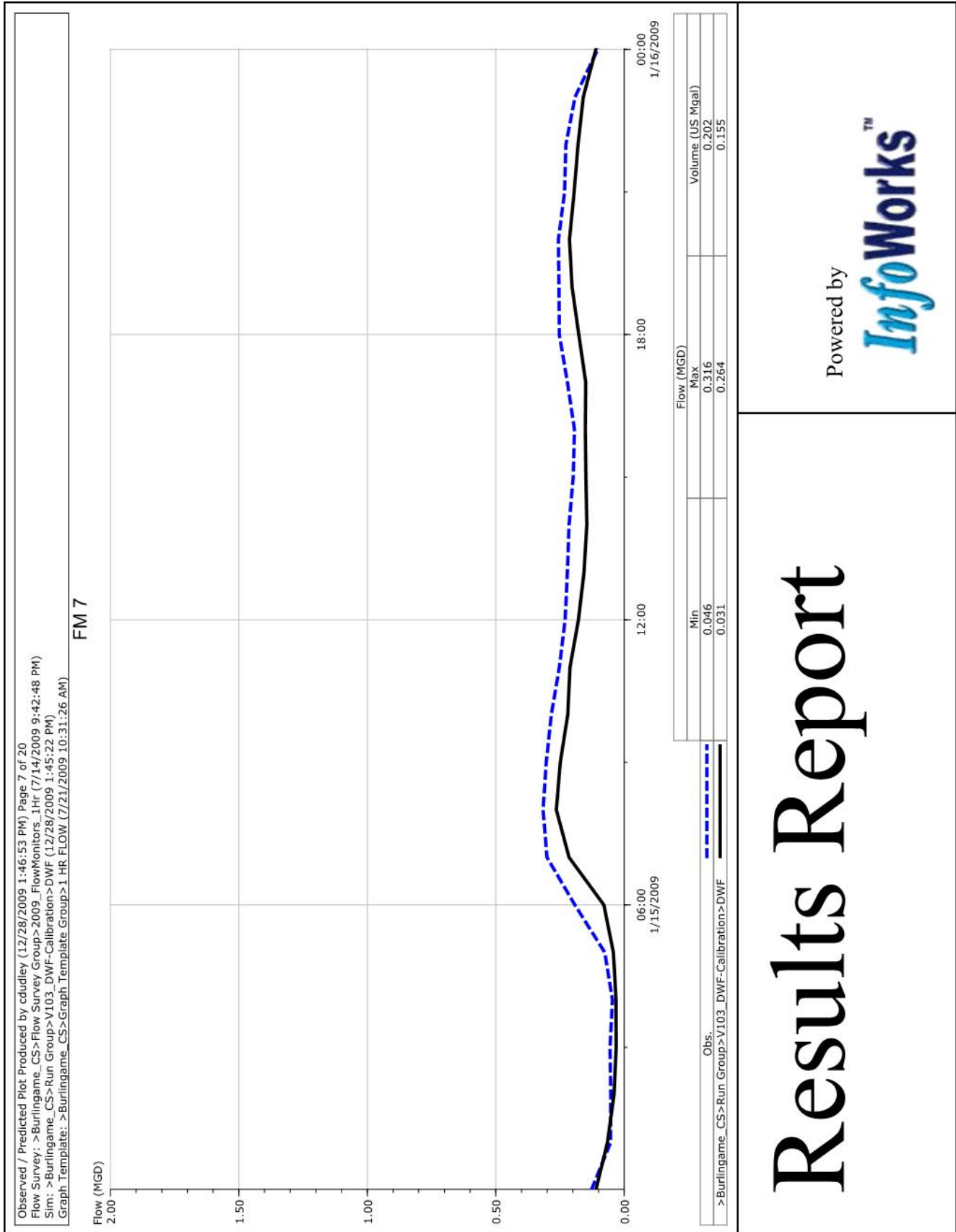
Results Report

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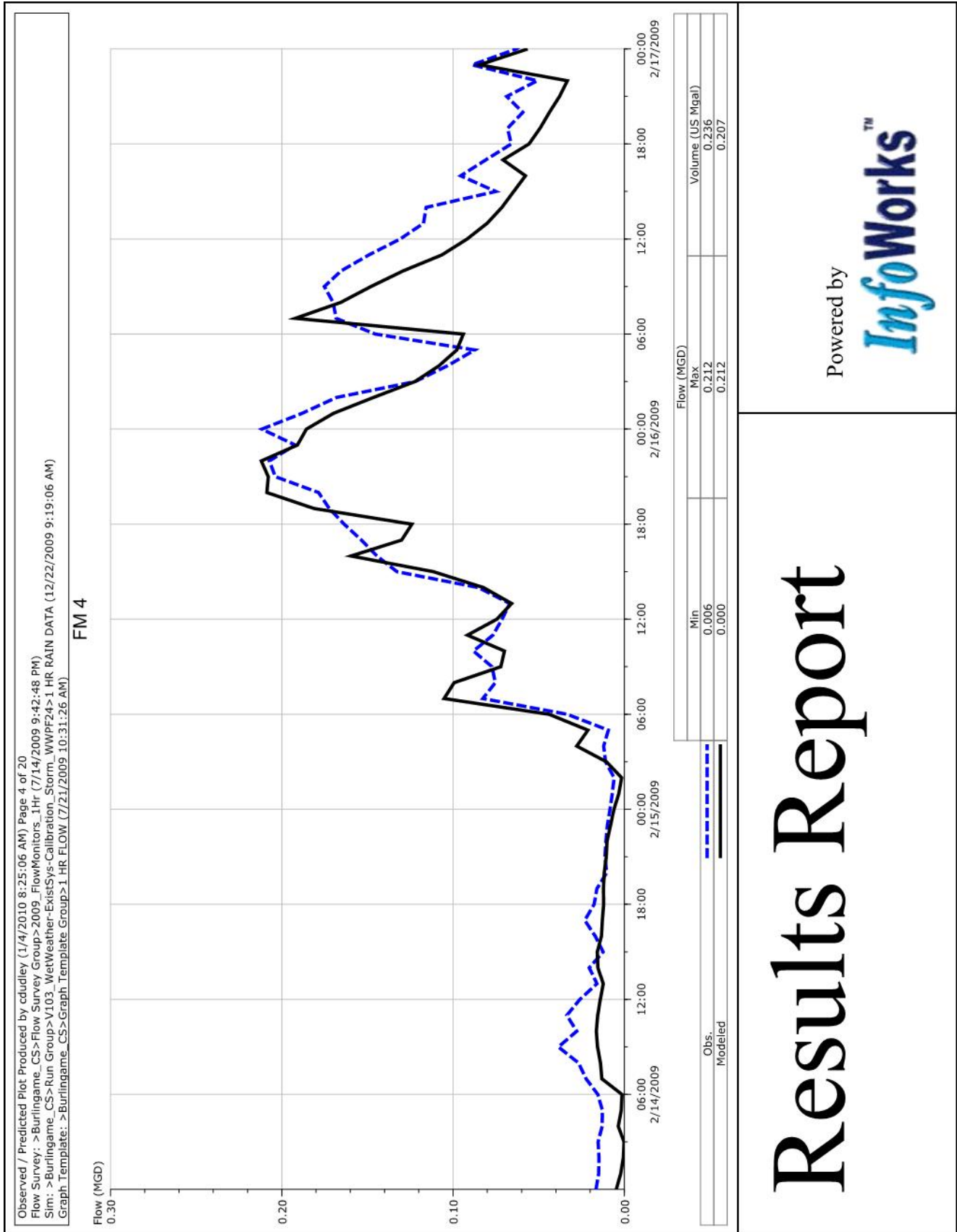


Results Report

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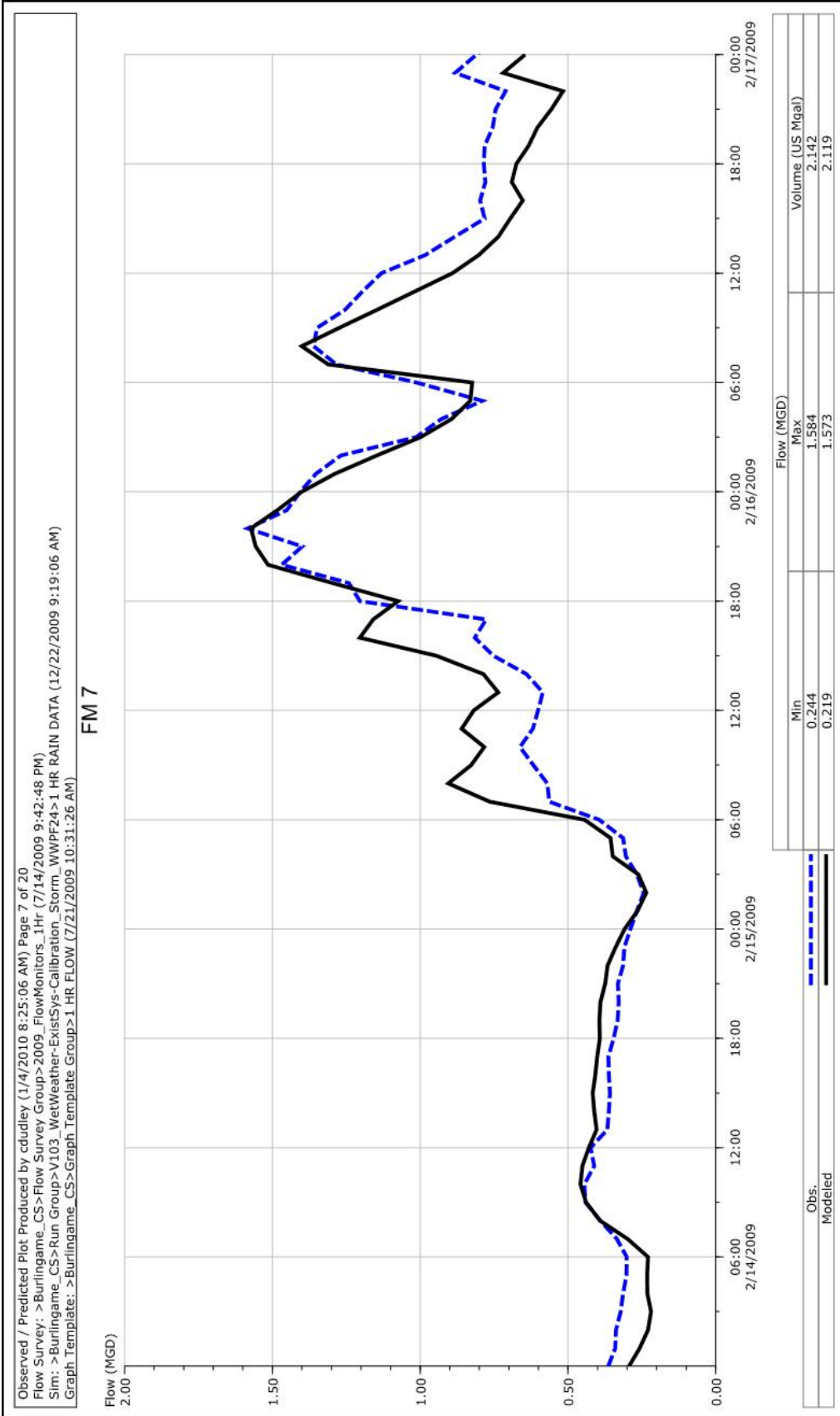
Attachment B: Wet Weather Calibration Hydrographs

February 14th, 15th, and 16th, 2009



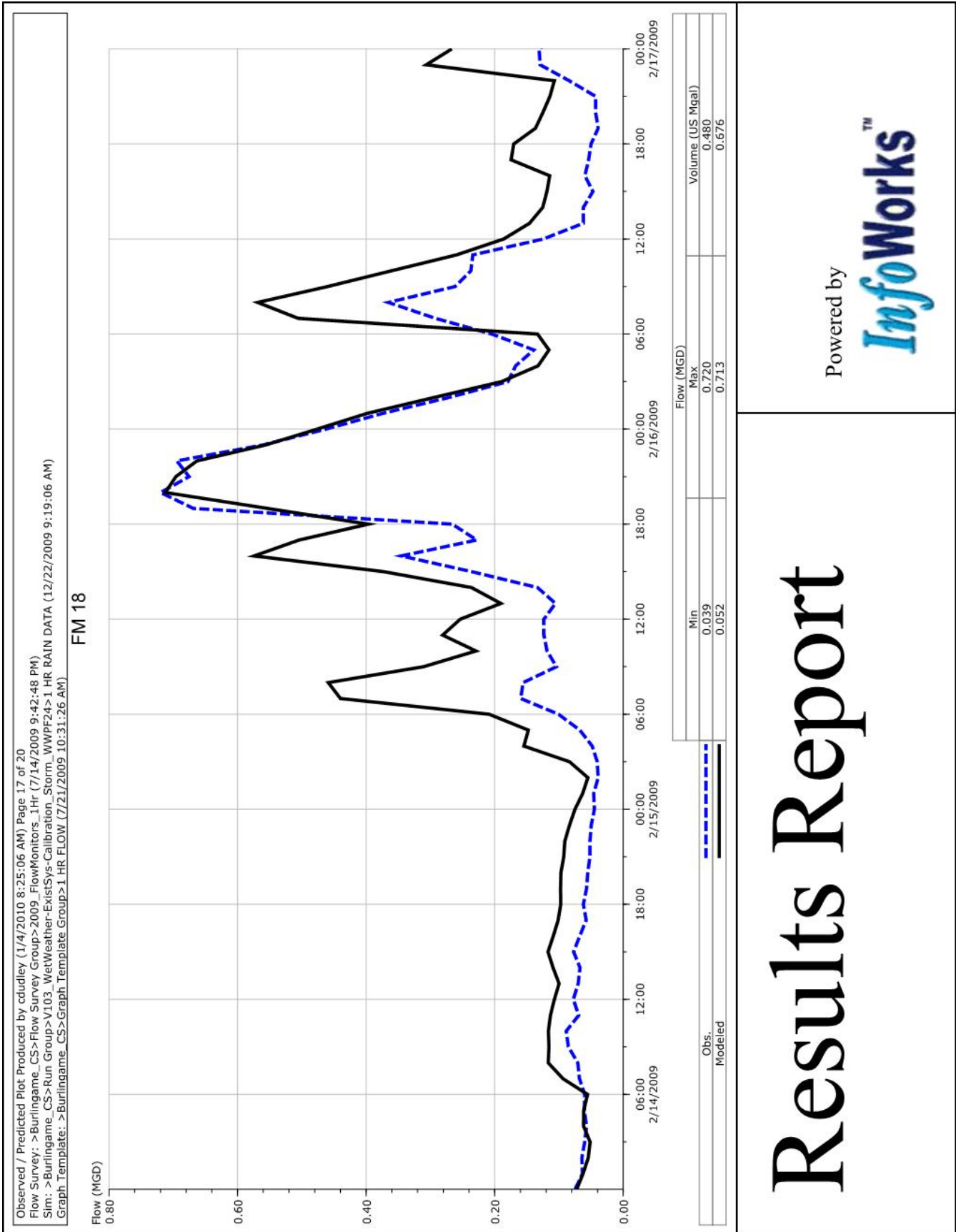
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Prepared for: County of San Mateo, Burlingame Hills Sewer Maintenance District
Project Title: Wastewater Collection System Capacity Assurance Plan and Master Plan Update
Project No: 139924-003-001

Technical Memorandum No. 3

Subject: System Performance Evaluation and Capacity Assurance Plan (Task 4)
Date: April 14, 2011
To: Mark Chow, P.E., Principal Civil Engineer

From:

Christopher M. Peters

Christopher Peters, P.E., Engineer in Responsible Charge,
California License No. C69669, Expires 6/30/2012



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Table of Contents

List of Figures	iii
List of Tables	iii
System Performance Evaluation and Capacity Assurance Plan - Hydraulics.....	1
3.1 Introduction	1
3.1.1 Scope of Work	1
3.1.2 Service Area	1
3.1.3 Existing Collection System.....	1
3.1.4 Previous Planning Reports and Information	3
3.2 Hydraulic Capacity Evaluation Criteria	3
3.2.1 Design Storms.....	3
3.2.2 Evaluation Criteria	4
3.3 Flow Conditions	5
3.3.1 RDI/I Reduction Scenarios.....	5
3.4 System Performance Evaluation	6
3.4.1 Model Scenarios	6
3.4.2 Comparison to 1999 District Master Plan	6
3.4.3 Results by Basin.....	6
3.4.4 Results at City WWTP.....	6
3.4.5 Locations of Surcharge and Potential Overflows – Design Storm	7
3.4.6 Locations of Surcharge and Potential Overflows – Consent Decree Storm.....	9
3.5 Capacity Assurance Plan	9
3.5.1 Capacity Improvement Projects	9
3.5.2 Collection System Rehabilitation Projects.....	12
3.6 Conclusions	13
References	14
Attachment A: Model Results – Design Storm	A
Attachment B: Model Results – Consent Decree Storm	B

List of Figures

Figure 3-1. Existing Collection System.....	2
Figure 3-2. TR-55 SCS Rainfall Distribution Curve.....	4
Figure 3-3. Design Storms.....	4
Figure 3-4. Flow Schematic.....	7
Figure 3-5. System Performance – Design Storm	8
Figure 3-6. System Performance – Consent Decree Storm	10
Figure 3-7. Capacity Improvement Project Locations.....	11

List of Tables

Table 3-1. IDF Rainfall Depths	3
Table 3-2. Modeled R-Factors by Flow Scenario.....	6
Table 3-3. Hydraulic Modeling Results by Basin.....	6
Table 3-4. RDI/I Reduction at City WWTP.....	7
Table 3-5. RDI/I Reduction Potential for District Basins	12

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Technical Memorandum 3

System Performance Evaluation and Capacity Assurance Plan - Hydraulics

This Technical Memorandum 3 (TM 3) documents and evaluates the results of the hydraulic modeling and hydraulic capacity deficiencies in the Burlingame Hills Sewer Maintenance District (District) wastewater collection system. The TM also includes the hydraulic modeling results evaluating the effect of rainfall dependent infiltration/inflow (RDI/I) flow reduction on the City of Burlingame's (City) wastewater treatment plant (WWTP). Finally, the TM will present alternatives to address hydraulic capacity deficiencies and high RDI/I areas.

3.1 Introduction

The intent of the District Wastewater Collection System Capacity Assurance Plan and Master Plan Update (Master Plan Update) project is to develop an update to the 1999 Master Plan utilizing flow monitoring data collected in the District and the City in 2009 and field inspection data collected as part of this project.

3.1.1 Scope of Work

The scope of work for the Master Plan Update includes the following tasks:

1. Project Management
2. Infiltration/Inflow (I/I) Field Inspections
3. Hydraulic Model Development
4. System Performance Evaluation and Capacity Assurance Plan
5. Capital Improvement Plan Development

TM 3 is the deliverable for Task 4, System Performance Evaluation and Capacity Assurance Plan.

3.1.2 Service Area

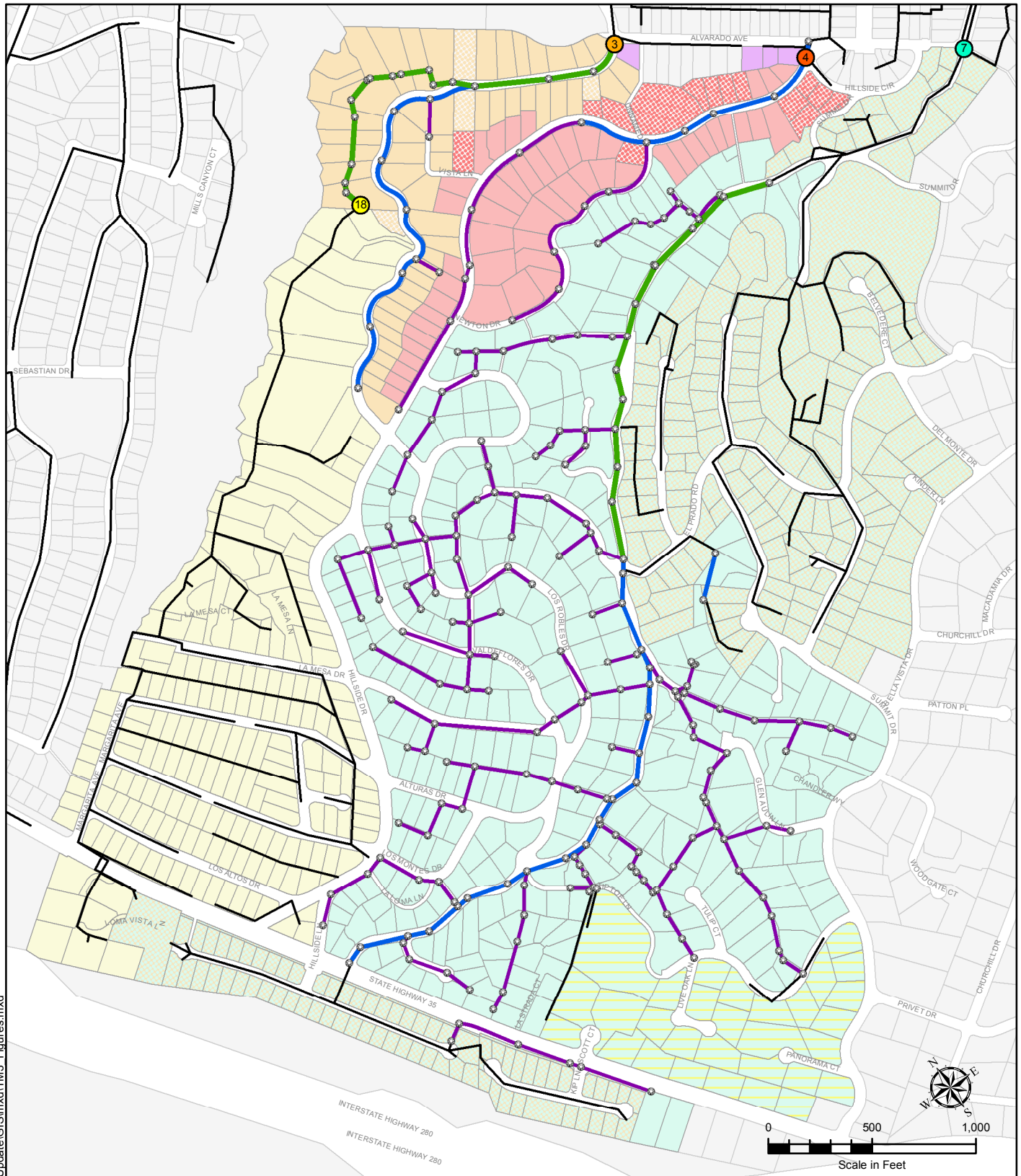
The District service area encompasses approximately 161 acres located in the County of San Mateo (County) on the San Francisco Peninsula. The District is roughly bounded by Canyon Road and Summit Drive in the south, Skyline Boulevard and Tiptoe Lane in the west, Hillside Drive and Adeline Drive in the north and Alvarado Avenue in the east. Figure 3-1 shows the District service area and collection system.

