

Saint Louis County Department of Public Works
RESIDENTIAL SEWER LATERAL REPAIR PROGRAM
APPLICATION INSTRUCTIONS

1. Complete the application titled “SEWER LATERAL REPAIR APPLICATION”.
2. If the sewer lateral line crosses over into a neighbor’s yard, the neighbor may be required to sign an application giving consent for access to their property.
3. Submit the “**MASTER PLUMBER/DRAINLAYER CERTIFICATION**”, completed by the Master Plumber/Drainlayer who certified the need for a sewer lateral repair, with the Sewer Lateral Repair Application.
4. Return completed application along with **supporting documentation** to: Department of Public Works, Sewer Lateral Repair Program, 1050 N. Lindbergh, Saint Louis, MO 63132.

Questions regarding any of the above should be directed to the Sewer Lateral Repair office at 615-8427, or by email slrp@stlouiscountymo.gov

The following actions will take place when your application is received:

1. The Sewer Lateral Repair Office will notify the applicant of receipt of application.
2. The Department of Public Works will solicit at least four (4) bids from the qualified contractor’s “Repair List” to perform the repair.
3. After a bid has been awarded, the applicant will be notified by the contractor who will be making the repairs.
4. The licensed contractor will make the contracted repairs.
5. Inspections will be performed by all relevant agencies.
6. After the repairs have been made, the contractor will submit his invoice to the Department of Public Works, Sewer Lateral Repair Program.
7. Upon approval of the final inspection of the repairs and the receipt of all required documentation, St. Louis County will pay the contractor.

ST. LOUIS COUNTY DEPARTMENT OF PUBLIC WORKS
SEWER LATERAL REPAIR APPLICATION

Address of Request for Repair: _____

Owner Name: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____

Evening Phone: _____

Property located within Unincorporated St. Louis County? Yes or No

If not, what Municipality? _____

As owner of the property, I certify that I have the authority to and do consent to the performance of sewer lateral repair work on and about the property described in the application and will not interfere with the work to be performed by the contractor selected by St. Louis County Department of Public Works and shall reimburse County for all expenses incurred by County on applicants behalf in the event the applicant withdraws permission to proceed or otherwise interferes with performance of work authorized under this program. Repairs are subject to Chapter 1111 of the St. Louis County Ordinances and the St. Louis County Sewer Lateral Repair Program Rules and Regulations.

Property owner Initials _____

As owner of the property, I certify that I nor anyone on behalf of owner will make any claim against or seek any relief from St. Louis County arising out of or in connection with any work done or any action taken in connection with the Sewer Lateral Repair Program.

Property owner Initials. _____

As owner of the property, I also understand and agree that St. Louis County is not responsible for the actions of the contractor making the sewer lateral repairs and agree to indemnify St. Louis County and hold St. Louis County harmless from any and all claims arising out of the applicant=s participation in, and work performed and actions taken in connection with, the Sewer Lateral Repair Program.

Property owner Initials. _____

As owner of the property, I understand that sewer lateral repair includes only the patching or replacement of a defective sewer lateral line, including associated digging and the replacement of dirt and seeding of affected areas, and does not include replacement of landscaping or ornamental structures and may not include replacement of structural facilities.

Property owner Initials. _____

As owner of the property, I understand that I may be responsible for the repair or replacement of the property or items on the property not covered by County. If necessary, I as property owner will make necessary repairs to the property to bring the property to a condition substantially similar to the condition of the property, prior to participation in the program, within six months or other time as may be established by the Director. Specifically, as owner I may be responsible for repair/replacement of items such as driveways and sidewalks or accessory structures which may include fences and walls.

Property owner Initials. _____

As owner of the property, I certify that no portion of the repairs for which I am applying is covered by insurance and that I may be required to produce a copy of my insurance if participating in this program. My insurance company is _____ and may be contacted at (provide phone number of insurance company/agent) _____.

As owner of the property, I also certify the following:

A) According to County Ordinance Section 1111-20 the above residential property contains 6 or less dwelling units.

