



LEUCADIA WASTEWATER DISTRICT

LEADERS IN
ENVIRONMENTAL
PROTECTION

SEWER SERVICE LATERAL REPAIR REIMBURSEMENT REQUEST

Attachment A - Page 1 of 5

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's Initials: _____

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

1. The sewer service lateral, or sewer lateral, is that part of the sewer pipeline that extends from the plumbing of a building to the Leucadia Wastewater District (District's) 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 four 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

Page 3 of 5

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: _____

REIMBURSEMENT REQUEST CONFIRMATION RECEIPT

This will acknowledge the District has received a request for reimbursement pursuant to the *Sewer Service Lateral Repair Authorization and Reimbursement Policy* in the amount of \$_____, and the District has reserved funds sufficient to pay for this request, pending Certification and Verification within 60 days of the date entered below. Please note that the 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**

Page 4 of 5

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**

Page 5 of 5

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	_____	_____
 Applicant Name: _____		
 Amount Approved for Reimbursement: \$ _____		
 Check Issued on: _____		
By: <u>District General Manager</u>	Signature: _____	
	Date: _____	

REIMBURSEMENT ACCEPTANCE:

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:

Signature of Property Owner/Tenant/Agent: _____

Date: _____