3.1.3 Existing Collection System

The District collection system consists of approximately 6.6 miles of 6-inch to 8-inch-diameter vitrified clay pipe. There are three main trunk sewers in the District, located on Adeline Drive, Canyon Road and Hillside Drive. These sewers roughly divide the District service area into three major drainage areas.

The District's collection system also transports City and Town of Hillsborough (Town) flows in the trunk sewers on Adeline Drive and Canyon Road and in the sewer on Canyon Road upstream of the trunk sewer.

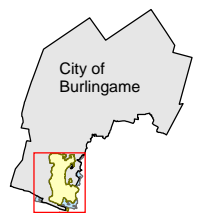
The contributing City and Town areas (approximately 165 acres) are also shown on Figure 3-1. District service area flows are conveyed by gravity to the City collection system and transported to and treated at the City's WWTP. Wastewater pumping stations are not required in the District due to the topography in the service area. The District trunk sewers discharge to the City's collection system at three different locations, City manholes E3-21012 at Adeline Drive and Alvarado Avenue, E3-21099 at Hillside Drive and Alvarado Avenue, and E3-21067 at Canyon Road and Summit Drive.



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<p>District Manholes</p> <ul style="list-style-type: none"> ● District Manholes <p>Modeled District Sewers</p> <ul style="list-style-type: none"> — 6-inch diameter — 8-inch diameter <p>Other District Sewers</p> <ul style="list-style-type: none"> — 6-inch diameter <p>Non District Sewers</p> <ul style="list-style-type: none"> — City 	<p>Flow Monitor Basins</p> <ul style="list-style-type: none"> ● FM 3 ● FM 4 ● FM 7 ● FM 18 	<p>Basins</p> <ul style="list-style-type: none"> ■ FM 3 District ■ City ■ FM 4 District ■ City ■ FM 5 District ■ FM 7 District ■ City ■ Town ■ FM 18 City <p>Non District Parcels</p> <ul style="list-style-type: none"> ■ City ■ Non District Parcels
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Location Map



**County of San Mateo
Burlingame Hills
Sewer Maintenance District
Master Plan Update**

**FIGURE 3-1
Existing Collection System**



3.1.4 Previous Planning Reports and Information

Hydraulic modeling was performed using the hydraulic model developed in TM 2, Hydraulic Model Development. I/I deficiencies are documented and evaluated separately in TM 1, System Performance Evaluation – Infiltration/Inflow Field Inspections.

An evaluation of the District wastewater collection system was completed in 1999. The City, which transports and treats the District’s wastewater and contributes flows to District sewers, prepared an evaluation of their wastewater collection system in 2010. A list of the reports, planning documents, and information used in the development of this Master Plan Update is included in the References section.

3.2 Hydraulic Capacity Evaluation Criteria

The performance of the existing sewer collection system, shown in Figure 3-1, was analyzed using the hydraulic model under two peak wet weather flow (PWWF) scenarios. This section describes the criteria and design storms that were used for the analysis to identify potential hydraulic deficiencies in the modeled sewers.

3.2.1 Design Storms

The performance of the existing District collection system was evaluated using the hydraulic model for a 10-year return period rainfall with a duration of 24 hours (10-year, 24-hour) under two design storm scenarios:

- Design Storm Scenario
- Consent Decree Storm Scenario

The same volume of precipitation was applied for both storms but was distributed differently.

The amount of precipitation was determined using the National Oceanic and Atmospheric Administration (NOAA) Intensity Duration Frequency (IDF) curves for San Mateo County. The IDF rainfall depths are listed in Table 3-1. The 10-year, 24-hour precipitation volume used to evaluate the capacity of the collection system was 3.69 inches.

10-year Storm Duration (hours)	Total Rainfall Depth (inches)
1	0.89
2	1.20
3	1.49
6	2.18
12	2.94
24	3.69

Two rainfall distribution scenarios were used to evaluate the collection system for the 10-year, 24-hour precipitation:

- The Design Storm Scenario applied a distribution based on the six NOAA IDF rainfall depths presented in Table 3-1, i.e., the peak hour rainfall was set equal to the 1-hour rainfall depth, the peak two hour rainfall was set equal to the 2-hour rainfall depth, and so on. This type of distribution is often used for collection system master plans.

- The Consent Decree Storm Scenario applied an SCS Type IA 24-hour rainfall distribution curve, as referenced in Appendix B of TR-55 (USDA 1986) and shown in Figure 3-2.

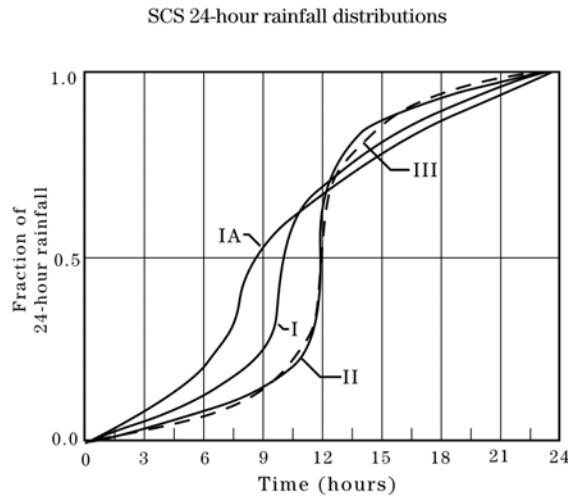


Figure 3-2. TR-55 SCS Rainfall Distribution Curve (USDA 1986)

The resulting design storms are shown on Figure 3-3.

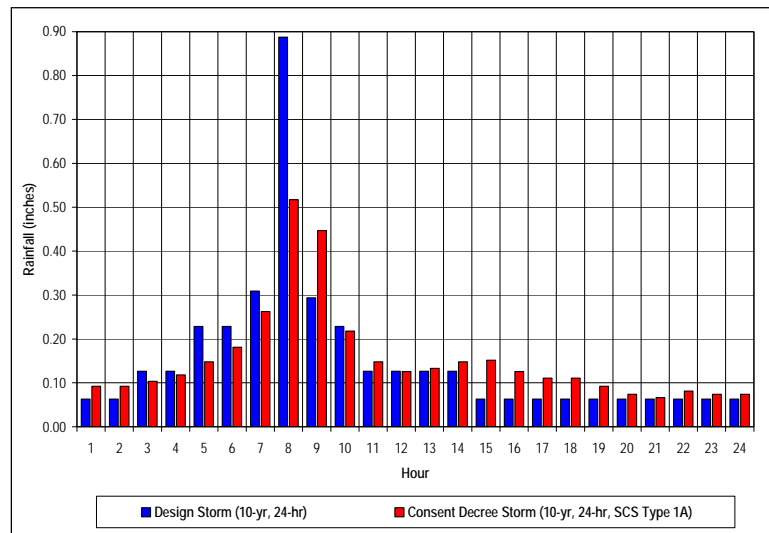


Figure 3-3. Design Storms

3.2.2 Evaluation Criteria

The performance of the collection system was evaluated using the following criteria for modeled gravity pipes:

- Surcharge condition (throttle versus backwater)
- Surcharge elevation (as a function of freeboard).

A pipe was considered surcharged when the hydraulic grade line (HGL) rose above the crown of the pipe.

Surcharge condition. When a surcharged pipe’s HGL slope is steeper than the slope of the pipe itself, the sewer is experiencing “throttle surcharge” and does not have adequate hydraulic capacity to convey peak flows. Otherwise, surcharged pipes are experiencing “backwater surcharge” from throttle surcharge or grade

breaks downstream. It is possible that a single throttle-surcharged pipe can cause flooding and overflows in multiple upstream manholes.

Surcharge elevation. Surcharging was evaluated using “surcharge freeboard” which is the vertical freeboard from the HGL elevation to the manhole rim elevation. For example, one foot of surcharge in a sewer with six feet of cover has a surcharge freeboard of five feet. Possible locations for sanitary sewer overflows (SSOs) are predicted in the model when surcharging causes the HGL elevation to reach the ground surface elevation at a manhole (thus, the surcharge freeboard is equal to or less than zero). The Design and Consent Decree Scenarios were evaluated for minimum surcharge freeboard levels of five and three feet, respectively. These surcharge freeboard levels provide a margin of safety before SSOs occur to compensate for inherent inaccuracies that are present in collection system models.

3.3 Flow Conditions

The performance of the existing District collection system was evaluated using the hydraulic model for three flow condition scenarios:

- Baseline Scenario (No RDI/I reduction)
- 30 Percent RDI/I Reduction Scenario (30%)
- 50 Percent RDI/I Reduction Scenario (50%)

For the Baseline Scenario, all flows were modeled as discussed in TM 2, Hydraulic Model Development. This scenario will be used to develop alternatives for addressing pipe hydraulic deficiencies.

3.3.1 RDI/I Reduction Scenarios

The RDI/I reduction scenarios modeled the effect of RDI/I reduction in the District service area on the performance of the City WWTP based on the wet weather flow volume contributed by the District. The R-factors, or percentage of rainfall volume that reaches the collection system as RDI/I, in the District ranged from 5.7 to 9.5 percent. These R-factors are considered high, and therefore collection system rehabilitation for the purposes of RDI/I reduction was considered.

Two approaches often used to rehabilitate collection systems were used to define the RDI/I reduction scenarios:

- *Public* – Rehabilitation of mains, manholes, and lower laterals in the public right-of-way or easements.
- *Public and private property* – Rehabilitation of mains, manholes, lower laterals, as well as privately-owned upper laterals.

30 Percent RDI/I Volume Reduction Scenario. The public rehabilitation approach was modeled as the 30 Percent RDI/I Volume Reduction Scenario. The basin R-factors were reduced by 30 percent in the hydraulic model. This scenario would require the comprehensive, service area-wide rehabilitation of mains, manholes, and lower laterals within the public right-of-way or easements. A review of documented case studies (Merrill et al 2003) and Brown and Caldwell’s (BC) experience indicate this rehabilitation approach generally provides between 5 and 40 percent reductions in RDI/I volumes.

50 Percent RDI/I Reduction Scenario. The public and private property rehabilitation approach was modeled as the 50 Percent RDI/I Volume Reduction Scenario. The basin R-factors were reduced by 50 percent in the hydraulic model. This scenario would require the comprehensive, service area-wide rehabilitation of the collection system, including privately-owned upper laterals. A review of documented case studies (Merrill et al 2003, WEF 1999) and BC’s experience indicates this rehabilitation approach generally provides between 50 and 70 percent reductions in RDI/I volumes.

The R-factors used for hydraulic modeling are presented in Table 3-2. The dry weather parameters and wet weather groundwater infiltration (GWI) are as discussed in TM 2 for all flow scenarios.

Flow Monitor (FM) Basin	R-Factor by Flow Scenario			Notes
	Baseline	30%	50%	
3	7.1	5.0	3.6	
4	9.5	6.7	4.8	
7	5.7	4.0	2.9	RDI/I reduction not applied to contributing City and Town parcels.
18	7.1	7.1	7.1	RDI/I reduction not applied to this City basin.

3.4 System Performance Evaluation

This section describes the analysis performed to identify potential collection system hydraulic deficiencies.

3.4.1 Model Scenarios

Hydraulic modeling was performed for a total of six scenarios:

- Design Storm with Baseline, 30% Reduction, and 50% Reduction RDI/I.
- Consent Decree Storm with Baseline, 30% Reduction, and 50% Reduction RDI/I.

3.4.2 Comparison to 1999 District Master Plan

The system performance evaluation discussed in this section is based on design storms with a 10-year return period. The 1999 District Master Plan was based on a design storm with a 5-year return period. Therefore, hydraulic deficiencies identified in this section are different from the previous results.

3.4.3 Results by Basin

Table 3-3 summarizes the results of the hydraulic modeling of the existing collection system under the modeled scenarios. Detailed model output for the Baseline scenario is included in Attachment A for the Design Storm and Attachment B for the Consent Decree Storm. A flow schematic showing the connections between the District and City is provided on Figure 3-4.

Flow Monitor	Observed ADWF (mgd)	Design Storm		Consent Decree Storm	
		PWWF (mgd)	Peaking Factor	PWWF (mgd)	Peaking Factor
Basin 3*	0.10	0.83	8.3	0.79	7.9
Basin 4	0.01	0.45	45	0.32	32
Basin 7*	0.20	1.97	9.9	1.88	9.4

* Note PWWFs and peaking factors are reduced because of system losses in the model. Flow from basins 3 and 7 is lost by SSO due to inadequate hydraulic capacity to convey the basin flows in the existing collection system.

3.4.4 Results at City WWTP

Table 3-4 summarizes the results of the hydraulic modeling of the District as well as City collection system without any hydraulic deficiencies, i.e., all flow is conveyed downstream to the City WWTP after hydraulic capacity deficiencies are addressed through capacity improvement projects. The modeling results demonstrate only the effect of comprehensive collection system rehabilitation within the District (there was no RDI/I reduction for City and Town contributing areas). RDI/I volume at the treatment plant were reduced between 0.2 and 0.5 million gallons (MG). The Design Storm 50% reduction scenario results in a 2.6 percent decrease in RDI/I volume at the WWTP.

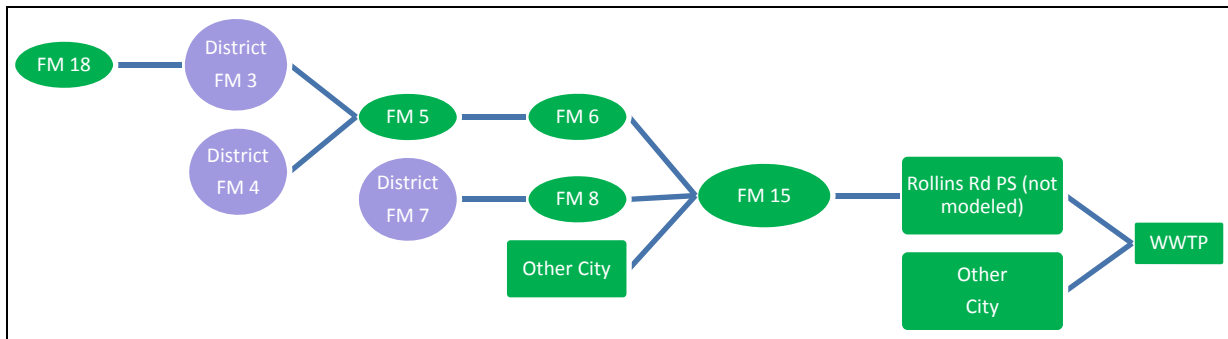


Figure 3-4. Flow Schematic

Table 3-4. RDI/I Reduction at City WWTP						
Modeled RDI/I Volume (MG)						
	Design Storm			Consent Decree Storm		
	Baseline	30%	50%	Baseline	30%	50%
	18.9	18.7	18.4	19.0	18.7	18.6
Reduction from Baseline	-	1.1%	2.6%	-	1.6%	2.1%

* Note there was no RDI/I reduction applied to the City and Town basins.

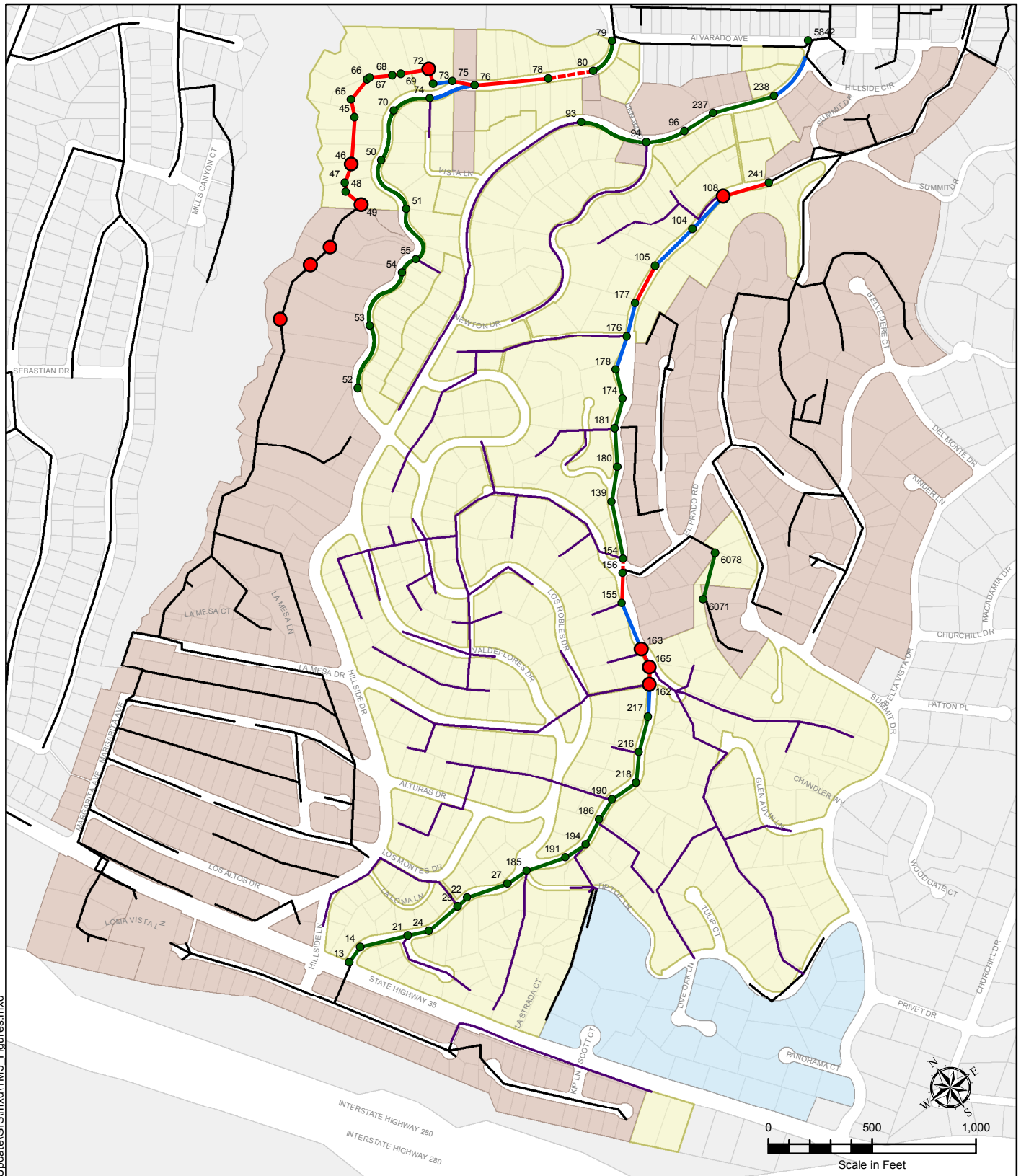
3.4.5 Locations of Surge and Potential Overflows – Design Storm

Sanitary sewer surcharge and potential SSO locations for the Design Storm Baseline scenario, which has the highest PWWFs (is the most conservative), are shown on Figure 3-5 for the District service area and the City basin upstream of FM 18 (City basin 18). Sewers with inadequate surcharge freeboard, as well as sufficient freeboard are shown on the figure.

Surcharge locations. There are six areas of pipe in the District with throttle surcharge with inadequate freeboard:

1. Adeline Drive Trunk Sewer (Easement) – From manhole 49 to 75
2. Adeline Drive Trunk Sewer (Right-of-way) – From manhole 75 to 79
3. Canyon Road Sewer (Tiara Ct) – From manhole 162 to 163
4. Canyon Road Sewer (El Prado Road) – From manhole 155 to 154
5. Canyon Road Trunk Sewer – Manhole 177 to 105
6. Canyon Road Trunk Sewer (Summit Drive) – From manhole 108 to 241 and downstream to City manhole E3-21078

Of these surcharge locations, the Adeline Drive Trunk Sewer (Easement and Right-of-way), and Canyon Road Sewer (Tiara Ct and El Prado Road) and Trunk Sewer (Summit Drive) sewer surcharge locations are downstream of potential SSO locations. Alternatives will be considered to address these hydraulic capacity deficiencies.



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<p>System Surge Levels</p> <ul style="list-style-type: none"> — Throttled, Freeboard < 5 ft — Backwatered, Freeboard < 5 ft - - - Throttled, Sufficient Freeboard - - - Backwatered, Sufficient Freeboard — Modeled District Sewer <p>Potential Overflow</p> <ul style="list-style-type: none"> ● SSO Location <p>Manholes</p> <ul style="list-style-type: none"> ● District 	<p>Other District Sewers</p> <ul style="list-style-type: none"> — 6-inch diameter <p>Non District Sewers</p> <ul style="list-style-type: none"> — City <p>Parcels</p> <ul style="list-style-type: none"> District Service Area City Contributing Area Town Contributing Area Non Contributing Parcels
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Location Map



**County of San Mateo
Burlingame Hills
Sewer Maintenance District
Master Plan Update**

**FIGURE 3-5
System Performance Evaluation
Design Storm**



SSO locations. As shown on Figure 3-5, there are seven potential SSO locations in the District and three potential SSO locations in City Basin 18, which may be affected by downstream District flows in the Adeline Drive Trunk Sewer.