B) As owner of property, I certify that the real estate taxes for the current year have been paid in full including the \$28 for the Sewer Lateral Repair Program.

As owner of the property, I acknowledge that the owner is a third party beneficiary to any contract for sewer lateral repair work.

Owner Signature: _____ Date: _____

Print Name: _____

Adjacent Property Owner Authorization (if applicable): _____ Date: _____

Adjacent Property Owner (print name): _____

Adjacent Property Address: _____ and Contact Number: _____

If the signature is by agent, form must be accompanied by a notarized power of attorney.

FOR OFFICE USE ONLY

Date Received Application: _____

Sewer Repair Project Number: _____

**ST. LOUIS COUNTY SEWER
LATERAL PROGRAM
MASTER PLUMBER/DRAINLAYER CERTIFICATION**

Date: _____

PROPERTY ADDRESS: _____
Number Street Zip

PROPERTY CONTACT PERSON: _____
Home Phone Work Phone

Nature & location(s) of problem, in such detail, that the Director may adequately determine both the nature of the problem and the bidding requirements for the sewer lateral repair.

Use back if additional space is needed

Verification Method Used to determine that the Sewer Lateral is Defective:

___ Cable and Video Camera required for review ___ Other _____

Location of Problem:

Located _____ ft. from base of stack Located _____ ft. from foundation
Located _____ ft. from base of yard trap/cleanout Located _____ ft. from corner of foundation
Approximate depth of sewer: _____ ft.

Sewer lateral location verified by: _____

Is Location of Repair in St. Louis County Right – A – Way? Yes or No Don't Know

Does building sewer cross an adjoining property line? ___ yes ___ no

Repair/replacement location marked at site ___ yes ___ no

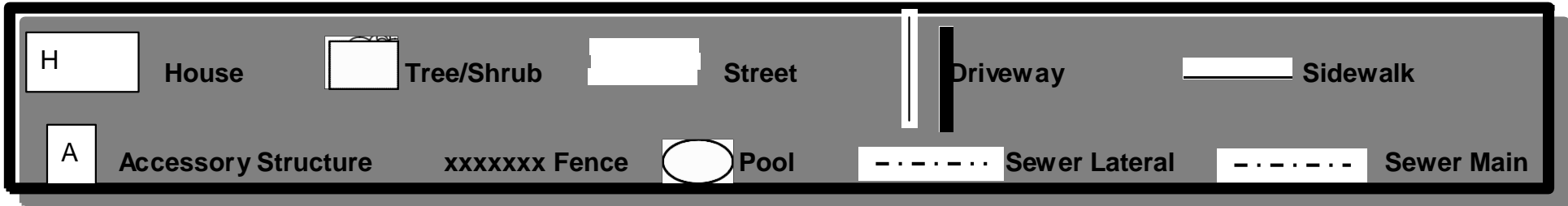
I certify that the sewer lateral has been cabled and that cabling could not resolve the problem.

Company Name _____

Licensed Master Plumber/Drainlayer (Print Name)

Licensed Master Plumber/Drainlayer Signature

Phone _____ Fax _____ License Number _____



A legend box with a thick black border containing symbols and labels for various property features. The legend is organized into two rows. The first row includes: a box with the letter 'H' for 'House', a square with a tree symbol for 'Tree/Shrub', a rectangle with a dashed border for 'Street', a vertical line with a thick black bar for 'Driveway', and a rectangle with a dashed border for 'Sidewalk'. The second row includes: a box with the letter 'A' for 'Accessory Structure', the text 'xxxxxxx' for 'Fence', a circle for 'Pool', a dashed line for 'Sewer Lateral', and another dashed line for 'Sewer Main'.



The box provided above is intended to represent the applicants property lines. Using the legend above, indicate the location of the house, sewer lateral, sewer main, and any structures, tree/shrub or obstructions to the sewer lateral repair. If applicable, the drawing should show location of the lateral on adjoining property and street. If additional space is needed, use a separate sheet of paper.