

Attachment A



**LEUCADIA**  
WASTEWATER  
DISTRICT

LEADERS IN  
ENVIRONMENTAL  
PROTECTION

**SEWER SERVICE LATERAL REPAIR REIMBURSEMENT REQUEST**

**APPLICANT INFORMATION**

Property Owner

Tenant

Property Manager/Agent/Other

Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Home  Cell  Office

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**PROPERTY OWNER INFORMATION**

**\*\*Please Note: Only complete this section if property owner is different from the applicant listed above.**

Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Home  Cell  Office

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**SEWER LATERAL REPAIR INFORMATION**

Address of Repair: \_\_\_\_\_

Accessor's Parcel Number: \_\_\_\_\_

Repair Details: \_\_\_\_\_

Will a Backflow Device be installed? Yes:  No:

*(Backflow devices can protect the home from sewage coming back into their homes from the mainline, but generally require more frequent routine service)*

Estimate of Total Cost for Repair: \$ \_\_\_\_\_

Estimate of Total Reimbursement Amount Requested (Maximum of \$3,000): \$ \_\_\_\_\_

# LEUCADIA WASTEWATER DISTRICT

## SEWER SERVICE LATERAL REPAIR REIMBURSEMENT REQUEST

Page 2 of 5

Property Owner/Tenant/Agent Initials: \_\_\_\_\_

**Property Owner/Tenant/Agent acknowledge and agree to the following:**

1. The sewer service lateral (Sewer Lateral) is that part of the sewer pipeline that extends from the plumbing of a building to the Leucadia Wastewater District (District) Public Sewer System, which is generally located in a public street or public sewer easement. The Sewer Lateral includes the physical connection (saddle, wye, etc.) to the Public Sewer System. The applicant is responsible for the construction and maintenance, at the applicant's expense, of the building sewer and the Sewer Lateral.
2. The District is providing a public service to assist in the prevention of sewer spill overflows by participating in the Sewer Service Lateral Repair Reimbursement Program (Program) to allow reimbursement to private parties for Sewer Lateral repairs completed by a licensed plumber or contractor. This Program will enhance the performance of the entire Public Sewer System and prevent environmental damage, while assisting District customers to meet their sewer obligations. **District will provide reimbursement for up to ½ of the repair costs, up to a maximum of \$3,000.**
3. To qualify for reimbursement, the work must be performed by a licensed plumber or contractor and verified by District staff using page 4 of this request within 60 days of submittal. An on-site verification must be scheduled by Applicant with District Staff to occur while work is in progress. The District is not inspecting the design or quality of the work and is not liable for defects. The District makes no guarantees regarding the quality of the work of the plumber, contractor or property owner.
4. Applicant will obtain any necessary Federal, State or local permits including any building or right of way permits, and will comply with all Federal, State or local laws.
5. Applicant will maintain Sewer Lateral and building sewer lines in proper working order at all times. Applicant will notify the District if any emergency occurs during Sewer Lateral repair work.
6. Applicant shall bear the entire repair costs of any and all public or public utility property damaged or destroyed by reason of any Sewer Lateral repair work done.
7. Reimbursement of funds is available on a first come, first serve basis, and Applicant will only receive reimbursement if funds are available, regardless of whether the work qualifies for such reimbursement.
8. Disbursement of the funds, to the extent that they are available, is solely at the discretion of the General Manager, who shall consider the spirit and intent of the Program as expressed by the District Board. The General Manager shall determine whether the Sewer Lateral repair work qualifies for reimbursement under the Program, and that determination is final and binding.
9. Applicant agrees to be solely responsible for the Sewer Lateral repair work for which funding is requested and to indemnify and hold the District harmless from any damages or claims arising from the work.

**LEUCADIA WASTEWATER DISTRICT  
SEWER SERVICE LATERAL REPAIR REIMBURSEMENT REQUEST**

**PROPERTY OWNER/TENANT/AGENT CERTIFICATION**

I certify that the information on this request is true and correct and that I have read and agreed to all of the above statements. If signed by tenant/agent, tenant/agent certifies that the property owner provided authority to sign on behalf of the property owner:

**Signature of Property Owner/Tenant/Agent:** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_

**PRE-AUTHORIZATION**

The Application for Reimbursement set forth above is pre-approved. The District has reserved funds sufficient to pay for this request, pending completion of the Sewer Lateral repair work and submittal of all other items required by the District and completion of the Certification and Verification within 60 days of the date entered below. Please note that the final approval of the reimbursement request cannot be completed, and the funds cannot be released, until applicable items are submitted to the District.

**District Employee:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# LEUCADIA WASTEWATER DISTRICT SEWER SERVICE LATERAL REPAIR REIMBURSEMENT REQUEST

## CERTIFICATION AND VERIFICATION

**Applicant Name:** \_\_\_\_\_

**Development Project Address:** \_\_\_\_\_

**Development Project APN:** \_\_\_\_\_

**Total Repair Costs as indicated on attached estimate: \$** \_\_\_\_\_

**Total Amount of Reimbursement Requested: \$** \_\_\_\_\_

### VISUAL VERIFICATION BY DISTRICT STAFF

I have viewed the Sewer Lateral repair work to confirm that the work was done and that the work qualifies for reimbursement under the District's Sewer Service Lateral Repair Reimbursement Program.

**District Employee:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### CERTIFICATION FROM LICENSED PLUMBER OR CONTRACTOR

I certify that I have completed the Sewer Lateral repair work at the following address:  
\_\_\_\_\_. I also certify that I am a licensed plumber or contractor, that I am familiar with the standard specifications of Leucadia Wastewater District, and that all work met the specifications of the District.

Date work completed: \_\_\_\_\_

Invoice Number: \_\_\_\_\_

Total Cost of Repair: \_\_\_\_\_

Signature of Plumber/Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

Plumber's/Contractor's License Number: \_\_\_\_\_

**LEUCADIA WASTEWATER DISTRICT  
SEWER SERVICE LATERAL REPAIR REIMBURSEMENT REQUEST**

**APPROVAL**

	Initials	Date
Reimbursement Request Received	_____	_____
Cert. from Plumber/Contractor Received	_____	_____
Final PAID Invoice Received	_____	_____
Post Liner Inspection Received (if applicable)	_____	_____
 District Verification that Work Qualifies under Program	_____	_____
 <b>Applicant Name:</b> _____		
 <b>Amount Approved for Reimbursement:</b> \$ _____		
 <b>Check Issued on:</b> _____		
<b>By:</b> <u>District General Manager</u>	<b>Signature:</b> _____	
	<b>Date:</b> _____	
 <b>District Account Code:</b> 50-51-0323-6499		

<b>REIMBURSEMENT ACCEPTANCE:</b>
<p>I certify that I have received the check listed above, as reimbursement under the Leucadia Wastewater District Sewer Service Lateral Repair Reimbursement Program. If signed by Agent, Agent also certifies authority to sign on behalf of the property owner:</p> <p><b>Signature of Property Owner/Tenant/Agent:</b> _____</p> <p><b>Date:</b> _____</p>