

# CLARKSON VALLEY APPLICATION FORM FOR SANITARY SEWER LATERAL REPAIR PROGRAM

Date of Application Submittal \_\_\_\_\_

Property Owner Names \_\_\_\_\_

Address of Property \_\_\_\_\_

Phone Numbers of Property Owners: Day \_\_\_\_\_ Evening \_\_\_\_\_

Paid Real Estate Tax Receipt (Current Copy Attached) \_\_\_\_\_

Name of Plumbing Contractor that attempted to clean line \_\_\_\_\_

Name of Plumbing Contractor (if different from above) that performed dye testing or televising of line:  
\_\_\_\_\_

Phone Numbers for Plumbing Contractors(s) \_\_\_\_\_

Is the Problem Area under a street or sidewalk? (Circle One) Yes No Uncertain

Has MSD or St. Louis County Health Department been contacted? (Circle One) Yes No Uncertain

Has the problem area been cabled, dye tested and/or televised? (Circle One) Yes No Uncertain

Has the entire line been scoped upon completion of repair? (Circle One) Yes No Uncertain

Attach a copy of certification from your plumbing contractor that an attempt was made to cable the line but that procedure failed to solve the problem. Indicate date, time and precise location of where on the service line the procedure took place.

Attach a copy of the release authorizing contractors to work on site, recognizing that noise, mud, dust, and other inconveniences may be part of the work and that landscaping, bushes, walks, fences, driveways and other minor items in the way of the work could be damaged and holding the City of Clarkson Valley harmless for such actions done by the contractor. Note: The property owner must complete final site restoration (such as landscaping). Also attached are copies of the policy and procedure.

Property Owner Signature(s) \_\_\_\_\_

**City Use Only:**

Plumber Verification Form received \_\_\_\_\_ Date \_\_\_\_\_

Subdivision Trustee's Advised \_\_\_\_\_ Date \_\_\_\_\_

- Affidavit on Completed Work and the associated paperwork received
- a. A written statement that the work has been completed \_\_\_\_\_
  - b. Copies of the three (3) bids received \_\_\_\_\_
  - c. The itemized bill from the contractor indicating the bill has been paid. \_\_\_\_\_

City Hall telephones St. Louis County – Plumbing Inspection Office 314-615-3723 or 314-615-0330 to request the inspection results. Faxed form letter received \_\_\_\_\_ Date \_\_\_\_\_

Payment check issued and mailed \_\_\_\_\_ Date \_\_\_\_\_