

CITY OF MANCHESTER
14318 MANCHESTER RD.
MANCHESTER, MO 63011
P: 636.227.1385
F: 636.227.5438
publicworks@manchestermo.gov



APPLICATION #

SEWER LATERAL REPAIR PROGRAM PLUMBER VERIFICATION FORM

I _____
of _____ Plumbing Company have taken
steps to cable the sanitary sewer lateral at the property located at _____
_____ on the _____ day
of _____, 20_____.

My work has not been adequate to completely clear the line and I recommend that additional steps be taken to repair this sanitary sewer lateral.

I believe the problem area is approximately _____ feet from the house and/or _____ feet from the edge of the street.

Signature: _____

Date: _____

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<p>APPLICATION #</p> <p>Total Amount</p> <p>\$ _____</p>

SEWER LATERAL REPAIR APPLICATION

IMPORTANT NOTICE

To participate, a resident must submit a Sewer Lateral Repair Application, signed Plumber Verification Form, a \$400 application fee, proof of paid real estate taxes, and signed Property Owners Release Form. Repairs subject to \$10,000 repair program cap. Property owner is responsible for any cost over the \$10,000 repair program cap.

Date of application submittal: _____

Property Owner Name(s): _____

Address of Requested Repair: _____

Telephone Number: _____ Email: _____

Signed Plumber Verification Form attached? YES NO

\$400.00 application fee submitted? YES NO Payment Type: Cash Credit Card Check # _____

Proof of Paid Real Estate Taxes? YES NO (Approval subject to verification)

Signed Property Owners Release Form attached? YES NO

The undersigned hereby represents that he/she/they have carefully read and understand the guidelines and requirements for participating in the City of Manchester's sanitary sewer lateral repair program.

Property Owner(s) Signature: _____

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

APPLICATION RECEIVED

By: _____

Date/Time: _____

- Signed Plumber Verification Form
- \$400 Application Fee Paid
- Proof of Paid Real Estate Taxes
- Signed Property Owners Release Form

APPLICATION REVIEW

By: _____

Date/Time: _____

- Approved
- Not Approved

COMMENTS: _____

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SEWER LATERAL REPAIR PROGRAM PROPERTY OWNER RELEASE FORM

I/We, _____ the Property Owner(s) of _____, Manchester, Missouri, hereby authorize the City of Manchester and its approved plumbing contractor to enter my/our property in order to repair my/our sanitary sewer lateral as may be required. As part of this work, I/we acknowledge there may/will be inconveniences related to the repair work undertaken up until such time as yard restoration is completed.

I/we understand that the City of Manchester's Sewer Lateral Repair Program does not cover the following items which will be the property owner's responsibility:

1. Repairs to sewer lines within or under the house structure.
2. Repair costs exceeding the maximum repair program expenditure limit of \$10,000.00.
3. To restore any plants, trees, landscaped areas and walls, irrigation systems, fences, and the like, which may be affected or removed within the required work area limits. Also, to water, as necessary, the grass seeding following yard restoration of the work site to insure its germination and growth.
4. Sewer lateral repairs which are under a permanent or semi-permanent structure such as but not limited to a detached garage, shed, swimming pool, porch, steps, air conditioning unit, wood pile, play structure, retaining wall, or the like unless any of these items are removed first by the property owner or unless the owner pays all additional charges to have the City's plumbing contractor relocate the sewer lateral around the structure.

I/we understand the City of Manchester requires its approved plumbing contractor to provide the City with a Certificate of Insurance and a Performance Bond which guarantees the satisfactory completion of all necessary work. The City has a one (1) year guarantee from the plumbing contractor which covers all materials, equipment and workmanship associated with the excavation and the repaired portion of the sewer lateral.

Property Owner(s) Signature: _____ Date: _____
_____ Date: _____