

**CITY OF CRESTWOOD**

**SANITARY SEWER LATERAL PROGRAM CHECKLIST**

(Applicant fills out top portion of form)

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

(Crestwood personnel will fill in later)

Date of Application: \_\_\_\_\_

Residential Contact: \_\_\_\_\_ or MSD Referral: \_\_\_\_\_ Date: \_\_\_\_\_ Service #: \_\_\_\_\_

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

Homeowner Name(s): \_\_\_\_\_

Homeowner Address w/zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

Cabling bills/history available: Yes \_\_\_\_\_ No \_\_\_\_\_ Is the line functioning: Yes \_\_\_\_\_ No \_\_\_\_\_

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

If "YES", type of work performed: Cable: \_\_\_\_\_ Camera: \_\_\_\_\_ Locate: \_\_\_\_\_

**INVESTIGATIONS: CABLE/CAMERA/LOCATE**

(Crestwood personnel fills out bottom portion of form)

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

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

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

Date reviewed by Project Manager/CEO: \_\_\_\_\_ By: \_\_\_\_\_

Repair Found: Yes \_\_\_\_\_ No \_\_\_\_\_ Emergency: Yes \_\_\_\_\_ No \_\_\_\_\_

Approved: Length of Lateral: \_\_\_\_\_ Depth: \_\_\_\_\_ Clean Out: \_\_\_\_\_ By: \_\_\_\_\_

If NO REPAIR, date Denial Letter was sent: \_\_\_\_\_ By: \_\_\_\_\_

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

Date prepared for payment of Re-Camera/Cable: \_\_\_\_\_ By: \_\_\_\_\_

Date of payment for repair: \_\_\_\_\_ By: \_\_\_\_\_

Street work involved and Street Supervisor contacted: Yes \_\_\_\_\_ No \_\_\_\_\_ By: \_\_\_\_\_

Additional work required: \_\_\_\_\_

\_\_\_\_\_  
Date Completion Letter sent: \_\_\_\_\_ By: \_\_\_\_\_



SANITARY SEWER LATERAL PROGRAM  
*CONTRACTION OF WORK*

For the purpose of repairing a faulty sanitary sewer lateral line at:

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(Street Address w/zip)

The City of Crestwood will contract the services of:

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(Name of Contractor)

The cost of the repair will be paid by the City of Crestwood through the Sanitary Sewer Lateral Program. After completing the repair, the Contractor will mound the excavated dirt over the disturbed area and place straw. Final grading and establishing grass will be the responsibility of the property owner; these costs will not be borne by the City.

Once the sewer lateral repair has been completed, the property owner will be sent a *Completion of Work* form. Prior to signing the *Completion of Work* form, the property owner shall ensure that all work has been completed to his/her satisfaction. If the *Completion of Work* form is not returned within thirty days, the project will be considered closed.

If these terms are acceptable, please sign below and return this form to the City of Crestwood Department of Public Works. Should you have questions, please contact Project Manager Mirela Celaj at (314) 729-4724.

Signature of Homeowner: \_\_\_\_\_

Printed Name of Homeowner: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date submitted: \_\_\_\_\_

If rental property, Homeowner's address w/zip is as follows:

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