SSOs published on the State Water Resources Control Board website for 2007 through 2010 and annual reports provided by the District for 2009 and 2010 were reviewed. No reported SSOs were identified as caused by wet weather events. One SSO occurred at the potential SSO location identified at the top of the Adeline Drive Trunk sewer, but the cause was debris. The available data spanned a period of four years, and a storm equivalent to the 10-year return period design storms in this section may not have occurred.

City collection system. Improvements to address hydraulic capacity deficiencies in the District collection system may affect upstream and downstream City pipes. The impact of District projects to address hydraulic capacity deficiencies in the City collection system were addressed in the City Master Plan.

3.4.6 Locations of Surcharge and Potential Overflows – Consent Decree Storm

Sanitary sewer surcharge and potential SSO locations for the Consent Decree Baseline scenario are shown on Figure 3-6.

Surcharge locations. The surcharge location on Canyon Road Sewer (El Prado Road) is reduced to surcharge with sufficient freeboard condition from manhole 177 to 105 under the Consent Decree Storm scenario.

SSO locations. Potential SSO locations are the same for both storms, while the volume of SSO would be different, they would occur at the same manholes.

3.5 Capacity Assurance Plan

This section describes the development of alternatives to address the hydraulic deficiencies in the District collection system to reduce the occurrence of SSOs. Two alternatives were considered:

- Capacity improvement projects such as relief sewers and sewer replacement to increase conveyance capacity.
- Collection system rehabilitation projects to lower flows to the City WWTP through RDI/I reduction.

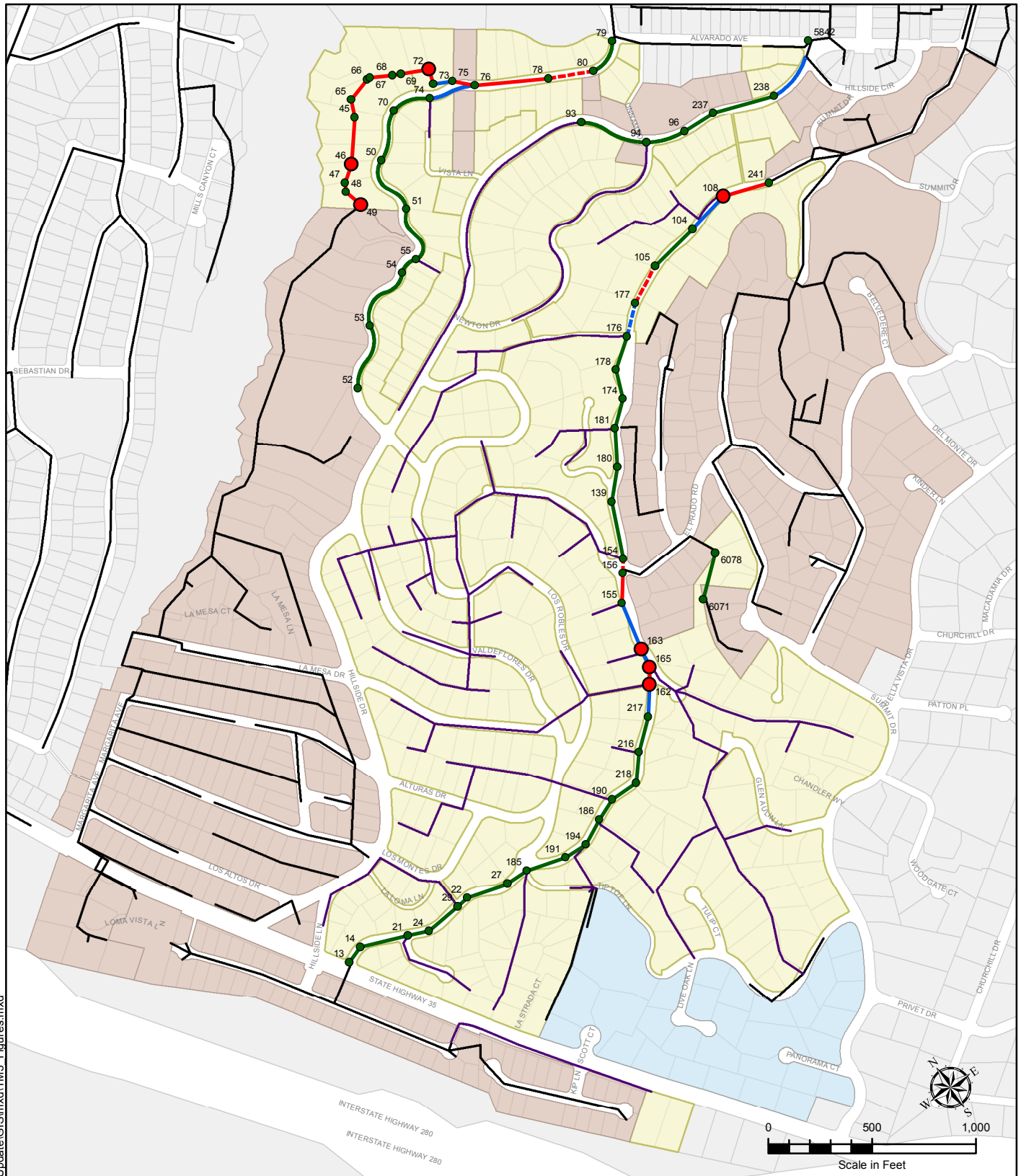
3.5.1 Capacity Improvement Projects

Capacity improvement project alternatives were identified to reduce the occurrence of SSOs in the collection system by eliminating pipe hydraulic restrictions. The design flows used to define the capacity improvement projects are the Design Flow Baseline, or highest modeled, PWWFs.

Capacity improvement projects identified include:

- Increasing the diameters of the Adeline Drive Trunk Sewer from 8-inch to 10-inch in the easement and from 8-inch to 12-inch in the right-of-way. This alternative would eliminate the Adeline Drive Trunk Sewer SSO locations within the District. Coordination of this project with the City is required because of the City contributing flows and the need to also address hydraulic deficiencies upstream in City basin 18. The City Master Plan included a project combining these improvements as CIP Project Number 3.
- Increasing the diameters of the Canyon Road Sewers from 6-inch to 8-inch and the Canyon Road Trunk Sewer from 8-inch to 10-inch. Coordination of this project with the City is required because of City and Town contributing flows and the need to address hydraulic deficiencies downstream in basin 7 City sewers. The City Master Plan included a project combining these improvements as CIP Project Number 5.

The District capacity improvement projects are shown on Figure 3-7; City Master Plan project numbers are used for consistency. Capacity improvements will be sized based on the Design Storm.



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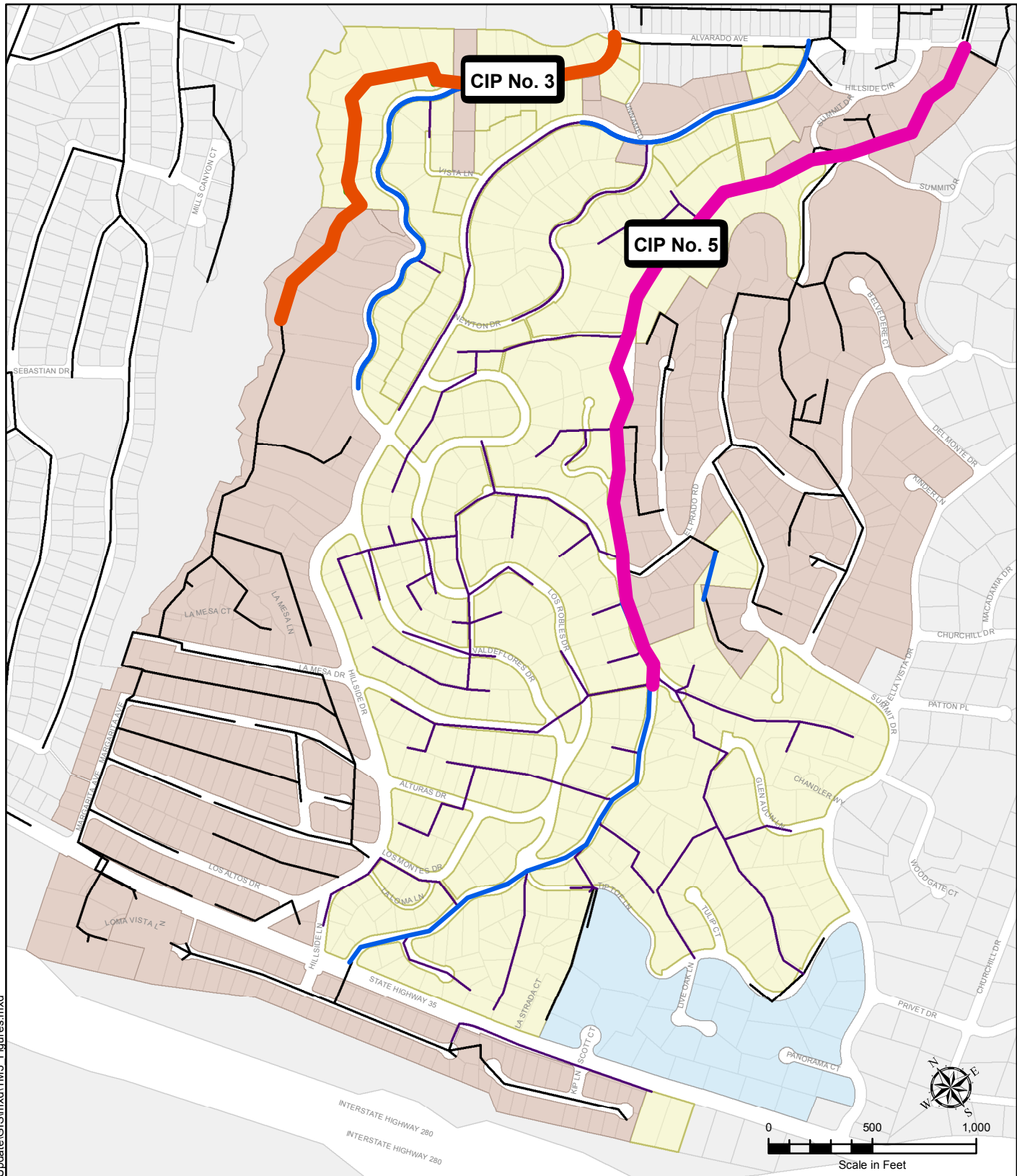
<p>System Surge Levels</p> <ul style="list-style-type: none"> — Throttled, Freeboard < 3 ft — Backwatered, Freeboard < 3 ft — Throttled, Sufficient Freeboard — Backwatered, Sufficient Freeboard — Modeled District Sewer <p>Potential Overflow</p> <ul style="list-style-type: none"> ● SSO Location <p>Manholes</p> <ul style="list-style-type: none"> ● District 	<p>Other District Sewers</p> <ul style="list-style-type: none"> — 6-inch diameter <p>Non District Sewers</p> <ul style="list-style-type: none"> — City <p>Parcels</p> <ul style="list-style-type: none"> District Service Area City Contributing Area Town Contributing Area Non Contributing Parcels
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**County of San Mateo
Burlingame Hills
Sewer Maintenance District
Master Plan Update**

**FIGURE 3-6
System Performance Evaluation
Consent Decree Storm**





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- | | |
|--------------------------------|---------------------------------|
| CIP Project Locations | Other District Sewers |
| CIP No. 3 | 6-inch diameter |
| CIP No. 5 | Non District Sewers |
| Modeled District Sewers | City |
| 6-inch diameter | Parcels |
| 8-inch diameter | District Service Area |
| | City Contributing Area |
| | Town Contributing Area |
| | Non Contributing Parcels |
| | Non Contributing Parcels |



Location Map



County of San Mateo
Burlingame Hills
Sewer Maintenance District
Master Plan Update

Brown AND Caldwell

3.5.2 Collection System Rehabilitation Projects

All flow monitor basins in the District were identified as candidates for collection system rehabilitation in the City’s Master Plan, based on the high potential for RDI/I reduction based on the high R-factors as well as the effectiveness of RDI/I reduction based on the RDI/I volume in gallons per lineal foot of pipe, as shown in Table 3-5. The District basins, particularly basin 4, are recommended for rehabilitation because they are considered leaky for collection systems.

Flow Monitor Basin	Observed ADFW (mgd)	Contributing Area (ac)	Wet Weather GWI (mgd)	R-factor (Percent of Rainfall Volume)	Consent Decree Storm*			Total Length of Pipe (LF)	Gallons RDI/I per LF	Candidate for Collection System Rehabilitation
					Modeled PWWF (mgd)	Peaking Factor	RDI/I Volume (MG)			
3	0.10	79	0.02	7.1	1.67	16.7	0.63	19,222	33	✓
4	0.01	24	0.00	9.5	0.32	32.0	0.19	5,069	37	✓
7	0.20	208	0.22	5.7	2.21	11.1	1.58	42,881	37	✓

* PWWF and RDI/I volumes represent the total flows after hydraulic capacity deficiencies are corrected (i.e., there are no system losses due to SSO).

Rehabilitation by area approach. Experience throughout the country has shown that rehabilitation should occur on an area approach. With this approach, the entire collection system within a designated basin is rehabilitated as compared to trying to identify and repair specific defects (e.g. cracks, offset joints) spread throughout the collection system. The latter approach has proven ineffective because storm water can migrate past rehabilitated defects and enter the collection system through other defects that were not rehabilitated.

Privately-owned upper laterals. In many collection systems, privately-owned upper laterals are found to be a significant source of RDI/I, typically as much as 50 percent of the total collection system RDI/I. Upper lateral rehabilitation throughout the collection system can occur through a program that requires the property owner to rehabilitate the privately-owned upper portion of the lateral at the sale of property, as a condition for a building permit, or under some other trigger.

The District does not currently have a privately-owned upper lateral rehabilitation program. The City has a program to rehabilitate privately-owned upper laterals which requires testing and rehabilitation at the sale of the property. The Town has an ordinance to rehabilitate privately-owned upper laterals at the sale of property.

Rehabilitation effectiveness for RDI/I reduction. The effectiveness of collection system rehabilitation projects depends on the rehabilitation approach, the extent of rehabilitation achieved (how many manholes, pipes, and laterals are actually rehabilitated), and the implementation and success of any privately-owned upper lateral program. Given the uncertainty in how much RDI/I reduction will actually be achieved, rehabilitation is recommended to reduce flows at the City WWTP, but not as an alternative to address hydraulic capacity deficiencies in the District.

3.6 Conclusions

The following conclusions can be made from the results of this analysis:

- There are five areas of the District's collection system with hydraulic capacity deficiencies for the Design and Consent Decree Storm flow scenarios.
- There are seven potential SSO locations in the District caused by hydraulic capacity deficiencies on District sewers. The locations of potential SSOs in the District are the same for both the Design and Consent Decree flow scenarios.
- There are three potential SSO locations in the City that may be related to hydraulic capacity deficiencies on District sewers for the Design flow scenario. There are no SSOs projected at these locations for the Consent Decree flow scenario.
- Two pipe capacity improvement projects in the District are necessary to eliminate the risk of SSO for the Design flow scenario. These capacity improvement projects would also eliminate the risk of SSO for the Consent Decree flow scenario because the peak wet weather flows are lower than the Design flow scenario.
- Comprehensive collection system rehabilitation could potentially reduce the flow volume at the City WWTP by approximately 2.6 percent.

Recommended projects and a schedule for construction of the improvements to address hydraulic capacity deficiencies will be further developed and prioritized in TM 4, Capital Improvement Plan.

References

- Brown and Caldwell, *Wastewater Collection System Master Plan*, City of Burlingame, California, October 2010.
- Brown and Caldwell, *Sewer Master Plan*, Burlingame Hills Sewer Maintenance District, County of San Mateo, California, December 1999.
- County of San Mateo, Geographical Information System (GIS), *Parcels*, 2009.
- Merrill, M.S. et al, *Reducing Peak Rainfall-Derived Infiltration/Inflow Rates – Case Studies and Protocol*, 99-WWF-8, Water Environment Research Foundation, 2003.
- United States Department of Agriculture (USDA), *Urban Hydrology for Small Watersheds*, Technical Release 55 (TR-55), Jun 1986.
- Water Environment Federation, *Control of Infiltration and Inflow in Private Building Sewer Connections*, Water Environment Research Foundation, 1999.

Attachment A: Model Results – Design Storm

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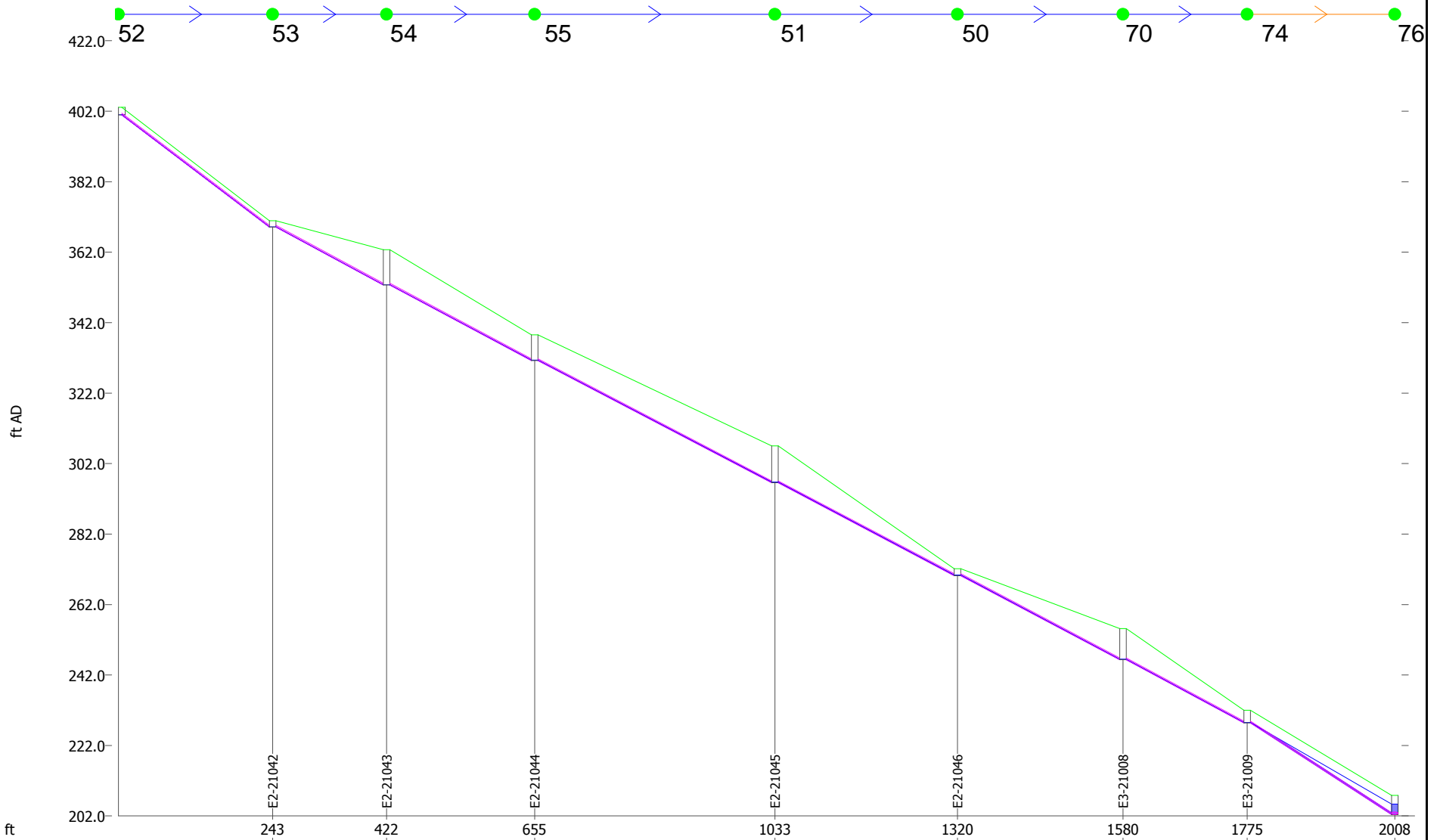
Attachment A. Model Results - Design Storm																	
US District MH	DS District MH	US City MH ID	DS City MH ID	Sewer	Pipe Diameter (in)	Length (ft)	Gradient (%)	US Rim Elevation (ft)	US Invert Elevation (ft)	DS Rim Elevation (ft)	DS Invert Elevation (ft)	Pipe Full Capacity (mgd)	Peak Modeled Flow (mgd)	Peak Modeled Velocity (ft/s)	US MH Maximum Depth (ft)	DS MH Maximum Depth (ft)	Hydraulic Condition at Peak Flow
52	53	E2-21041	E2-21043	Adeline Drive	6	422	9.184	403.1	400.9	362.7	352.7	1.10	0.04	2.18	0.09	0.11	Gravity
53	54	E2-21043	E2-21044	Adeline Drive	6	233	9.183	362.7	352.7	338.6	331.3	1.10	0.07	2.6	0.11	0.13	Gravity
54	55	E2-21044	E2-21045	Adeline Drive	6	378	9.181	338.6	331.3	307.0	296.6	1.10	0.12	4.0	0.13	0.14	Gravity
55	51																
51	50	E2-21045	E2-21046	Adeline Drive	6	287	9.180	307.0	296.6	272.2	270.2	1.10	0.15	4.8	0.14	0.15	Gravity
50	70	E2-21046	E3-21008	Adeline Drive	6	260	9.183	272.2	270.2	255.2	246.3	1.10	0.17	5.5	0.15	0.15	Gravity
70	74	E3-21008	E3-21009	Adeline Drive	6	195	9.181	255.2	246.3	232.0	228.4	1.10	0.17	5.2	0.15	0.16	Gravity
74	76	E3-21009	E3-21007	Adeline Drive	6	232	11.183	232.0	228.4	207.8	202.4	1.21	0.21	1.4	0.16	2.95	Surcharged
49	48	E2-21036	E2-21037	Adeline Drive Trunk	8	78	1.230	214.4	209.5	238.1	208.6	0.87	0.92	3.8	FULL	4.88	Throttled
48	47	E2-21037	E2-21038	Adeline Drive Trunk	8	55	1.231	238.1	208.6	212.7	207.9	0.87	0.92	3.4	4.85	4.73	Throttled
47	46	E2-21038	E2-21039	Adeline Drive Trunk	8	96	0.521	212.7	207.9	211.1	207.4	0.56	0.92	3.5	4.70	FULL	Throttled
46	45	E2-21039	E2-21040	Adeline Drive Trunk	8	205	0.537	211.1	207.4	211.1	206.3	0.57	0.60	2.6	FULL	3.77	Throttled
45	65	E2-21040	E3-21001	Adeline Drive Trunk	8	100	0.470	211.1	206.3	212.2	205.8	0.54	0.60	2.7	3.76	3.67	Throttled
65	66	E3-21001	E3-21002	Adeline Drive Trunk	8	121	0.515	212.2	205.8	210.3	205.2	0.56	0.61	2.6	3.65	3.54	Throttled
66	67	E3-21002	E3-21003	Adeline Drive Trunk	8	172	0.489	210.3	205.2	208.4	204.4	0.55	0.65	2.6	3.52	3.15	Throttled
67	68																
68	69																
69	72	E3-21003	E3-21004	Adeline Drive Trunk	8	140	0.493	208.4	204.4	206.2	203.7	0.55	0.71	2.8	3.13	FULL	Throttled
72	73	E3-21004	E3-21005	Adeline Drive Trunk	8	60	0.250	206.2	203.7	212.5	203.5	0.39	0.61	3.0	FULL	2.57	Throttled
73	75	E3-21005	E3-21006	Adeline Drive Trunk	8	97	0.658	212.5	203.5	206.7	202.9	0.63	0.61	2.5	2.56	2.85	Surcharged
75	76	E3-21006	E3-21007	Adeline Drive Trunk	8	106	0.454	206.7	202.9	207.8	202.4	0.53	0.61	2.5	2.84	2.95	Throttled
76	78	E3-21007	E3-21010	Adeline Drive Trunk	8	340	0.591	207.8	202.4	210.2	200.4	0.60	0.75	3.1	2.93	1.69	Throttled
78	80	E3-21010	E3-21011	Adeline Drive Trunk	8	243	0.585	210.2	200.4	203.2	199.0	0.60	0.79	4.1	1.66	0.53	Throttled
80	79	E3-21011	E3-21012	Adeline Drive Trunk	8	159	13.308	203.2	199.0	181.5	177.8	2.85	0.83	9.1	0.25	0.28	Gravity
93	94	E3-21040	E3-21041	Hillside Drive Trunk	6	398	6.550	288.6	275.8	252.5	249.7	0.93	0.20	3.8	0.17	0.21	Gravity
94	96	E3-21041	E3-21096	Hillside Drive Trunk	6	254	8.837	252.5	249.7	232.9	227.2	1.08	0.36	7.0	0.21	0.21	Gravity
96	237	E3-21096	E3-21097	Hillside Drive Trunk	6	129	8.839	232.9	227.2	217.0	215.8	1.08	0.36	6.8	0.21	0.22	Gravity
237	238	E3-21097	E3-21098	Hillside Drive Trunk	6	302	10.537	217.0	215.8	187.3	184.0	1.18	0.42	6.4	0.22	0.26	Gravity
238	5842	E3-21098	E3-21099	Hillside Drive Trunk	6	225	6.548	187.3	184.0	172.2	169.3	0.93	0.45	3.2	0.26	2.10	Surcharged
13	14	F2-21004	F2-21005	Canyon Road	6	100	6.332	555.0	545.7	549.3	539.4	0.91	0.22	5.5	0.18	0.18	Gravity
14	21	F2-21005	F2-21006	Canyon Road	6	213	10.098	549.3	539.4	523.4	517.9	1.15	0.22	5.6	0.16	0.18	Gravity
21	24	F2-21006	F2-21009	Canyon Road	6	129	10.606	523.4	517.9	508.7	504.2	1.18	0.27	6.7	0.18	0.18	Gravity
24	29	F2-21009	F2-21010	Canyon Road	6	179	10.675	508.7	504.2	488.8	485.1	1.19	0.27	6.1	0.18	0.19	Gravity
29	22	F2-21010	F2-21017	Canyon Road	6	59	10.881	488.8	485.1	481.8	478.7	1.20	0.32	7.5	0.19	0.19	Gravity

