

**CITY OF CRESTWOOD  
2006 SANITARY SEWER LATERAL PROGRAM**

**DEPARTMENTAL CHECKLIST**

**Sanitary Sewer Lateral Program Tracking Number:** \_\_\_\_\_

**INITIAL CONTACT**

Date of Contact \_\_\_\_\_

Residential Contact     MSD Referral

If "MSD Referral" - date referred to MSD \_\_\_\_\_ By \_\_\_\_\_

Date report received from MSD: \_\_\_\_\_  MSD Problem     Resident Problem

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

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

Home Telephone # \_\_\_\_\_ Work Telephone #: \_\_\_\_\_

Reported Problem \_\_\_\_\_ By: \_\_\_\_\_

Cabling bills/history available:  Yes     No

Is the line currently functioning:  Yes     No By: \_\_\_\_\_

Has resident attempted to have the sewer lateral line opened:  Yes     No By: \_\_\_\_\_

If "Yes" type of work to be performed:  Cable     Camera/Locate By: \_\_\_\_\_

**CABLE OR CAMERA/LOCATE**

Contractor: \_\_\_\_\_ By: \_\_\_\_\_

Date Contractor notified: \_\_\_\_\_ By: \_\_\_\_\_

Date tape or cabling report received: \_\_\_\_\_ By: \_\_\_\_\_

Date reviewed by CEO: \_\_\_\_\_ By: \_\_\_\_\_

"Emergency" Found:  Yes     No

If "Yes," approximate length of lateral: \_\_\_\_\_ By: \_\_\_\_\_

If "Yes," approximate length of eligible lateral replacement: \_\_\_\_\_ By: \_\_\_\_\_

If "No," date denial letter was sent: \_\_\_\_\_ By: \_\_\_\_\_

Date paperwork prepared for payment: \_\_\_\_\_ By: \_\_\_\_\_

Date of payment for Camera/Locate: \_\_\_\_\_ By: \_\_\_\_\_