

LEUCADIA WASTEWATER DISTRICT

PRIVATE LATERAL REPAIR AUTHORIZATION AND REIMBURSEMENT POLICY

Ref: 09-1630

1. Purpose

The purpose of this policy is to establish rules and regulations governing authorization of reimbursement for a portion of the cost for private lateral repair.

2. Overview

- a. Public Health and Environmental regulations specifically prohibit sanitary sewer overflows and require agencies that own and operate Collection Systems to proactively implement programs and other activities that prevent sewer spills to waters of the state.
- b. The service lateral is that part of the sewer system that extends from the main collection line in the street (or easement) to the point where the service lateral is connected to the applicant's building sewer. Maintaining the service lateral in a free flowing and water-tight condition is the responsibility of the property owner.
- c. Service laterals that convey sewage from private property to public sewer lines represent a significant percentage of a community's overall Collection System. Ensuring that these lines are properly maintained is no less important than maintaining the public sewer lines in achieving the District's goal of preventing sewer spills.
- d. Infiltration and Inflow from privately-owned laterals, especially those constructed from vitrified clay pipe segments, often account for more than half of the total stormwater and groundwater conveyed by the Collection System. This excess water takes up capacity in both the system and at the treatment plant and may cause sewer spills during heavy rain events.
- e. This lateral reimbursement policy is intended to increase both collection system reliability and public awareness for the proper maintenance and repair of private sewer laterals by providing funds to help ensure that laterals in need of repair will be repaired properly by licensed plumbing contractors. Additionally, if backflow prevention devices are installed in the lateral as part of the repair, both the District and the property owner benefit from the added protection these devices afford a residence should a stoppage occur in a main sewer line.

3. Request

- a. All reimbursements shall be made pursuant to the receipt of a signed Reimbursement Request Form (Attachment A) conforming to applicable requirements stated in this Policy. Reimbursement shall be made only for legitimate lateral repair expenses supported by vendor provided documentation and authorized by the District for properties currently served by the Leucadia Wastewater District.
- b. Legitimate expenses shall include labor and materials. District will provide reimbursement for up to $\frac{1}{2}$ the cost of the lateral repairs, or \$3,000, whichever is less.

4. Authorization

- a. Reimbursement shall be made only when appropriated funds from an approved District budget are available.
- b. Reimbursements paid by LWD shall be reported monthly to the LWD Board of Directors. This report shall state the payee, the amount and provide a description of the expense(s).
- c. Upon receipt of a properly completed Reimbursement Request (Attachment A), the General Manager or his/her designee shall ensure appropriated funds are available and, then sign the acknowledgement indicating receipt of the request, pending certification and approval. In order for the applicant to receive the reserved funds, the applicant must submit a completed Certification and Verification Page (page 4 to Attachment A), within 30 days.
- d. Upon receipt of a properly completed certification and verification form (page 4 to Attachment A), LWD shall prepare the Approval Form (Attachment B) and pay reimbursement up to $\frac{1}{2}$ the cost (or \$3000) for reasonable expenses incurred in the repair and/or replacement of a private sewer lateral by a licensed plumbing contractor.

**LEUCADIA WASTEWATER DISTRICT
PRIVATE SERVICE LATERAL REPLACEMENT/REPAIR REIMBURSEMENT
REQUEST**

(ATTACHMENT A)
Page 1 of 4

Applicant Information			
	Owner	Tenant	Other
Phone:	() _____	Alternate Phone:	_____
		Office	
		Cell	
Name :	_____		
Address:	_____		

Property Owner Information:			
Owner	Property Manager/Agent		
Phone:	_____	Alternate Phone:	_____
		Office	
		Cell	
Name(s):	_____		
Address:	_____		

Development Project Information		
Request if for	Total Replacement of Service Lateral	Repair of Service Lateral
Address:	_____	
Assessor's Parcel Number:	_____	
Length of replacement/repair:	_____	
Total Length of lateral:	_____	
Will a Backflow Device be installed?	Yes	No:
<i>Backflow devices can protect the home from sewage coming back into their homes from the mainline, but generally require more frequent routine service. You must make sure your plumber is aware of this backflow device before he performs any service on your lateral.</i>		
Estimate of Total Cost for Replacement/Repair:	_____	
Estimate of Total Reimbursement Amount Requested (Maximum of \$3,000):	_____	