Attachment A. Model Results - Design Storm																	
US District MH	DS District MH	US City MH ID	DS City MH ID	Sewer	Pipe Diameter (in)	Length (ft)	Gradient (%)	US Rim Elevation (ft)	US Invert Elevation (ft)	DS Rim Elevation (ft)	DS Invert Elevation (ft)	Pipe Full Capacity (mgd)	Peak Modeled Flow (mgd)	Peak Modeled Velocity (ft/s)	US MH Maximum Depth (ft)	DS MH Maximum Depth (ft)	Hydraulic Condition at Peak Flow
22	27	F2-21017	F2-21018	Canyon Road	6	207	11.758	481.8	478.7	458.9	454.4	1.24	0.32	6.1	0.18	0.22	Gravity
27	185	F2-21018	F2-21019	Canyon Road	6	117	10.674	458.9	454.4	445.0	441.9	1.19	0.42	8.4	0.22	0.22	Gravity
185	191	F2-21019	F2-21020	Canyon Road	6	167	11.164	445.0	441.9	425.2	423.3	1.21	0.42	7.4	0.21	0.23	Gravity
191	194	F2-21020	F2-21021	Canyon Road	6	154	11.167	425.2	423.3	410.0	406.1	1.21	0.47	8.5	0.23	0.22	Gravity
194	186	F2-21021	F2-21025	Canyon Road	6	231	11.730	410.0	406.1	383.5	379.0	1.24	0.47	6.6	0.22	0.28	Gravity
186	190																
190	218	F2-21025	F2-21032	Canyon Road	6	161	9.392	383.5	379.0	368.8	363.9	1.11	0.58	7.2	0.27	0.31	Gravity
218	216	F2-21032	F2-21033	Canyon Road	6	151	7.308	368.8	363.9	356.8	352.9	0.98	0.58	7.2	0.29	0.31	Gravity
216	217	F2-21033	F2-21034	Canyon Road	6	161	8.558	356.8	352.9	343.6	339.1	1.06	0.62	7.7	0.29	0.32	Gravity
217	162	F2-21034	F2-21035	Canyon Road	6	161	8.450	343.6	339.1	331.4	325.5	1.06	0.62	3.7	0.29	FULL	Surcharged
162	165	F2-21035	F2-21044	Canyon Road	6	102	7.151	331.4	325.5	323.5	318.2	0.97	0.98	7.0	FULL	FULL	Throttled
165	163	F2-21044	F2-21052	Canyon Road	6	83	6.883	323.5	318.2	317.3	312.5	0.95	0.95	6.1	5.25	FULL	Throttled
163	155	F2-21052	F2-21053	Canyon Road	6	256	5.465	317.3	312.5	303.5	298.5	0.85	0.83	5.5	FULL	4.88	Surcharged
155	156	F2-21053	F2-21055	Canyon Road	6	146	4.838	303.5	298.6	300.1	291.5	0.80	0.85	5.8	4.77	3.28	Throttled
156	154	F2-21055	F2-21056	Canyon Road	6	69	3.068	300.1	291.5	296.0	289.4	0.64	0.94	7.8	3.18	0.45	Throttled
6071	6078	F3-21039	F3-21040	El Prado Road Easement	6	232	17.445	414.0	409.5	373.2	369.0	1.52	0.03	2.5	0.08	0.08	Gravity
154	139	F2-21056	F2-21081	Canyon Road Trunk	8	255	11.561	296.0	289.4	265.5	259.9	2.66	1.24	8.4	0.33	0.43	Gravity
139	180	F2-21081	F3-21045	Canyon Road Trunk	8	160	6.363	265.5	259.9	254.0	249.7	1.97	1.24	7.3	0.39	0.48	Gravity
180	181	F3-21045	F3-21047	Canyon Road Trunk	8	208	4.733	254.0	249.7	243.3	239.9	1.70	1.24	8.1	0.43	0.43	Gravity
181	174	F3-21047	F3-21048	Canyon Road Trunk	8	145	8.740	243.3	239.9	230.9	227.2	2.31	1.31	9.6	0.37	0.41	Gravity
174	178	F3-21048	F3-21049	Canyon Road Trunk	8	100	8.497	230.9	227.2	223.2	218.7	2.28	1.31	9.6	0.37	0.41	Gravity
178	176	E3-29001	E3-21051	Canyon Road Trunk	8	142	8.495	213.4	210.4	203.4	198.3	2.28	1.32	6.8	0.38	1.00	Surcharged
176	177	E3-21051	E3-21053	Canyon Road Trunk	8	174	4.822	203.4	198.3	196.0	189.9	1.72	1.45	5.8	0.84	2.93	Surcharged
177	105	E3-21053	E3-21057	Canyon Road Trunk	8	189	2.702	196.0	189.9	188.6	184.8	1.28	1.51	7.1	2.83	0.60	Throttled
105	104	E3-21057	E3-21058	Canyon Road Trunk	8	258	5.411	188.6	184.8	175.7	170.8	1.82	1.54	8.4	0.48	1.18	Surcharged
104	108	E3-21058	E3-21059	Canyon Road Trunk	8	215	6.949	175.7	170.8	163.0	155.9	2.06	1.53	5.6	1.01	FULL	Surcharged
108	241	E3-21059	E3-21067	Canyon Road Trunk	8	232	2.810	163.0	155.9	156.8	149.4	1.31	1.41	5.1	FULL	5.89	Throttled

Abbreviations:

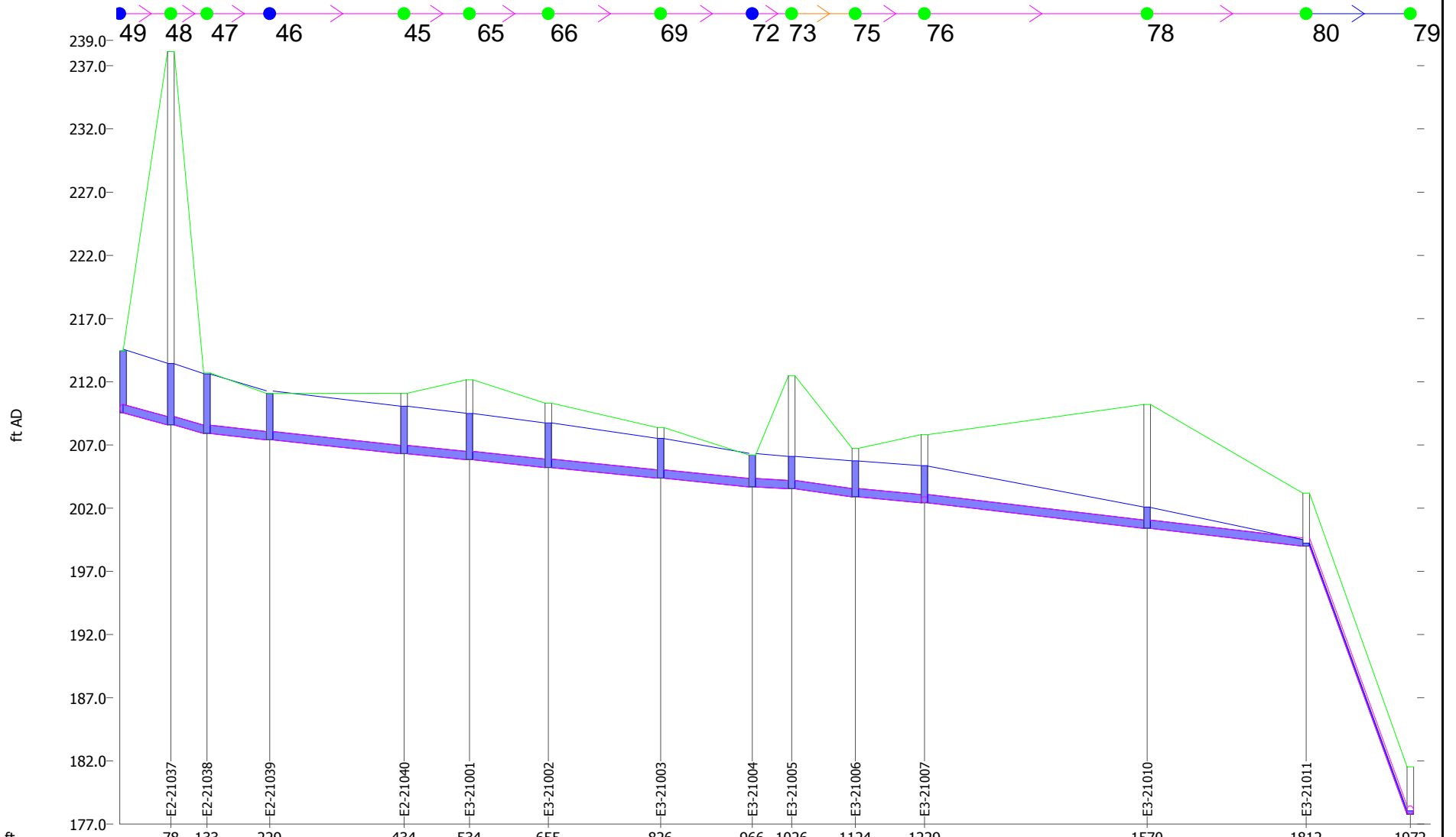
- MH - manhole
- in - inches
- ft - feet
- US - upstream
- DS - downstream
- mgd - million gallons per day
- ft/s - feet per second

Adeline Drive - Design Storm - Model Results



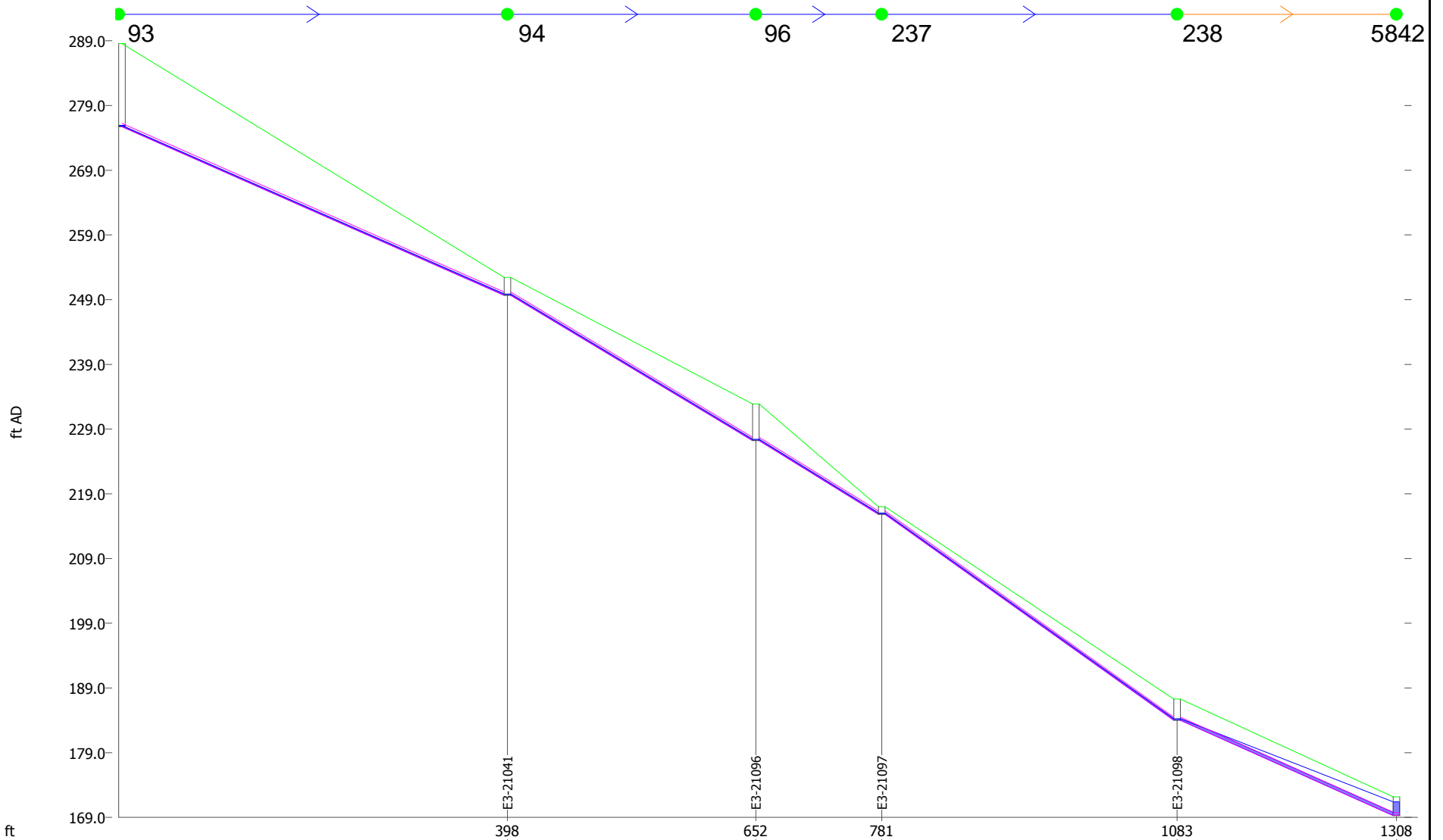
Link	E2-21041.1		E2-21042.1		E2-21043.1		E2-21044.1		E2-21045.1		E2-21046.1		E3-21008.1		E3-21009.1	
length (ft)	242.6		179.2		233.1		377.6		287.3		260.2		195.3		232.4	
width (in)	6.0		6.0		6.0		6.0		6.0		6.0		6.0		6.0	
us inv (ft AD)	400.930		369.130		352.672		331.267		296.599		270.224		246.331		228.400	
ds inv (ft AD)	369.130		352.672		331.267		296.599		270.224		246.331		228.400		202.410	
grad (%)	13.108		9.182		9.182		9.182		9.182		9.182		9.182		11.184	
DS Flow (MGD)	0.02989		0.04229		0.06669		0.11730		0.15246		0.17460		0.17453		0.20956	
r.pfc (MGD)	1.313		1.099		1.099		1.099		1.099		1.099		1.099		1.213	
Node	E2-21041	E2-21042	E2-21043	E2-21044	E2-21045	E2-21046	E3-21008	E3-21009	E3-21007							
ground (ft AC)	403.100	370.910	362.690	338.560	307.010	272.180	255.200	232.000	207.820							
level (ft AD)	401.012	369.223	352.778	331.396	296.741	270.373	246.480	228.555	205.355							

Adeline Drive Trunk - Design Storm - Model Results



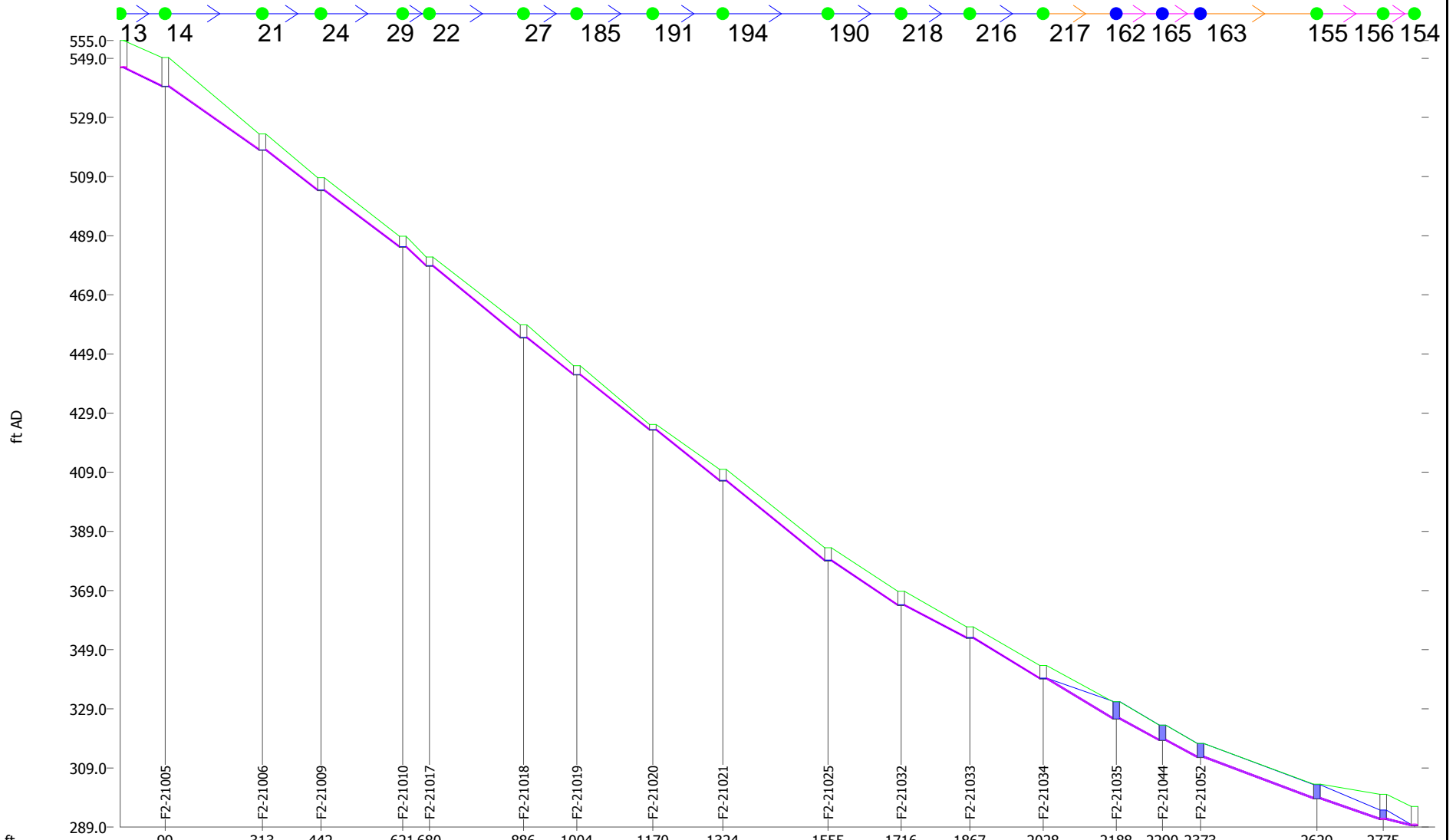
ft	78	133	229	434	534	655	826	966	1026	1124	1229	1570	1812	1972						
Link length (ft)	78.3	55.0	96.0	E2-21039.1		100.0	E3-21001.1		E3-21002.1		E3-21003.1		E3-21007.1		E3-21010.1		E3-21011.1			
width (in)	8.0	8.0	8.0	8.0		8.0	8.0		8.0		8.0		8.0		8.0		8.0			
us inv (ft AD)	207.900	207.900	207.900	207.400		205.830	205.830		205.210		202.890		202.410		200.400		198.980			
ds inv (ft AD)	207.400	207.400	207.400	206.300		205.830	205.210		204.370		203.680		202.890		202.410		200.400		197.780	
grad (%)	1.230	-	0.521	0.537		0.470	0.515		0.489		0.493		0.250		0.658		0.454		0.591	
DS Flow (MGD)	-	-	0.92400	0.60237		0.60248	0.61173		0.64649		0.71180		0.548		0.60790		0.61296		0.75067	
r.pfc (MGD)	0.867	-	0.564	0.572		0.536	0.560		0.546		0.548		0.391		0.633		0.527		0.600	
Node	-	-	-	E2-21039	E2-21040	E3-21001	E3-21002	E3-21003	-	-	-	E3-21007	E3-21010	E3-21011	-					
ground (ft AC)	-	-	-	211.080	211.090	212.150	210.310	208.370	206.200	-	-	206.730	207.820	210.200	203.180					
level (ft AD)	-	-	-	211.080	210.070	209.497	208.747	207.522	206.200	-	-	205.739	205.355	202.085	199.236	-				

