



COUNTY OF LAKE
SPECIAL DISTRICTS ADMINISTRATION
230 N. Main Street
Lakeport, California 95453
Telephone (707) 263-0119
Fax (707) 263-3836

Jan Coppinger
Administrator

APPLICATION FOR PRIVATE LATERAL REPLACEMENT GRANT

Section 1

Property Owner's Name: _____

Property Address: _____

Property Owner's Phone: _____

Sewer Account Number: _____

Property Owner's Email: _____

I certify by signing this application that I am the owner of record of the property described above. I am aware the submission of this document does not constitute that a grant has been approved by Lake County Sanitation District. I have read the requirements of the grant program and am aware that a letter will be issued advising if funds have been granted. Work performed prior to receiving a grant authorization letter is performed at my own risk.

Signature: _____ Date: _____

Section 2

SITE INFORMATION

Describe the nature of the lateral problem: _____

Provide a layout sketch of the work including building cleanout, lateral length, connection at the public sewer line, street and proposed work.

Is there an insurance claim for this work? Yes _____ Provide details
No _____

Section 3

Lateral CCTV Inspection

Contractor Name and planned date of inspection: _____

Notes:

Section 4

To Be Completed by Lake County Sanitation District

CCTV Inspection Schedule Yes ___ No ___ Date Completed: _____

Testing Required? Yes ___ No ___ Test Date: _____

Grant Funding

Amount of funds obligated: \$ _____ Date: _____ Emergency? _____

Work Inspection Date: _____ Encroachment Permit Number: _____
Building Permit Number: _____

Paid Receipt (Contractor paid in full) Yes ___ No ___ Invoice: _____

Final Cost: \$ _____

Grant Amount \$ _____

Check List:

Section 1 completed Y N Date: _____ Initials: _____

Section 2 completed Y N Date: _____ Initials: _____

Section 3 completed Y N Date: _____ Initials: _____

Section 4 completed Y N Date: _____ Initials: _____

Fund Obligation Approved by: _____ Date: _____

Grant Funding Dispersal Approved By: _____ Date: _____