**LEUCADIA WASTEWATER DISTRICT
PRIVATE SERVICE LATERAL REPLACEMENT/REPAIR REIMBURSEMENT
REQUEST**

Page 2 of 4

Homeowner's Initials _____

Applicant/Owner/Agent acknowledge and agree to the following:

1. The service lateral is that part of the sewer system extending from the plumbing of a building to the District's collection line, which is generally located in a public street or public sewer easement. The service lateral includes the physical connection to the collection line. The applicant is responsible for the construction and maintenance, at the applicant's expense, of the building sewer and the service lateral.
2. Leucadia Wastewater District is providing a public service to assist in the prevention of sewer spills by participating in the Lateral Replacement/Repair Reimbursement program and reimbursing private parties for lateral replacement/repairs completed by a licensed plumbing contractor. This program will enhance the performance of the entire sewer system and prevent environmental damage, while assisting District customers meet their sewer obligations. **District will provide reimbursement for up to ½ of the repairs, or \$3,000, whichever is less.**
3. To qualify for reimbursement, the work must be performed by a licensed plumbing contractor and verified by District staff using page four of this request within 30 days of submitting this request. 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 lateral and building sewer lines in good working order at all times. Applicant will notify the District if any emergency occurs during lateral replacement/repair work.
6. Applicant shall bear the entire cost of replacement or repairs of any and all public or public utility property damaged or destroyed by reason of any lateral replacement/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 lateral replacement/repair work qualifies for reimbursement under the program, and that determination is final and binding.

**LEUCADIA WASTEWATER DISTRICT
PRIVATE SERVICE LATERAL REPLACEMENT/REPAIR REIMBURSEMENT
REQUEST**

Page 3 of 4

9. Applicant agrees to be solely responsible for the lateral repair and/or replacement work for which funding is requested and to indemnify and hold the District harmless from any damages or claims arising from the work.

Applicant/Owner/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 Agent, Agent certifies that he/she has the authority to sign on behalf of the owner:

Signature of Applicant/Owner/Agent: _____

Date of Request: _____

This Portion to be Detached and Given to Applicant

Confirmation of Receipt of Request for Reimbursement

This will acknowledge that LWD has received a request for reimbursement pursuant to the *Private Lateral Repair Authorization and Reimbursement Policy* in the amount of _____, and that LWD has reserved funds sufficient to pay for this request, pending Certification and Verification within 30 days of the date entered below. Note that the approval of the Reimbursement Request cannot be completed, and the funds cannot be released, until the completed Certification and Verification page has been submitted to LWD.

District Employee: _____

Date: _____

**LEUCADIA WASTEWATER DISTRICT
PRIVATE SERVICE LATERAL REPLACEMENT/REPAIR REIMBURSEMENT**

Page 4 of 4

CERTIFICATION AND VERIFICATION

Applicant Name _____

Development Project Address _____

Development Project APN: _____

Total Cost for Replacement/Repair as indicated on attached invoice:

Total Amount of Reimbursement Requested: _____

Visual Verification by District Staff

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

District Employee: _____

Date: _____

Certification from Plumber

I certify that I have completed the service lateral replacement/repair work at the following address:
_____. **I also certify that I am a licensed plumber, 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: _____ (attach copy of invoice)

Total Cost of Replacement/Repair: _____

Signature of Plumber: _____

Date: _____

Contractor's License Number: _____

**LEUCADIA WASTEWATER DISTRICT
PRIVATE SERVICE LATERAL REPLACEMENT/REPAIR REIMBURSEMENT
REQUEST**

(Attachment B)

APPROVAL

	Initials	Date
Request Received	_____	_____
Plumber Certification Received	_____	_____
Invoice Attached	_____	_____
 District Verification that Work Qualifies under the Private Lateral Replacement/Repair Grant Program	 _____	 _____
 Applicant Name _____		
 Reimbursement Approval Number _____		
 Amount Approved for Reimbursement _____		
 Check Issued on _____		
By:	<u>General Manager</u>	(signature) _____
		(date) _____

REIMBURSEMENT ACCEPTANCE:

I certify that I have received the check listed above, as reimbursement under the Leucadia Wastewater District Private Service Lateral Replacement/Repair Reimbursement Program. If signed by Agent, Agent also certifies that he/she has the authority to sign on behalf of the owner:

Signature of Owner/Agent/Applicant:

Date of Acceptance: _____