Hillside Drive - Design Storm - Model Results



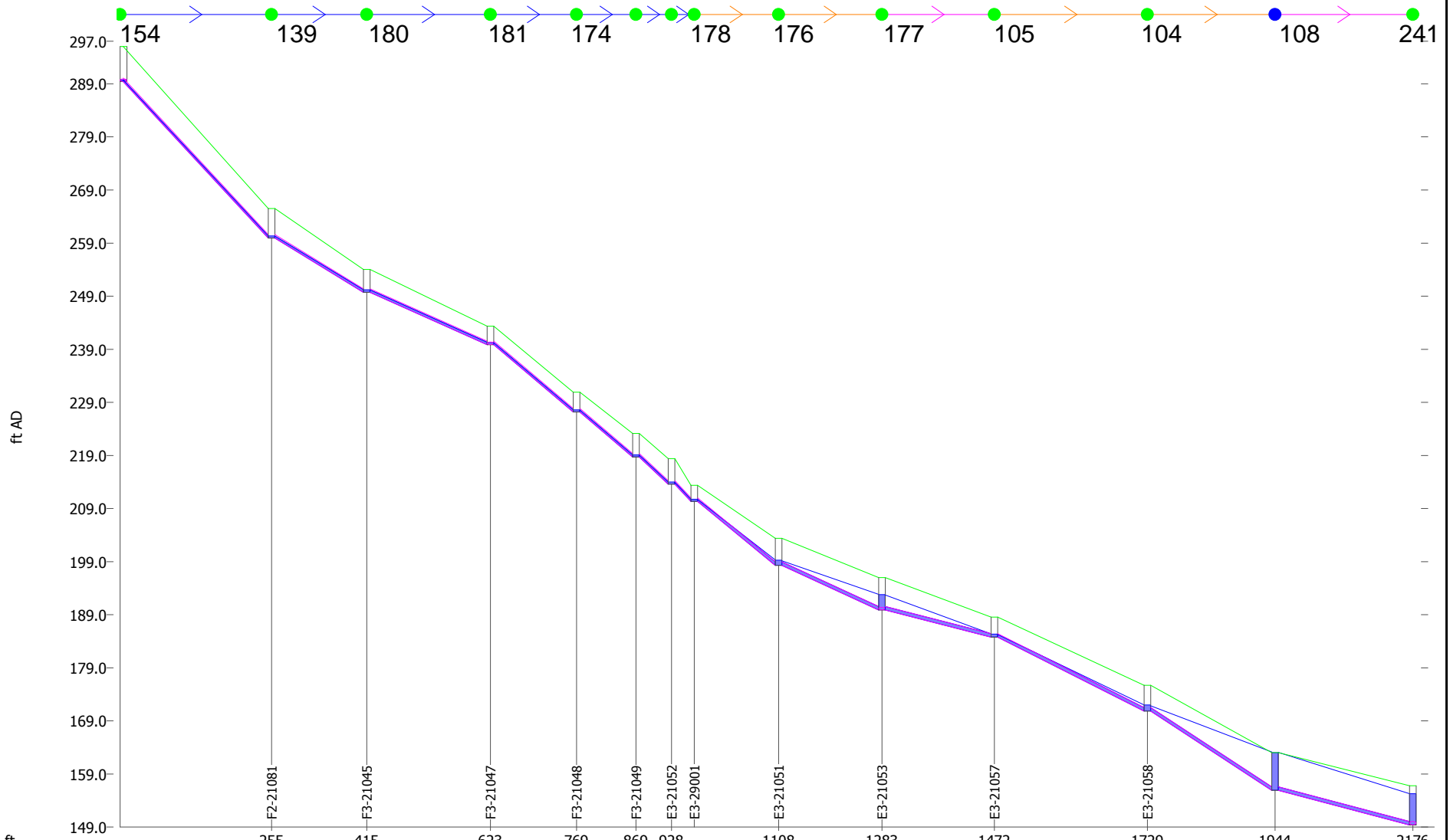
Link	E3-21040.1	E3-21041.1	E3-21096.1	E3-21097.1	E3-21098.1	
length (ft)	398.0	254.1	128.9	302.1	224.5	
width (in)	6.0	6.0	6.0	6.0	6.0	
us inv (ft AD)	275.750	249.680	227.225	215.832	184.000	
ds inv (ft AD)	249.680	227.225	215.832	184.000	169.300	
grad (%)	6.550	8.837	8.837	10.537	6.548	
DS Flow (MG)	0.19676	0.36356	0.36342	0.42399	0.45145	
r.pfc (MGD)	0.928	1.078	1.078	1.178	0.928	
Node	E3-21040	E3-21041	E3-21096	E3-21097	E3-21098	E3-21099
ground (ft AC)	288.590	252.460	232.910	217.030	187.300	172.180
level (ft AD)	275.922	249.893	227.438	216.051	184.258	171.394

Canyon Road - Design Storm - Model Results



ft	99	313	442	621	680	886	1004	1170	1324	1555	1716	1867	2028	2188	2290	2373	2629	2775	
Link length (ft)	99.5	213.3	128.8	179.3	-	206.5	117.2	166.8	154.1	230.6	161.1	150.8	160.9	160.6	101.8	83.1	256.0	145.5	69.1
width (in)	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0
us inv (ft AD)	-	539.440	517.900	504.240	-	478.680	-	441.880	423.258	406.050	379.000	363.870	352.850	339.080	-	-	312.510	298.560	-
ds inv (ft AD)	-	517.900	504.240	485.100	-	454.400	-	423.258	406.050	379.000	363.870	352.850	339.080	325.510	-	-	298.520	291.520	-
grad (%)	6.333	10.098	10.608	10.677	-	11.760	10.670	11.166	11.166	11.730	9.394	7.308	8.557	8.451	7.149	6.883	5.466	4.838	-
DS Flow (MGD)	-	0.22226	0.26609	0.26607	-	0.31846	-	0.41635	0.46751	0.46732	0.57859	0.57842	0.61754	0.61740	-	-	0.82716	0.84988	-
r.pfc (MGD)	0.913	1.153	1.182	1.185	-	1.244	1.185	1.212	1.212	1.242	1.112	0.981	1.061	1.055	0.970	0.952	0.848	0.798	-
Node	-	F2-21005	F2-21006	F2-21009	-	-	F2-21018	-	F2-21020	F2-21021	F2-21025	F2-21032	F2-21033	F2-21034	-	-	F2-21052	F2-21053	-
ground (ft AC)	-	549.290	523.400	508.660	-	481.790	458.870	445.030	425.200	410.040	383.450	368.750	356.750	343.620	-	-	317.250	303.520	-
level (ft AD)	-	539.604	518.076	504.416	-	478.865	454.617	442.095	423.484	406.274	379.282	364.178	353.162	339.392	-	-	317.250	303.391	-

Canyon Road Trunk - Design Storm - Model Results



Link	F2-21056.1	F2-21081.1	F3-21045.1	F3-21047.1	-	-	-	E3-29001.1	E3-21051.1	E3-21053.1	E3-21057.1	E3-21058.1	E3-21059.1	
length (ft)	255.0	160.3	208.1	145.2	100.0	59.8	8.0	141.9	174.2	189.1	257.6	214.7	232.0	
width (in)	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	
us inv (ft AD)	289.400	259.920	249.720	239.870	227.180	218.683	210.355	198.300	189.900	189.900	184.780	170.840	155.920	
ds inv (ft AD)	259.920	249.720	239.870	227.180	218.683	210.355	198.300	189.900	184.790	184.790	170.840	155.920	149.400	
grad (%)	11.561	6.363	4.734	8.742	8.497	-	-	8.497	4.821	2.702	5.411	6.949	2.810	
DS Flow (MGD)	1.23729	1.23687	1.23665	1.30941	1.30929	-	-	1.31720	1.45320	1.51323	1.53540	1.53447	1.40705	
r.pfc (MGD)	2.656	1.971	1.700	2.310	2.277	-	-	2.277	1.715	1.284	1.817	2.059	1.310	
Node	F2-21056	F2-21081	F3-21045	F3-21047	F3-21048	-	-	-	E3-21051	E3-21053	E3-21057	E3-21058	E3-21059	-
ground (ft AC)	296.020	265.520	254.040	243.330	230.930	-	-	-	203.400	195.990	188.570	175.720	163.030	156.800
level (ft AD)	289.732	260.343	250.191	240.277	227.591	-	-	-	199.291	192.818	185.342	172.002	163.030	155.287

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Attachment B: Model Results – Consent Decree Storm

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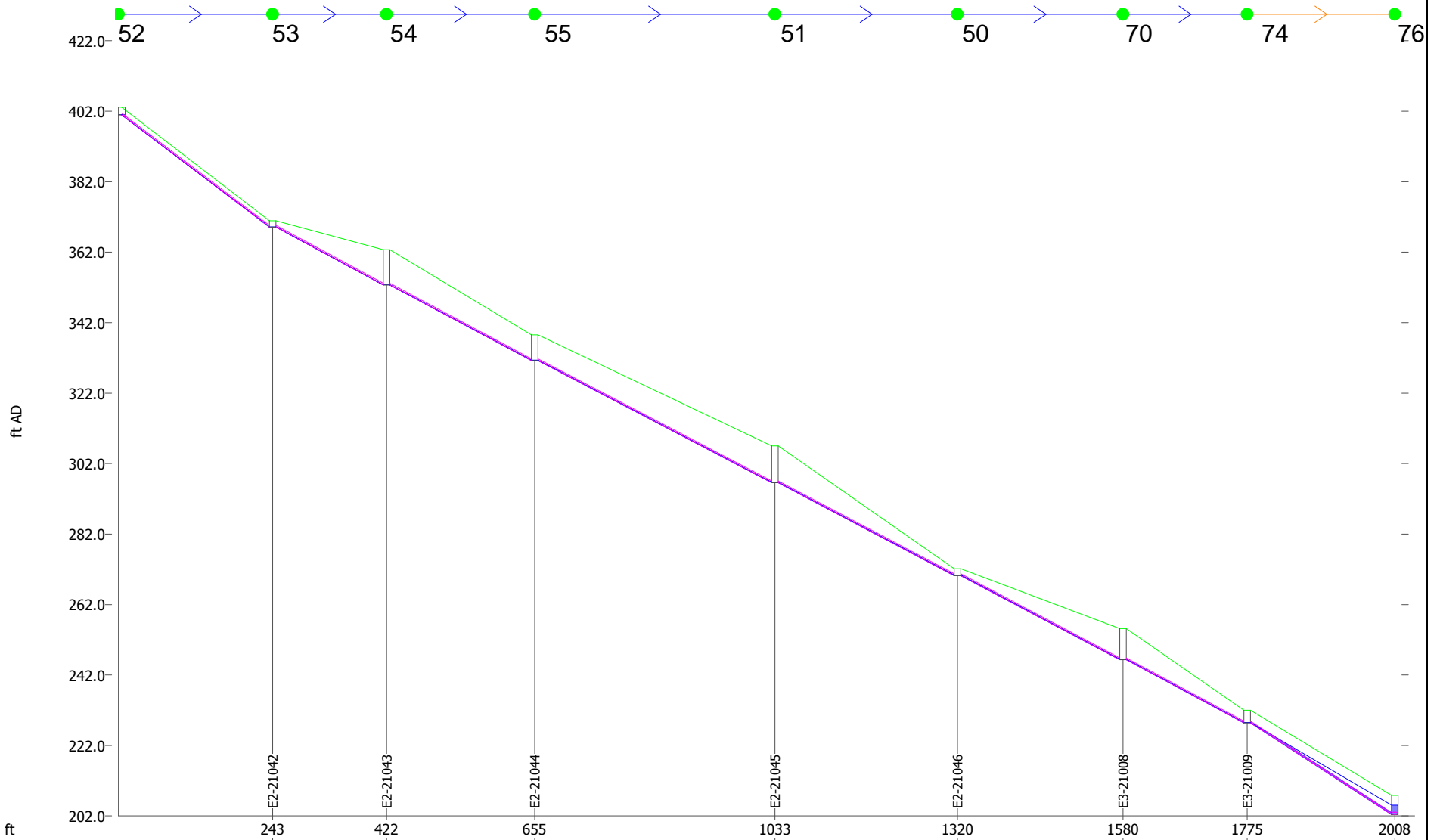
Attachment B. Model Results - Consent Decree Storm																	
District Manhole	District Manhole	US City MH ID	DS City MH ID	Sewer	Pipe Diameter (in)	Length (ft)	Gradient (%)	US Rim Elevation (ft)	US Invert Elevation (ft)	DS Rim Elevation (ft)	DS Invert Elevation (ft)	Pipe Full Capacity (mgd)	Peak Modeled Flow (mgd)	Peak Modeled Velocity (ft/s)	US MH Maximum Depth (ft)	DS MH Maximum Depth (ft)	Hydraulic Condition at Peak Flow
52	53	E2-21041	E2-21043	Adeline Drive	6	422	9.184	403.1	400.9	362.7	352.7	1.10	0.03	1.78	0.09	0.10	Gravity
53	54	E2-21043	E2-21044	Adeline Drive	6	233	9.183	362.7	352.7	338.6	331.3	1.10	0.05	2.3	0.10	0.11	Gravity
54	55	E2-21044	E2-21045	Adeline Drive	6	378	9.181	338.6	331.3	307.0	296.6	1.10	0.08	3.4	0.11	0.13	Gravity
55	51																
51	50	E2-21045	E2-21046	Adeline Drive	6	287	9.180	307.0	296.6	272.2	270.2	1.10	0.11	4.1	0.13	0.13	Gravity
50	70	E2-21046	E3-21008	Adeline Drive	6	260	9.183	272.2	270.2	255.2	246.3	1.10	0.13	4.7	0.13	0.13	Gravity
70	74	E3-21008	E3-21009	Adeline Drive	6	195	9.181	255.2	246.3	232.0	228.4	1.10	0.13	4.5	0.13	0.14	Gravity
74	76	E3-21009	E3-21007	Adeline Drive	6	232	11.183	232.0	228.4	207.8	202.4	1.21	0.15	1.0	0.14	2.68	Surcharged
49	48	E2-21036	E2-21037	Adeline Drive Trunk	8	78	1.230	214.4	209.5	238.1	208.6	0.87	0.92	3.8	FULL	4.87	Throttled
48	47	E2-21037	E2-21038	Adeline Drive Trunk	8	55	1.231	238.1	208.6	212.7	207.9	0.87	0.92	3.4	4.84	4.73	Throttled
47	46	E2-21038	E2-21039	Adeline Drive Trunk	8	96	0.521	212.7	207.9	211.1	207.4	0.56	0.92	3.5	4.70	FULL	Throttled
46	45	E2-21039	E2-21040	Adeline Drive Trunk	8	205	0.537	211.1	207.4	211.1	206.3	0.57	0.61	2.6	FULL	3.73	Throttled
45	65	E2-21040	E3-21001	Adeline Drive Trunk	8	100	0.470	211.1	206.3	212.2	205.8	0.54	0.60	2.7	3.71	3.60	Throttled
65	66	E3-21001	E3-21002	Adeline Drive Trunk	8	121	0.515	212.2	205.8	210.3	205.2	0.56	0.61	2.6	3.59	3.46	Throttled
66	67	E3-21002	E3-21003	Adeline Drive Trunk	8	172	0.489	210.3	205.2	208.4	204.4	0.55	0.64	2.6	3.44	3.08	Throttled
67	68																
68	69																
69	72	E3-21003	E3-21004	Adeline Drive Trunk	8	140	0.493	208.4	204.4	206.2	203.7	0.55	0.69	2.7	3.07	FULL	Throttled
72	73	E3-21004	E3-21005	Adeline Drive Trunk	8	60	0.250	206.2	203.7	212.5	203.5	0.39	0.61	3.0	FULL	2.51	Throttled
73	75	E3-21005	E3-21006	Adeline Drive Trunk	8	97	0.658	212.5	203.5	206.7	202.9	0.63	0.61	2.5	2.50	2.70	Surcharged
75	76	E3-21006	E3-21007	Adeline Drive Trunk	8	106	0.454	206.7	202.9	207.8	202.4	0.53	0.61	2.6	2.69	2.68	Throttled
76	78	E3-21007	E3-21010	Adeline Drive Trunk	8	340	0.591	207.8	202.4	210.2	200.4	0.60	0.74	3.1	2.66	1.54	Throttled
78	80	E3-21010	E3-21011	Adeline Drive Trunk	8	243	0.585	210.2	200.4	203.2	199.0	0.60	0.76	4.0	1.51	0.52	Throttled
80	79	E3-21011	E3-21012	Adeline Drive Trunk	8	159	13.308	203.2	199.0	181.5	177.8	2.85	0.79	9.0	0.25	0.28	Gravity
93	94	E3-21040	E3-21041	Hillside Drive Trunk	6	398	6.550	288.6	275.8	252.5	249.7	0.93	0.14	3.4	0.15	0.18	Gravity
94	96	E3-21041	E3-21096	Hillside Drive Trunk	6	254	8.837	252.5	249.7	232.9	227.2	1.08	0.26	6.3	0.18	0.18	Gravity
96	237	E3-21096	E3-21097	Hillside Drive Trunk	6	129	8.839	232.9	227.2	217.0	215.8	1.08	0.26	6.0	0.18	0.19	Gravity
237	238	E3-21097	E3-21098	Hillside Drive Trunk	6	302	10.537	217.0	215.8	187.3	184.0	1.18	0.30	5.8	0.18	0.22	Gravity
238	5842	E3-21098	E3-21099	Hillside Drive Trunk	6	225	6.548	187.3	184.0	172.2	169.3	0.93	0.32	2.4	0.22	1.36	Surcharged
13	14	F2-21004	F2-21005	Canyon Road	6	100	6.332	555.0	545.7	549.3	539.4	0.91	0.19	5.5	0.17	0.17	Gravity
14	21	F2-21005	F2-21006	Canyon Road	6	213	10.098	549.3	539.4	523.4	517.9	1.15	0.19	5.3	0.15	0.17	Gravity
21	24	F2-21006	F2-21009	Canyon Road	6	129	10.606	523.4	517.9	508.7	504.2	1.18	0.23	6.3	0.17	0.17	Gravity
24	29	F2-21009	F2-21010	Canyon Road	6	179	10.675	508.7	504.2	488.8	485.1	1.19	0.23	5.7	0.16	0.18	Gravity
29	22	F2-21010	F2-21017	Canyon Road	6	59	10.881	488.8	485.1	481.8	478.7	1.20	0.27	6.9	0.18	0.18	Gravity

