

## **PRIVATE SEWER LATERAL REPLACEMENT PROGRAM**

**MISSION:** To continue to partner with city residents to work towards reducing inflow and infiltration (I/I) of clear waters into the sanitary sewer system from privately owned failing laterals or laterals that are in substandard condition.

**PRIVATE SEWER LATERAL:** That section of lateral from the right-of-way to the building foundation is the responsibility of the property owner to repair or replace.

**PUBLIC SEWER LATERAL:** That section of lateral from the right-of-way to the sewer main in the street is the responsibility of the City Public Sewer Utility to repair or replace.

### **WHAT THE LATERAL REPLACEMENT PROGRAM DOES NOT COVER:**

- Sewer lateral in or under the home or structure
- Internal/inside the structure plumbing repairs/connections
- Sewer Lateral Lining
- Damage to foundations or any other items not defined as a sewer lateral and associated with a lateral replacement
- Landscaping or lawn restoration
- Any item not related to a sewer lateral replacement

### **TO APPLY FOR A SEWER LATERAL REPLACEMENT REIMBURSEMENT YOU MUST:**

- Hire a licensed plumber or contractor for the needed work.
- Contact the City prior to the work starting with the plumber's name, license number and cost estimate (application form is included). This will be reviewed to ensure the work being done meets the criteria for this program. Someone from the City will contact you to confirm the work meets the program's mission of replacing failing or substandard sewer laterals.
- Once the work is completed, an affidavit from the licensed plumber or contractor that the lateral has been installed correctly and to code, and that it is functioning without leak. Attach photos of the new lateral installed to the affidavit. Both must be provided before reimbursement. (reimbursement request form is included)
- A copy of the invoice for the services rendered along with an original paid receipt from the plumber or contractor of choice.

Once the lateral replacement is complete and the steps above have been followed the City will review and reimburse you up to the amount of \$1,800.00 for the lateral replacement. Reimbursement will be made to the applicant and not to another party, business or contractor.

*Celebrate*  
**COLUMBUS**

**APPLICATION FOR PRIVATE LATERAL REPLACEMENT PROGRAM**

DATE: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_  
Street City State Zip Code

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

LICENSED PLUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

LICENSE #: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ESTIMATE OF COST: \_\_\_\_\_ (attach a copy of the estimate provided)

START DATE: \_\_\_\_\_ COMPLETION DATE: \_\_\_\_\_

\*\*\*\*\* *For City Use Only* \*\*\*\*\*

Received on: \_\_\_\_\_ Received by: \_\_\_\_\_

Cost estimate attached? \_\_\_ Yes \_\_\_ No Total Cost Estimate: \_\_\_\_\_



**APPLICATION FOR REIMBURSEMENT – PRIVATE LATERAL REPLACEMENT PROGRAM**

DATE: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_  
Street City State Zip Code

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

LICENSED PLUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

LICENSE #: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

COMPLETION DATE: \_\_\_\_\_

**PROVIDE THE FOLLOWING WITH THIS APPLICATION FOR REIMBURSEMENT:**

- 1.) INVOICE FOR WORK COMPLETED.
- 2.) PAID RECEIPT FOR WORK COMPLETED FROM LICENSED PLUMBER.
- 3.) AFFIDAVIT FROM LICENSED PLUMBER THAT THE WORK WAS COMPLETED ACCORDING TO CODE AND THAT THERE ARE NO FLAWS OR LEAKS IN THE NEWLY INSTALLED LATERAL. ATTACH PHOTOS OF COMPLETED WORK.

*NOTE: Any flaws, leaks or problems after installation are the responsibility of the Property owner.*

\*\*\*\*\* **For City Use Only** \*\*\*\*\*

Received on: \_\_\_\_\_ Received by: \_\_\_\_\_

Work Completed: \_\_\_\_\_ Invoice Received: \_\_\_ Yes \_\_\_ No / Total: \_\_\_\_\_

Statement from Licensed Plumber Received: \_\_\_ Yes \_\_\_ No (attach to application)

Paid invoice or receipt provided: \_\_\_ Yes \_\_\_ No

Processed for Reimbursement: \_\_\_\_\_ Amount Processed: \_\_\_\_\_