Attachment B. Model Results - Consent Decree Storm																	
District Manhole	District Manhole	US City MH ID	DS City MH ID	Sewer	Pipe Diameter (in)	Length (ft)	Gradient (%)	US Rim Elevation (ft)	US Invert Elevation (ft)	DS Rim Elevation (ft)	DS Invert Elevation (ft)	Pipe Full Capacity (mgd)	Peak Modeled Flow (mgd)	Peak Modeled Velocity (ft/s)	US MH Maximum Depth (ft)	DS MH Maximum Depth (ft)	Hydraulic Condition at Peak Flow
22	27	F2-21017	F2-21018	Canyon Road	6	207	11.758	481.8	478.7	458.9	454.4	1.24	0.27	5.8	0.17	0.20	Gravity
27	185	F2-21018	F2-21019	Canyon Road	6	117	10.674	458.9	454.4	445.0	441.9	1.19	0.35	8.1	0.20	0.19	Gravity
185	191	F2-21019	F2-21020	Canyon Road	6	167	11.164	445.0	441.9	425.2	423.3	1.21	0.35	6.9	0.20	0.21	Gravity
191	194	F2-21020	F2-21021	Canyon Road	6	154	11.167	425.2	423.3	410.0	406.1	1.21	0.39	7.9	0.21	0.21	Gravity
194	186	F2-21021	F2-21025	Canyon Road	6	231	11.730	410.0	406.1	383.5	379.0	1.24	0.39	6.4	0.21	0.24	Gravity
186	190																
190	218	F2-21025	F2-21032	Canyon Road	6	161	9.392	383.5	379.0	368.8	363.9	1.11	0.48	7.2	0.24	0.26	Gravity
218	216	F2-21032	F2-21033	Canyon Road	6	151	7.308	368.8	363.9	356.8	352.9	0.98	0.48	7.2	0.26	0.26	Gravity
216	217	F2-21033	F2-21034	Canyon Road	6	161	8.558	356.8	352.9	343.6	339.1	1.06	0.52	7.7	0.26	0.26	Gravity
217	162	F2-21034	F2-21035	Canyon Road	6	161	8.450	343.6	339.1	331.4	325.5	1.06	0.52	3.7	0.26	FULL	Surcharged
162	165	F2-21035	F2-21044	Canyon Road	6	102	7.151	331.4	325.5	323.5	318.2	0.97	0.97	7.0	5.91	FULL	Throttled
165	163	F2-21044	F2-21052	Canyon Road	6	83	6.883	323.5	318.2	317.3	312.5	0.95	0.95	6.1	5.25	FULL	Surcharged
163	155	F2-21052	F2-21053	Canyon Road	6	256	5.465	317.3	312.5	303.5	298.5	0.85	0.83	5.5	FULL	4.74	Surcharged
155	156	F2-21053	F2-21055	Canyon Road	6	146	4.838	303.5	298.6	300.1	291.5	0.80	0.85	5.8	4.63	3.14	Throttled
156	154	F2-21055	F2-21056	Canyon Road	6	69	3.068	300.1	291.5	296.0	289.4	0.64	0.92	7.7	3.04	0.45	Throttled
6071	6078	F3-21039	F3-21040	El Prado Road Easement	6	232	17.445	414.0	409.5	373.2	369.0	1.52	0.03	2.2	0.08	0.08	Gravity
154	139	F2-21056	F2-21081	Canyon Road Trunk	8	255	11.561	296.0	289.4	265.5	259.9	2.66	1.16	8.4	0.32	0.41	Gravity
139	180	F2-21081	F3-21045	Canyon Road Trunk	8	160	6.363	265.5	259.9	254.0	249.7	1.97	1.16	7.3	0.38	0.45	Gravity
180	181	F3-21045	F3-21047	Canyon Road Trunk	8	208	4.733	254.0	249.7	243.3	239.9	1.70	1.16	7.9	0.42	0.42	Gravity
181	174	F3-21047	F3-21048	Canyon Road Trunk	8	145	8.740	243.3	239.9	230.9	227.2	2.31	1.22	9.6	0.35	0.38	Gravity
174	178	F3-21048	F3-21049	Canyon Road Trunk	8	100	8.497	230.9	227.2	223.2	218.7	2.28	1.22	9.6	0.36	0.38	Gravity
178	176	E3-29001	E3-21051	Canyon Road Trunk	8	142	8.495	213.4	210.4	203.4	198.3	2.28	1.23	6.8	0.36	0.52	Gravity
176	177	E3-21051	E3-21053	Canyon Road Trunk	8	174	4.822	203.4	198.3	196.0	189.9	1.72	1.34	5.7	0.46	1.86	Surcharged
177	105	E3-21053	E3-21057	Canyon Road Trunk	8	189	2.702	196.0	189.9	188.6	184.8	1.28	1.40	6.5	1.78	0.60	Throttled
105	104	E3-21057	E3-21058	Canyon Road Trunk	8	258	5.411	188.6	184.8	175.7	170.8	1.82	1.42	8.4	0.45	0.49	Gravity
104	108	E3-21058	E3-21059	Canyon Road Trunk	8	215	6.949	175.7	170.8	163.0	155.9	2.06	1.42	5.6	0.42	FULL	Surcharged
108	241	E3-21059	E3-21067	Canyon Road Trunk	8	232	2.810	163.0	155.9	156.8	149.4	1.31	1.41	5.1	FULL	5.87	Throttled

Abbreviations:

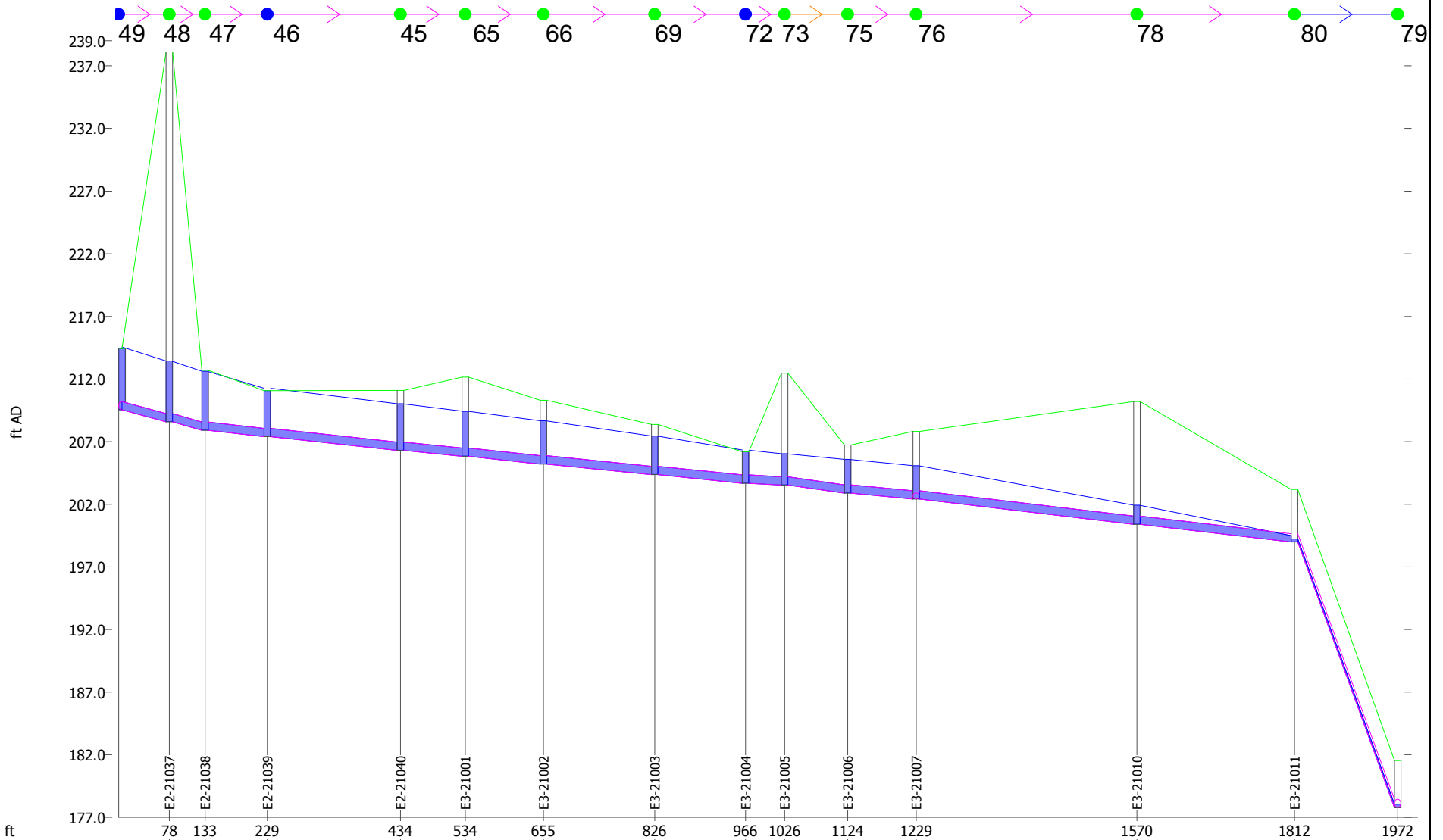
- MH - manhole
- in - inches
- ft - feet
- US - upstream
- DS - downstream
- mgd - million gallons per day
- ft/s - feet per second

Adeline Drive - Consent Decree Storm - Model Results



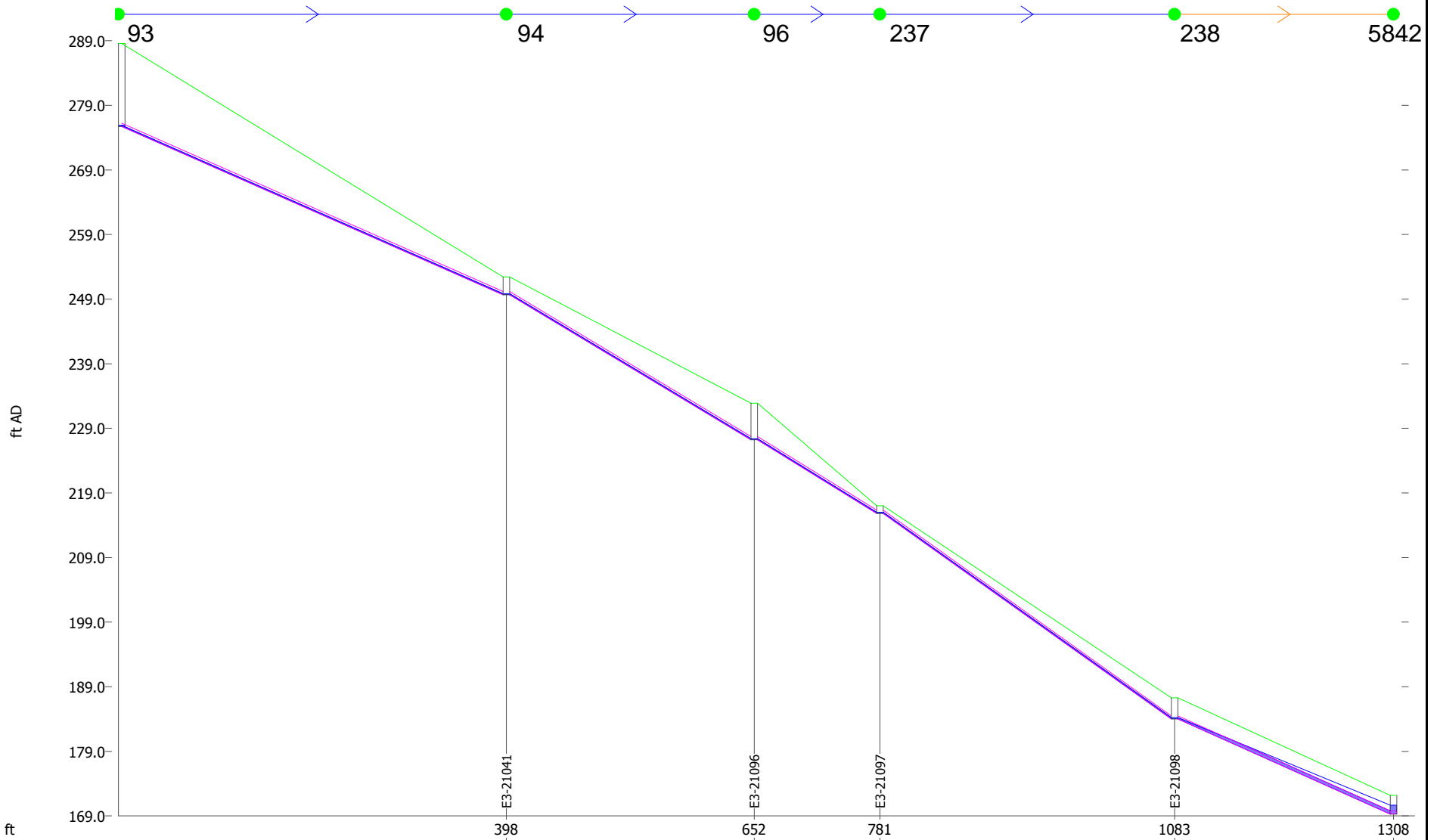
Link	E2-21041.1	E2-21042.1	E2-21043.1	E2-21044.1	E2-21045.1	E2-21046.1	E3-21008.1	E3-21009.1	
length (ft)	242.6	179.2	233.1	377.6	287.3	260.2	195.3	232.4	
width (in)	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	
us inv (ft AD)	400.930	369.130	352.672	331.267	296.599	270.224	246.331	228.400	
ds inv (ft AD)	369.130	352.672	331.267	296.599	270.224	246.331	228.400	202.410	
grad (%)	13.108	9.182	9.182	9.182	9.182	9.182	9.182	11.184	
DS Flow (MGD)	0.02154	0.03052	0.04817	0.08448	0.10986	0.12590	0.12589	0.15166	
r.pfc (MGD)	1.313	1.099	1.099	1.099	1.099	1.099	1.099	1.213	
Node	E2-21041	E2-21042	E2-21043	E2-21044	E2-21045	E2-21046	E3-21008	E3-21009	E3-21007
ground (ft AC)	403.100	370.910	362.690	338.560	307.010	272.180	255.200	232.000	207.820
level (ft AD)	401.007	369.216	352.769	331.380	296.724	270.356	246.463	228.537	205.085

Adeline Drive Trunk - Consent Decree Storm - Model Results



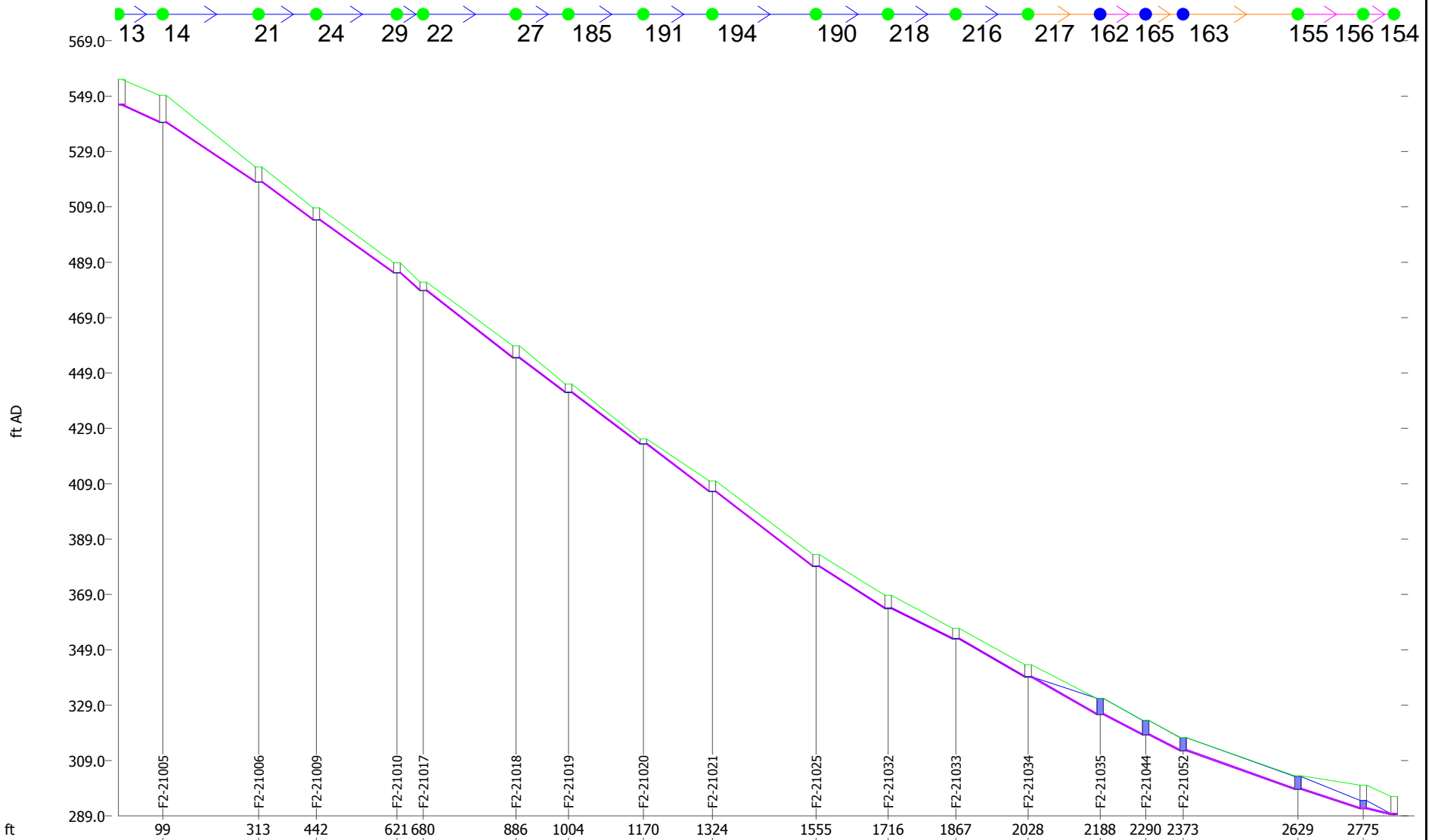
ft	78	133	229	434	534	655	826	966	1026	1124	1229	1570	1812	1972								
Link length (ft)	78.3	55.0	96.0	E2-21039.1		205.0	100.0	E3-21001.1		E3-21002.1		E3-21003.1		-	E3-21007.1		E3-21010.1		E3-21011.1			
width (in)	8.0	8.0	8.0	8.0		8.0	8.0	8.0		8.0		8.0		8.0	8.0		8.0		8.0			
us inv (ft AD)	-	-	207.900	207.400		206.300	205.830	205.210		204.370		203.680		-	203.530		202.890		202.410		200.400	
ds inv (ft AD)	-	-	207.400	206.300		205.830	205.210	204.370		203.680		202.890		-	202.890		202.410		200.400		198.980	
grad (%)	1.230	-	0.521	0.537		0.470	0.515	0.489		0.493		0.250		0.658	0.454		0.591		0.585		13.305	
DS Flow (MGD)	-	-	0.91920	0.60687		0.60229	0.61194	0.64054		0.68730		0.548		-	0.60796		0.61311		0.73679		0.79074	
r.pfc (MGD)	0.867	-	0.564	0.572		0.536	0.560	0.546		0.548		0.391		0.633	0.527		0.600		0.598		2.850	
Node	-	-	-	E2-21039		E2-21040	E3-21001	E3-21002		E3-21003		-	-	-	E3-21007		E3-21010		E3-21011		-	
ground (ft AC)	-	-	-	211.080		211.090	212.150	210.310		208.370		206.200		-	206.730		207.820		210.200		203.180	
level (ft AD)	-	-	-	211.080		210.023	209.428	208.664		207.453		206.200		-	205.589		205.085		201.932		199.230	

Hillside Drive - Consent Decree Storm - Model Results



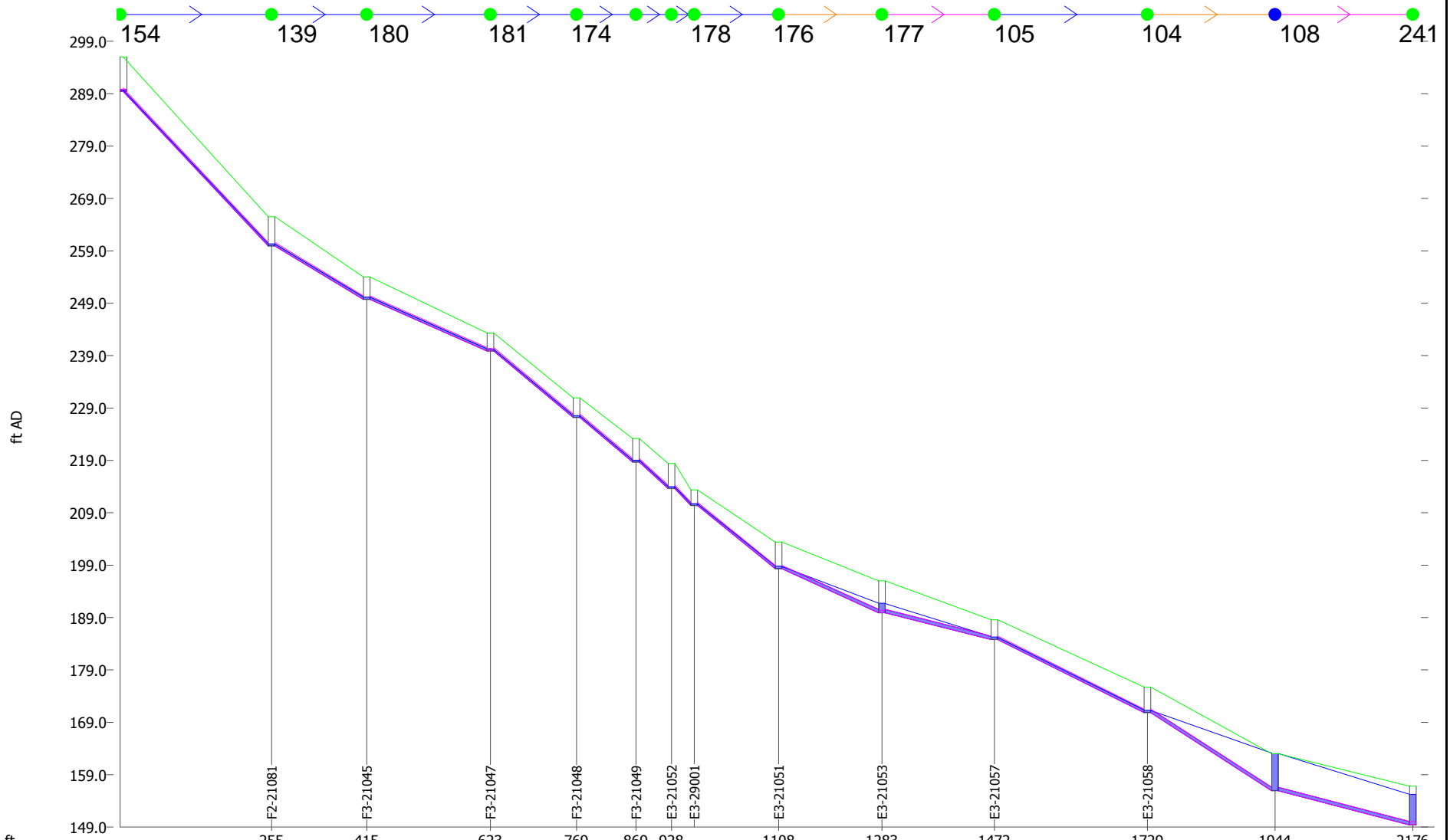
Link		E3-21040.1	E3-21041.1	E3-21096.1	E3-21097.1	E3-21098.1	
length (ft)		398.0	254.1	128.9	302.1	224.5	
width (in)		6.0	6.0	6.0	6.0	6.0	
us inv (ft AD)		275.750	249.680	227.225	215.832	184.000	
ds inv (ft AD)		249.680	227.225	215.832	184.000	169.300	
grad (%)		6.550	8.837	8.837	10.537	6.548	
DS Flow (MG)		0.13890	0.25681	0.25673	0.30163	0.32227	
r.pfc (MGD)		0.928	1.078	1.078	1.178	0.928	
Node	E3-21040	E3-21041	E3-21096	E3-21097	E3-21098	E3-21099	
ground (ft AC)	288.590	252.460	232.910	217.030	187.300	172.180	
level (ft AD)	275.896	249.859	227.405	216.017	184.215	170.654	

Canyon Road - Consent Decree Storm - Model Results



Link	-	F2-21005.1	-	F2-21009.1	-	F2-21017.1	-	F2-21019.1	-	F2-21021.1	-	-	-	-	-	-	F2-21052.1	-	-
length (ft)	99.5	213.3	128.8	179.3	-	206.5	117.2	166.8	154.1	230.6	161.1	150.8	160.9	160.6	101.8	83.1	256.0	145.5	69.1
width (in)	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0
us inv (ft AD)	-	539.440	517.900	504.240	-	478.680	-	441.880	423.258	406.050	379.000	363.870	352.850	339.080	-	-	312.510	298.560	-
ds inv (ft AD)	-	517.900	504.240	485.100	-	454.400	-	423.258	406.050	379.000	363.870	352.850	339.080	325.510	-	-	298.520	291.520	-
grad (%)	6.333	10.098	10.608	10.677	-	11.760	10.670	11.166	11.166	11.730	9.394	7.308	8.557	8.451	7.149	6.883	5.466	4.838	-
DS Flow (MGD)	-	0.19451	0.23060	0.23058	-	0.27376	-	0.35179	0.39438	0.39434	0.48391	0.48377	0.51694	0.51709	-	-	0.82527	0.84962	-
r.pfc (MGD)	0.913	1.153	1.182	1.185	-	1.244	1.185	1.212	1.212	1.242	1.112	0.981	1.061	1.055	0.970	0.952	0.848	0.798	-
Node	-	F2-21005	F2-21006	F2-21009	-	-	F2-21018	-	F2-21020	F2-21021	F2-21025	F2-21032	F2-21033	F2-21034	-	-	F2-21052	F2-21053	-
ground (ft AC)	-	549.290	523.400	508.660	-	481.790	458.870	445.030	425.200	410.040	383.450	368.750	356.750	343.620	-	-	317.250	303.520	-
level (ft AD)	-	539.593	518.065	504.405	-	478.854	454.601	442.078	423.468	406.258	379.244	364.132	353.110	339.341	-	-	317.250	303.253	-

Canyon Road Trunk - Consent Decree Storm - Model Results



Link	F2-21056.1	F2-21081.1	F3-21045.1	F3-21047.1	-	-	-	E3-29001.1	E3-21051.1	E3-21053.1	E3-21057.1	E3-21058.1	E3-21059.1	
length (ft)	255.0	160.3	208.1	145.2	100.0	59.8	8.0	141.9	174.2	189.1	257.6	214.7	232.0	
width (in)	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	
us inv (ft AD)	289.400	259.920	249.720	239.870	227.180	218.683	210.355	198.300	189.900	189.900	184.780	170.840	155.920	
ds inv (ft AD)	259.920	249.720	239.870	227.180	218.683	210.355	198.300	189.900	184.790	184.790	170.840	155.920	149.400	
grad (%)	11.561	6.363	4.734	8.742	8.497	-	-	8.497	4.821	2.702	5.411	6.949	2.810	
DS Flow (MGD)	1.16130	1.16120	1.16100	1.22123	1.22123	-	-	1.22879	1.34432	1.39803	1.41800	1.41788	1.40505	
r.pfc (MGD)	2.656	1.971	1.700	2.310	2.277	-	-	2.277	1.715	1.284	1.817	2.059	1.310	
Node	F2-21056	F2-21081	F3-21045	F3-21047	F3-21048	-	-	-	E3-21051	E3-21053	E3-21057	E3-21058	E3-21059	-
ground (ft AC)	296.020	265.520	254.040	243.330	230.930	-	-	-	203.400	195.990	188.570	175.720	163.030	156.800
level (ft AD)	289.721	260.324	250.170	240.241	227.558	-	-	-	198.811	191.753	185.298	171.327	163.030	155.264

Prepared for: County of San Mateo, Burlingame Hills Sewer Maintenance District
Project Title: Wastewater Collection System Capacity Assurance Plan and Master Plan Update
Project No: 139924-005-001

Technical Memorandum No. 4

Subject: Capital Improvement Plan Development (Task 5)
Date: June 24, 2011
To: Mark Chow, P.E., Principal Civil Engineer

From:

Christopher M. Peters

Christopher Peters, P.E., Project Manager
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Table of Contents

List of Figures ii

List of Tables ii

Capital Improvement Plan Development..... 1

 4.1 Introduction 1

 4.1.1 Scope of Work 1

 4.1.2 Service Area 1

 4.1.3 Existing Collection System..... 1

 4.1.4 Previous Planning Reports and Information 3

 4.2 Project Development..... 3

 4.2.1 Capacity Improvement Projects 3

 4.2.2 Collection System Rehabilitation Projects..... 5

 4.3 Project Prioritization 7

 4.3.1 2011 to 2015 7

 4.3.2 2015 to 2020 7

 4.4 Construction Costs 8

 4.4.1 Pipeline Construction Methods..... 8

 4.4.2 Unit Costs 8

 4.4.3 Lateral Rehabilitation Costs 9

 4.4.4 Other Costs..... 9

 4.5 Capital Improvement Plan 10

 4.6 Other Recommendations..... 10

 4.6.1 Private Property I/I Deficiencies 10

 4.6.2 CCTV Inspection Defect Correction..... 10

 4.6.3 Master Plan Update 10

References 14

Attachment A: Unit Cost Development A

List of Figures

Figure 4-1. Existing Collection System.....	2
Figure 4-2. Collection System Rehabilitation Areas.....	6
Figure 4-3. Capital Improvement Plan Projects	12

List of Tables

Table 4-1. Capacity Improvement Projects	4
Table 4-2. Collection System Rehabilitation Areas.....	5
Table 4-3. Project Prioritization	7
Table 4-4. Sanitary Sewer Unit Costs	9
Table 4-5. Capital Improvement Plan Project Summary.....	11
Table 4-6. Private Properties with I/I Deficiencies.....	13

Technical Memorandum 4

Capital Improvement Plan Development

This Technical Memorandum 4 (TM 4) describes the development of projects to address capacity and infiltration and inflow (I/I) deficiencies identified in the Burlingame Hills Sewer Maintenance District (District) collection system and presents the recommended Capital Improvement Plan (CIP), including estimated project costs and recommended prioritization.

4.1 Introduction

The intent of the District Wastewater Collection System Capacity Assurance Plan and Master Plan Update (Master Plan Update) project is to develop an update to the 1999 Master Plan utilizing flow monitoring data collected in the District and the City of Burlingame (City) in 2009 and field inspection data collected as part of this project.

4.1.1 Scope of Work

The scope of work for the Master Plan Update includes the following tasks:

1. Project Management
2. Infiltration/Inflow (I/I) Field Inspections
3. Hydraulic Model Development
4. System Performance Evaluation and Capacity Assurance Plan
5. Capital Improvement Plan Development

TM 4 is the deliverable for Task 5, Capital Improvement Plan Development.

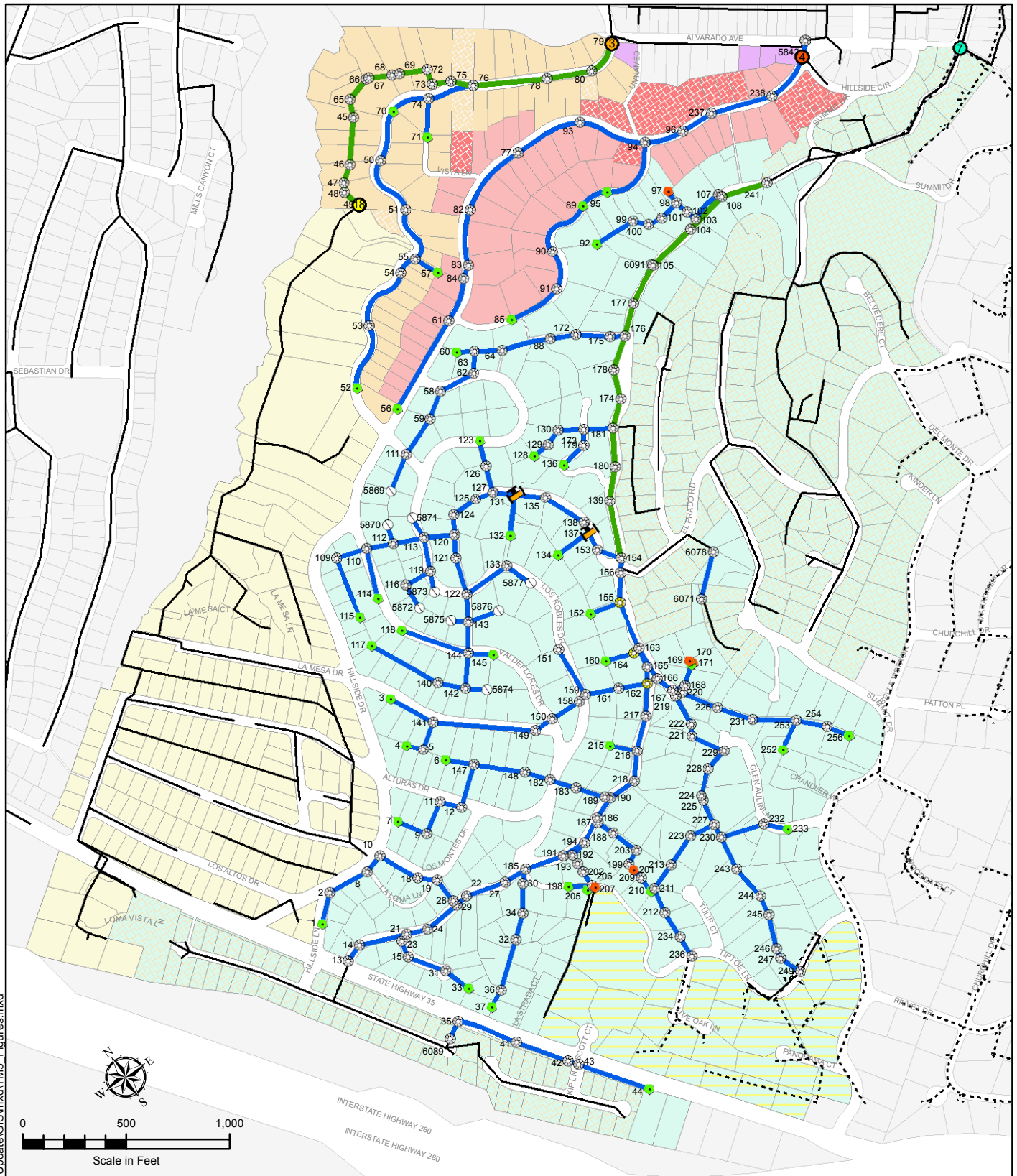
4.1.2 Service Area

The District service area encompasses approximately 161 acres located in the County of San Mateo (County) on the San Francisco Peninsula. The District is roughly bounded by Canyon Road and Summit Drive in the south, Skyline Boulevard and Tiptoe Lane in the west, Hillside Drive and Adeline Drive in the north and Alvarado Avenue in the east. Figure 4-1 shows the District service area and collection system.

4.1.3 Existing Collection System

The District's collection system consists of approximately 6.6 miles of mainly 6-inch to 8-inch-diameter vitrified clay pipe. There are three main trunk sewers in the District, located on Adeline Drive, Canyon Road and Hillside Drive. These sewers roughly divide the District's service area into three major drainage areas.

The District's collection system also transports City and Town of Hillsborough (Town) flows in the trunk sewers on Adeline Drive and Canyon Road and in the sewer on Canyon Road upstream of the trunk sewer. The contributing City and Town areas (approximately 165 acres) are also shown on Figure 4-1.



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LEGEND

District Manholes	District Sewers	Flow Monitor	Basins
Manhole	6-inch diameter	FM 3	District
Drop Manhole	8-inch diameter	FM 4	City
Cleanout	Non District Sewers	FM 7	City
Flushing Inlet	City	FM 18	District
Wye	Town		City
Terminus	Non Contributing Parcels		Town
			City



County of San Mateo

Burlingame Hills

Sewer Maintenance District

Master Plan Update

FIGURE 4-1

Existing Collection System

Brown AND Caldwell

District service area flows are conveyed by gravity to the City's collection system and transported to and treated at the City's wastewater treatment plant (WWTP). Wastewater pumping stations are not required in the District due to the topography in the service area. The District's trunk sewers discharge to the City's collection system at three different City manholes:

- E3-21012 at Adeline Drive and Alvarado Avenue
- E3-21099 at Hillside Drive and Alvarado Avenue
- E3-21067 at Canyon Road and Summit Drive.

4.1.4 Previous Planning Reports and Information

An evaluation of the District's wastewater collection system was completed in 1999. The City, which transports and treats the District's wastewater and contributes flows to District's sewers, retained Brown and Caldwell to prepare an evaluation of their wastewater collection system in 2010. Brown and Caldwell's scope of work for the City's project did not include similar private-sector I/I field investigations in City areas contributing flows to the District, though that task is a requirement of the City's Consent Decree. A list of the reports, planning documents, and information used in the development of this Master Plan Update is included in the References section.

Collection system field inspections and recommendations to address I/I deficiencies were presented in TM 1, System Performance Evaluation – Collection System Field Inspections. Hydraulic modeling was performed using the hydraulic model developed in TM 2, Hydraulic Model Development. The hydraulic performance of the modeled sewers was evaluated in TM 3, System Performance Evaluation and Capacity Assurance Plan – Hydraulics.

4.2 Project Development

Improvement projects are recommended in the collection system to:

- Convey peak wet weather flows (capacity improvement projects).
- Reduce the total rainfall dependent I/I (RDI/I) at the City's WWTP and correct structural deficiencies (collection system rehabilitation projects).

Capacity improvement projects are based on the results of the hydraulic assessment presented in TM 3. Collection system rehabilitation projects are based on the hydraulic assessment as well as the results of the collection system field inspections presented in TM 1.

4.2.1 Capacity Improvement Projects

Capacity improvement projects are recommended to address hydraulic deficiencies and reduce the occurrence of sanitary sewer overflows (SSOs) in the District's collection system for the two 10-year design storm conditions. Capacity improvement projects are recommended for the Adeline Drive and Canyon Road trunk sewers. Hydraulic deficiencies by pipe reach were identified and evaluated, and the most effective improvement (e.g. relief sewers, sewer replacement, and sewer re-routing) were modeled iteratively from upstream to downstream until system hydraulic grade lines (HGLs) dropped to provide an acceptable level of surcharge freeboard. The capacity improvement projects are detailed in Table 4-1.

Table 4-1. Capacity Improvement Projects					
Project	Up MH	Down MH	Diameter		Length, feet ¹
			Existing	Future	
Adeline Drive Trunk Sewer	49	48	8	10	97
	48	47	8	10	45
	47	46	8	12	94
	46	45	8	12	228
	45	65	8	12	86
	65	66	8	12	16
	66	67	8	12	124
	67	68	8	12	109
	68	69	8	12	40
	69	72	8	12	137
	72	73	8	12	74
	73	75	8	12	93
	75	76	8	12	109
	76	78	8	12	357
	78	80	8	12	218
80	79	8	12	180	
Project					2,007
Canyon Road Trunk Sewer	162	165	6	8	82
	165	163	6	8	96
	163	155	6	8	241
	155	156	6	8	143
	156	154	6	8	69
	154	139	8	8 ²	282
	139	180	8	8 ²	170
	180	181	8	8 ²	185
	181	174	8	8 ²	147
	174	178	8	8 ²	143
	178	176	8	8 ²	170
	176	177	8	10	163
	177	105	8	10	206
	105	104	8	10	252
104	108	8	10	217	
108	241	8	10	229	
Project					2,795

¹Lengths are from the shape lengths in the County GIS.

²These reaches have adequate hydraulic capacity. Replacement of the reaches for rehabilitation is included with the capacity improvement project so the entire length is constructed under one project to minimize community disruption.

4.2.2 Collection System Rehabilitation Projects

Collection system rehabilitation projects are recommended to reduce RDI/I by at least 30 percent. Basins 3, 4, and 7 (areas tributary to flow monitor locations) that include the District's collection system were identified as candidates for rehabilitation for RDI/I reduction in the City Master Plan and TM3.

The collection system consists of sewer mains, manholes and laterals. Laterals are privately owned by property owners and extend from the house or other building to the connection at the sewer main. In order to obtain a 30 percent reduction in RDI/I, it is recommended that the District evaluate the two rehabilitation scenarios described below and implement the projects as funds are made available and in accordance with the requirements of the Consent Decree.

The first scenario would include rehabilitation of all sewer mains and manholes in Basins 3, 4 and 7 and to require property owners to address RDI/I sources that were identified by smoke and dye testing (downspouts, area drains, etc). The second scenario would include a combination of sewer main replacement, manhole rehabilitation, and private lateral replacement. With this alternative, property owners will need to agree to fund the rehabilitation of the laterals in conjunction with District funded rehabilitation of about 60 percent of the sewer mains and manholes in Basins 3, 4 and 7.

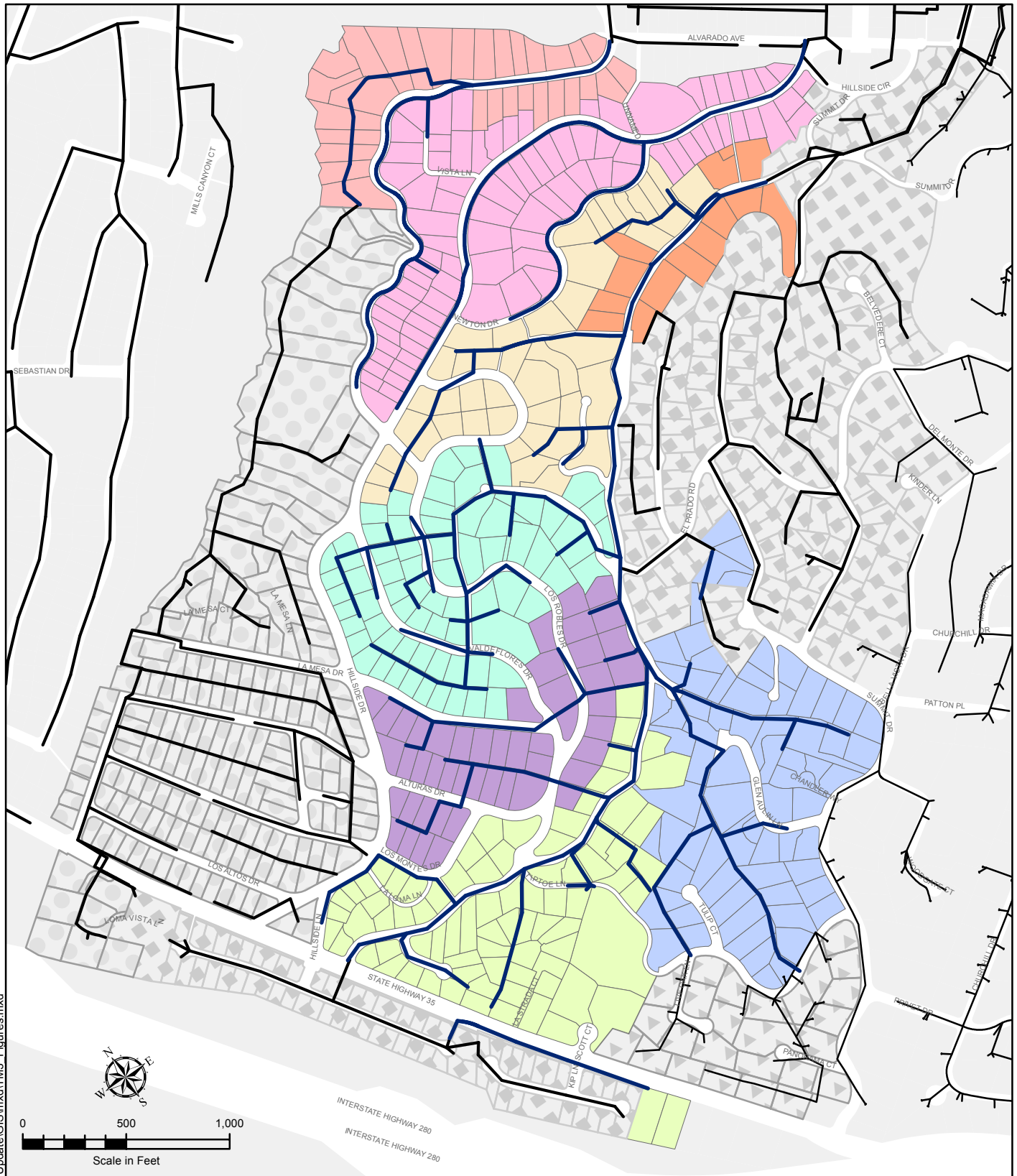
Projected RDI/I reductions are approximate and actual RDI/I reductions will depend on the type of rehabilitation performed and how much RDI/I is contributed by sewer mains and manholes and how much is contributed by laterals. Projections may need to be adjusted based on actual results.

Collection System Rehabilitation Projects were developed using an area approach within the three basins, where an entire area is rehabilitated as compared to specific defects spread throughout the basin. The collection system was divided in eight areas for rehabilitation, as shown on Figure 4-2. Two of these areas match the Capacity Improvement Project extents (Adeline and Canyon); the remaining areas were identified by location and are summarized in Table 4-2.

Area	Diameter, inches		Number of			Length of Sewer Main, feet ²
	Existing	Future ¹	Mains	Manholes	Parcels	
Hillside/Adeline	6-8	8	27	29	87	6,744
Upper Canyon	6	8	50	52	80	6,355
Fey	6	8	37	40	71	6,019
Tiara	6	8	35	37	71	4,520
Alturas/La Mesa	6	8	23	27	48	3,606
Lower Canyon	6	8	26	29	44	3,128
TOTAL			198	214	401	30,372

¹8-inch-diameter is the standard minimum sewer main size in several engineering standards such as the 10 States Standards and many local agencies. Hydraulic modeling results showed the existing 6-inch diameter sewers have adequate hydraulic capacity.

²Lengths are from the shape lengths in the County GIS.



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LEGEND	
Sewer Mains	Collection System Rehabilitation Area
— District	Adeline
— City	Canyon
— Town	Hillside/Adeline
	Upper Canyon
	Fey
	Tiara
	Alturas/La Mesa
	Lower Canyon
	City and Town Areas
	City Basin 3
	City Basin 7
	Town Basin 7



County of San Mateo
Burlingame Hills
Sewer Maintenance District
Master Plan Update

FIGURE 4-2
Collection System Rehabilitation
Areas

4.3 Project Prioritization

Projects to address hydraulic deficiencies are the highest priority, and are required in the Consent Decree to be completed within 3 1/2 years from the date of the final Capacity Assurance Report. Projects to reduce RDI/I volume at the City WWTP through rehabilitation are the next highest priority, and are scheduled to be completed by 2020 to align with the requirements of the City's Consent Decree and Master Plan. Costs for rehabilitation of sewer mains to correct severe structural deficiencies identified during upcoming CCTV inspections are included with the collection system rehabilitation projects; prioritization of the rehabilitation may need to be adjusted in order to meet the requirements of the Consent Decree. The project priorities are summarized in Table 4-3.

Priority	Schedule	Project Types
1	2011-2015 ¹	Capacity Improvements ²
2	2015 to 2020 ³	Collection System Rehabilitation

¹3 1/2 years from the date of the final Capacity Assurance Report.

²Capacity improvement project locations in the District's collection system are the same for the Consent Decree and Design Storms.

³10 Years from the completion of the City's Master Plan.

4.3.1 2011 to 2015

The two Capacity Improvement Projects are recommended for completion by 2015 to comply with the terms of the Consent Decree:

1. Adeline Drive Capacity Improvement Project
2. Canyon Road Capacity Improvement Project

The District is also required to complete CCTV inspection on their collection system in accordance with the terms of the Consent Decree. A project to complete these inspections is included in this CIP. The District is required to repair, rehabilitate, or re-inspect any sewers with Pipeline Assessment and Certification Program (PACP) Grade 5 structural defects within two years of the inspection and PACP Grade 4 structural defects within five years of the inspection. Costs for these repairs are not included here because all pipe reaches are included in the collection system rehabilitation project costs. The District may need to reprioritize rehabilitation after evaluation of the CCTV inspection results.

4.3.2 2015 to 2020

All areas in the District's collection system are recommended for rehabilitation between 2015 and 2020 for RDI/I reduction at the City WWTP. Three areas were identified as higher priority for rehabilitation projects by 2020 based on the defect observations presented in TM 1 and the RDI/I evaluation presented in TM 3:

3. Hillside/Adeline Area Rehabilitation Project
4. Upper Canyon Area Rehabilitation Project
5. Fey

Hillside/Adeline. The Hillside/Adeline area includes the Adeline Drive Sewer, located in Basin 3, and the Hillside Drive Trunk Sewer, located in Basin 4. These basins have high R-factors (percentage of rainfall volume that enters the collection system) combined with many moderate (cracks/fractures) and severe (broken/hole) structural deficiencies in the sewer mains as well as minor and moderate manhole defects.

Upper Canyon. The Upper Canyon area, located in Basin 7, includes the Canyon Road Sewer and side sewers from Skyline Boulevard to the start of the Canyon Road Capacity Improvement Project. The Canyon Road Sewer has many moderate and some severe structural deficiencies as well as minor and moderate manhole defects.

Fey. The Fey area, located in Basin 7, had a number of minor and moderate manhole defects that are potential sources of I/I.

Rehabilitation of Hillside/Adeline, Upper Canyon, and Fey areas would total approximately 19,118 linear feet (LF). When combined with the capacity improvement projects, these projects would result in a total of approximately 23,920 LF (68 percent of collection system) of sewer main rehabilitation in the District, comprehensive rehabilitation of Basin 3 and Basin 4 and partial rehabilitation of Basin 7.

The remaining three areas, approximately 11,250 LF or one-third of the collection system, are the final priority for rehabilitation based on available condition information:

6. Tiara
7. Alturas/La Mesa
8. Lower Canyon

If the District elects to perform comprehensive private lateral rehabilitation, the main sewer and manhole rehabilitation project may be reduced by approximately 40 percent.

4.4 Construction Costs

Project costs were developed based on planning level unit costs and preliminary pipeline lengths and diameters developed above in Section 4.2.

4.4.1 Pipeline Construction Methods

Two pipeline construction methods are considered for developing costs for this master plan update, pipe bursting and open cut construction:

- **Pipe Bursting.** Pipe bursting is a trenchless method of constructing replacement sewer pipe. The replacement sewer can be of the same or slightly larger diameter (up to two nominal pipe diameter sizes) as the existing pipe, but the pipe grade must remain the same. In the past, minor soil heaving in shallow pipe trenches has been mitigated with a pavement saw-cut trench over the pipe.
- **Open Cut Construction.** Open cut construction is the traditional method of installing sewer pipe and consists of excavating a trench along the alignment of the existing sewer reach, removing the existing pipeline, and installing a new sewer. The replacement sewer can be of the same or larger diameter, and can be constructed at a different grade depending on the downstream conditions.

The District prefers replacing sewers by the pipe bursting method because of its cost effectiveness and has had success with pipe bursting projects in the District. Therefore, pipe bursting was the default construction method chosen for pipeline projects, and open cut construction was only considered in cases of extremely shallow cover, required grade change, or where pipe diameters increased more than two nominal sizes.

4.4.2 Unit Costs

Planning level unit costs are presented in Table 4-4, and are for replacement by pipe bursting or open cut construction of sewers less than ten feet deep and CCTV inspection. Planning level unit costs were developed from bid tabs from recent pipeline construction projects in Northern California and confirmed with bid results from several recent City sewer projects, details of which can be found in Attachment A.

Table 4-4. Sanitary Sewer Unit Costs		
Item	Unit	\$/Unit
Pipe Bursting		
8-inch	LF	\$184
10-inch	LF	\$220
12-inch	LF	\$264
Open Cut		
8-inch	LF	\$272
10-inch	LF	\$280
12-inch	LF	\$336
15-inch	LF	\$420
CCTV Inspection	LF	\$2

Unit costs for sewer replacement by open cut construction and pipe bursting include:

- Mobilization and demobilization
- Traffic control
- Normal sheeting, shoring and bracing
- Excavation and typical dewatering
- Standard manholes at typical intervals
- Lateral reconnection at typical intervals
- Typical surface restoration
- Erosion, sediment and stormwater control
- Overhead and profit.

Costs for CCTV inspection include the field inspection costs including pre-cleaning of the sewer lines.

4.4.3 Lateral Rehabilitation Costs

Costs for the rehabilitation of privately-owned laterals will average approximately \$8,000 per lateral plus contingencies. This includes the full replacement or rehabilitation of the lateral from the house to the sewer main.

4.4.4 Other Costs

Other costs include allowances for contingency as well as engineering, administration, change orders, etc.

Contingency. A contingency of 35 percent was added to the planning level costs to obtain planning level construction costs. Planning level projects have many inherent uncertainties and it is appropriate to include a contingency allowance to cover the potential additional construction costs. Uncertainties associated with planning-level projects include unexpected geotechnical conditions, extraordinary utility relocation, alignment changes, and permits. All of these uncertainties can increase the construction cost.

Engineering, Administration, Change Orders, etc. 35 percent was added to the planning level costs to account for design, construction services, administration, legal and environmental services, and construction change orders. Engineering services associated with projects are estimated at 15 to 17 percent of the construction cost and include preliminary investigations and design services, site and route surveys, geotechnical explorations, preparation of drawings and specifications, construction services, surveying and

staking, and sampling and testing of materials. Administrative charges are estimated at 8 to 10 percent of the construction cost and include administrative costs, legal and environmental services, financing expenses, and interest during construction. A 10 percent allowance is also included for unforeseen construction change orders. The total allowance for engineering, administrative, and change orders costs is 35 percent of the construction cost.

4.5 Capital Improvement Plan

The CIP is comprised of sanitary sewer hydraulic capacity projects required to meet the Consent Decree Scenario and/or the Design Scenario (described in TM 3) and collection system rehabilitation projects for RDI/I reduction. The capital improvement projects are summarized in Table 4-5, and are shown in Figure 4-3.

4.6 Other Recommendations

We recommend the District address private property I/I deficiencies, correct structural defects in the timeframe for action in the Consent Decree, and prepare an update to the Master Plan following completion of the CIP projects to evaluate the effectiveness of the RDI/I reduction.

4.6.1 Private Property I/I Deficiencies

The only major sources of I/I identified during field inspections were two private property inflow sources (125 La Mesa Drive and 162 Los Robles Drive) and the unknown source draining to manhole 67, included in Table 4-6. We recommend the District contact the property owners to coordinate disconnection of these major inflow sources as expeditiously as possible, as required by the Consent Decree.

We also recommend the District contact property owners with lateral and cleanout I/I deficiencies to coordinate testing and repair of laterals and cleanouts with smoke sources in accordance with the sewer ordinance. Properties with lateral and cleanout I/I defects identified in TM 1 are also included in Table 4-6.

In many collection systems, privately-owned laterals are found to be a significant source of RDI/I, typically as much as 50 percent of the total collection system RDI/I. Lateral rehabilitation throughout the collection system can occur through a program that requires the property owner to inspect (CCTV or air test), and repair as necessary in accordance with the sewer ordinance, the privately-owned lateral at the sale of the property, as a condition for a building permit, or under some other trigger. Lateral repairs within the County street right-of-way will require a separate encroachment permit and inspection process.

4.6.2 CCTV Inspection Defect Correction

After CCTV inspection of the collection system, the District should correct (clean, repair, rehabilitate) or monitor (re-inspect) structural and operation and maintenance defects in accordance with the requirements of the Consent Decree.

4.6.3 Master Plan Update

After completion of the Capacity and Collection System Rehabilitation Projects, BC recommends the District update this Master Plan. This project should include flow monitoring to evaluate the effectiveness of the projects at reducing RDI/I.

Table 4-5. Capital Improvement Plan Project Summary

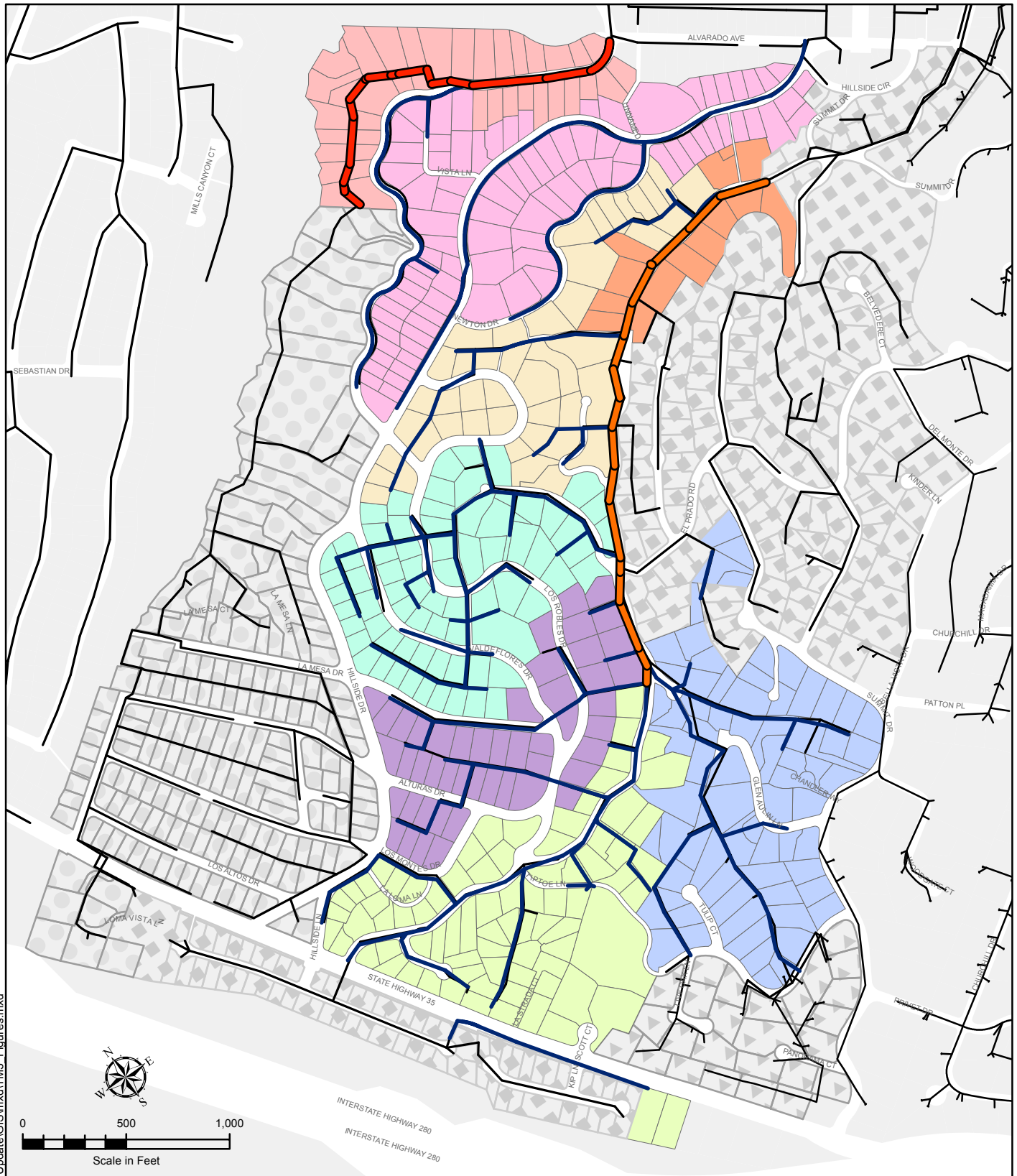
Project No.	Name	Project Description	Existing Size	Future Size	Quantity, LF or No.	Construction Cost	Contingency	Construction Cost with Contingency	Engineering, Admin, Etc.	Total Project Cost
2011-2015: Capacity Improvement Projects										
A	Collection System CCTV Inspection	CCTV inspection for condition assessment	-	-	35,097	\$70,190	\$24,570	\$94,760	\$33,170	\$127,930
1	Adeline Drive Capacity Improvement	Upsize and re-grade by open cut construction.	8-in	10-in, 12-in	2,007	\$656,320	\$229,710	\$886,030	\$310,110	\$1,196,140
2	Canyon Road Capacity Improvement	Upsize by open cut construction ¹ .	6-in, 8-in	8-in, 10-in	2,795	\$768,780	\$269,070	\$1,037,850	\$363,250	\$1,401,100
Subtotal - Capacity Improvement Projects						\$1,495,290	\$523,350	\$2,018,640	\$706,530	\$2,725,170
2015-2020: Collection System Rehabilitation Projects										
3	Hillside/Adeline Area Rehabilitation	Replace by pipe bursting ² .	6-in, 8-in	8-in	6,744	\$1,240,900	\$434,320	\$1,675,220	\$586,330	\$2,261,550
4	Upper Canyon Area Rehabilitation	Replace by pipe bursting ² .	6-in	8-in	6,355	\$1,169,320	\$409,260	\$1,578,580	\$552,500	\$2,131,080
5	Fey Area Rehabilitation	Replace by pipe bursting ² .	6-in	8-in	6,019	\$1,107,500	\$387,630	\$1,495,130	\$523,300	\$2,018,430
6	Tiara Area Rehabilitation	Replace by pipe bursting ² .	6-in	8-in	4,520	\$831,680	\$291,090	\$1,122,770	\$392,970	\$1,515,740
7	Alturas/La Mesa Area Rehabilitation	Replace by pipe bursting ² .	6-in	8-in	3,606	\$663,500	\$232,230	\$895,730	\$313,510	\$1,209,240
8	Lower Canyon Area Rehabilitation	Replace by pipe bursting ² .	6-in	8-in	3,128	\$575,550	\$201,440	\$776,990	\$271,950	\$1,048,940
Subtotal - Collection System Rehabilitation Projects						\$5,588,450	\$1,955,970	\$7,544,420	\$2,640,560	\$10,184,980
2015-2020: Optional Private-Property Lateral Rehabilitation Projects³										
9	Private-Property Lateral Rehabilitation		-	-	445	\$3,560,000	\$1,246,000	\$4,806,000	\$1,682,100	\$6,488,100
Subtotal - Optional Private-Property Lateral Rehabilitation Projects						\$3,560,000	\$1,246,000	\$4,806,000	\$1,682,100	\$6,488,100
Total - Without Private-Property Lateral Rehabilitation						\$7,083,740	\$2,479,320	\$9,563,060	\$3,347,090	\$12,910,150
Total - With Private Property Lateral Rehabilitation (Including 40 percent reduction of Collection System Rehabilitation Cost)⁴						\$8,408,360	\$2,942,930	\$11,351,290	\$3,972,950	\$15,324,240

¹Open cut construction is identified because the pipe is shallow at some locations.

²If open cut construction is required because of sags, shallow pipes, or utility interference, the costs would increase by 48 percent.

³Service laterals are not owned by the District. These projects would require separate funding from property owners. See Section 4.2.2.

⁴Includes costs for private-property lateral rehabilitation. These costs would require separate funding from property owners. Implementation of a lateral rehabilitation program would reduce the Collection System Rehabilitation Project costs by approximately 40 percent.



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LEGEND		City and Town Basins
Capacity Improvement CIP	Rehabilitation CIP	City Basin 3
1 - Adeline	1 - Adeline (Capacity)	City Basin 7
2 - Canyon	2 - Canyon (Capacity)	Town Basin 7
Sewer Mains	3 - Hillside/Adeline	Non Contributing
District	4 - Upper Canyon	
Non District	5 - Fey	
Town	6 - Tiara	
	7 - Alturas/La Mesa	
	8 - Lower Canyon	



County of San Mateo
Burlingame Hills
Sewer Maintenance District
Master Plan Update

FIGURE 4-3
Capital Improvement Plan
Projects

Table 4-6. Private Properties with I/I Deficiencies	
Address	I/I Defect Location
2815 Adeline Drive	Lower Lateral
2825 Adeline Drive	Upper Cleanout
2835 Adeline Drive	Lower Cleanout
2880 Adeline Drive	Lower Lateral
2884 Adeline Drive	Lower Cleanout
2886 Adeline Drive	Upper Lateral
2909 Adeline Drive	Lower Lateral
2925 Adeline Drive	Upper Cleanout
2920 Canyon Road	Upper Cleanout
3004 Canyon Road	Lower Lateral
3028 Canyon Road	Upper Cleanout
3110 Canyon Road	Upper Cleanout
10 Crystal Terrace	Upper Lateral
135 Glen Aulin Lane	Upper Lateral
2810 Hillside Drive	Upper Lateral
2832 Hillside Drive	Lower Cleanout
2861 Hillside Drive	Lower Lateral
3135 Hillside Drive	Upper Lateral
3151 Hillside Drive	Upper Lateral
100 La Mesa Drive	Upper Cleanout
125 La Mesa Drive ¹	Area Drain and Downspout
162 Los Robles Drive	Downspout
142 Valdeflores Drive	Lower Lateral
181 Valdeflores Drive	Upper Cleanout
Unknown	Drains into Manhole 67

¹Multiple connection points

References

Brown and Caldwell, *Wastewater Collection System Master Plan*, City of Burlingame, California, October 2010.

Brown and Caldwell, *Sewer Master Plan*, Burlingame Hills Sewer Maintenance District, County of San Mateo, California, December 1999.

County of San Mateo, Geographical Information System (GIS), *Parcels*, 2009.

Attachment A: Unit Cost Development

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Date: October 23, 2009
 Project: City of Burlingame Collection System Master Plan
 Project No.: 136414
 Project Engineer: Lani Good

Planning level unit costs for both sanitary sewer installation and rehabilitation were developed using the following methodology:

1. Construction bids were tabulated for recent comparable projects in and around the Bay Area.
2. Only construction projects having a minimum of three responsive bids were included.
3. The comparable projects were equalized by excluding the following project-specific line items, if any:
 - a. jack and bore highway or railroad crossings,
 - b. junction structures,
 - c. cast-in-place pipe linings,
 - d. installation of owner-provided materials, and
 - e. small quantity pipe installation, relocation, or abandonment.
4. The average bid for each line item was calculated for each project.
5. Lump sum line items such as contractor mobilization, traffic control, and sheeting and shoring were then redistributed in a weighted fashion to each linear pipe line item.
6. The unit cost for each construction method was calculated as a cost per linear foot per inch diameter of pipe.
7. The unit costs were plotted for each construction method by project on the following charts. The "Unit Costs" used in this master plan were then developed from the trends identified.

