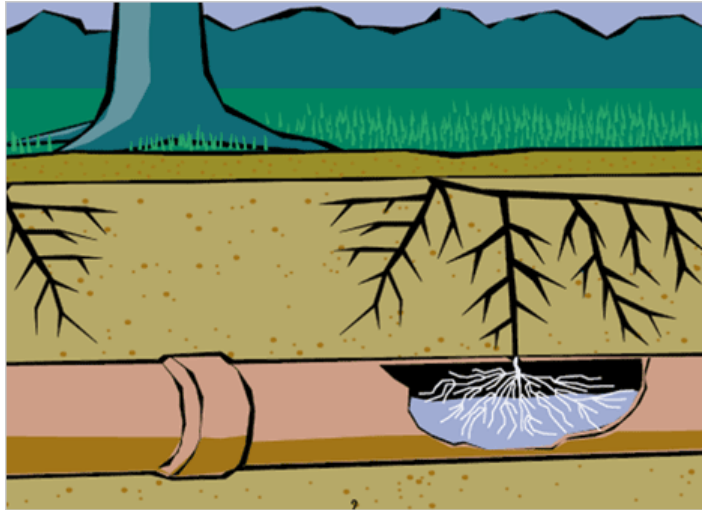


# Sewer Problems?



## Attention: Pacifica Residents

### City of Pacifica Sewer Lateral Replacement Program: Notice of Availability of Free Inspections and Grant Funding for Sewer Lateral Replacement

Beginning September 22, 2008, the City of Pacifica will inspect qualifying residents' sewer laterals for defects, leaks and failures, and provide reimbursement grants for the replacement of qualifying laterals that are leaking due to root infiltration, breaks, cracks, failed pipe, "Orangeburg" pipe, and alignment problems at up to 20% of the replacement cost, up to \$1,000.

The first phase of inspections will be limited to 200 properties. These inspections will be done on a first come first serve basis.

For further information on the City's Sewer Lateral Replacement Program, please call Brian Martinez at 650-738-4669, view the Program Guidelines and access a Program application at [www.cityofpacifica.org](http://www.cityofpacifica.org), or visit the Waste Water Treatment Department at the Calera Creek Water Recycling Plant, 700 Coast Highway in Pacifica.

Please note that information provided by private contractors is not official information and may not accurately reflect City policies and regulations. Only personnel of the City's Waste Water Treatment Department should be consulted for information on this Program.

# City of Pacifica Sewer Lateral Replacement Program: Program Guidelines

## Background

The City of Pacifica municipal code requires that property owners or persons in possession of property properly maintain side, or lateral, sewer lines connecting privately-owned buildings to the City's main sewer lines at the owners' own costs.

On September 8, 2008, the City Council authorized the City of Pacifica Sewer Lateral Replacement Program ("Program") to enable the City to (a) inspect potentially defective, leaking and/or failed laterals connecting private residences to the City's main sewer line, and (b) offer grants to reimburse property owners a portion of the cost of replacing qualifying defective, leaking and/or failed laterals.

## Eligibility

To be eligible for a lateral inspection under this Program:

1. the property must be a private, single-family primary residence **or** the property must be owned and operated by a nonprofit organization, on a not-for-profit basis, as temporary or transitional housing or related services for homeless persons;
2. the property must not have already received benefits through this Program;
3. the lateral must be at least ten years old **or** there must be a reasonable basis to believe that the lateral is defective, leaking and/or failed, as determined by City staff.

To be eligible for a grant for lateral replacement reimbursement under this Program:

1. the above criteria for lateral inspection must be met;
2. the lateral must have been inspected through this Program;
3. the lateral must have been found by City staff to be leaking due to root infiltration, breaks, cracks, failed pipe, "Orangeburg" pipe, or alignment problems;
4. the property owner must submit evidence that the lateral has been replaced in conformance with current City codes and specifications, including receipt of required permits, by a contractor licensed to perform such replacement;
5. the property owner must submit evidence of full payment to the contractor.

## Award Limits

For each grant given under this Program, reimbursements are limited to 20% of the lowest of the following, not to exceed \$1,000 per property: (a) the invoiced and paid cost for the lateral replacement if the property owner uses a contractor that did not offer City-negotiated rates under the Program, or (b) a bid offered by a contractor that did offer City-negotiated rates under this Program. When the City has reached the maximum budget for the Program in any fiscal year, the Program may be suspended until further funds are available. When the City has reached the maximum aggregate budget for the Program, the Program may be terminated.

**City of Pacifica Sewer Lateral Replacement Program:  
Application for Free Sewer Lateral Inspection  
and Right of Entry for Inspection of Lateral**

Property Address:

Name of Applicant:

This property is:

- a private, single-family primary residence
- owned and operated by a nonprofit organization, on a not-for-profit basis, as temporary or transitional housing or related services for homeless persons

I am the legal owner of the property located at the above address. [\_\_\_\_\_] (initial here) **or**  
I am a legal representative of the nonprofit organization that owns the property located at the above address. [\_\_\_\_\_] (initial here)

The lateral on this property is at least 10 years old. [\_\_\_\_\_] (initial here) **or**  
I have the following reasons to believe that the lateral located at the above-identified property is defective, leaking and/or failed:

[\_\_\_\_\_] (initial here)

**AUTHORIZATIONS, WAIVERS, ACKNOWLEDGMENTS AND AGREEMENTS**

I hereby authorize and grant employees or agents of the City of Pacifica the right to enter the above-identified property for purposes of inspecting the lateral connecting building(s) located on the above-identified property to the City's main sewer line at any time during regular business hours, upon reasonable notice. [\_\_\_\_\_] (initial here)

I hereby acknowledge that lateral inspection may require the removal of plants and landscaping, and authorize City employees or agents to remove plants and landscaping as necessary to conduct the inspection. I understand that City employees or agents will return the plants and landscaping to as close to their prior condition as practicable. [\_\_\_\_\_] (initial here)

I hereby acknowledge that lateral inspections may be performed by the use of closed-circuit video cameras. If City employees or agents create a video recording of the inspection of any lateral located on my property, such recording(s), as well as copies of any written reports on the inspection, will be provided to me after City review and will belong to me. However, I will grant the City reasonable access to such videos upon request. [\_\_\_\_\_] (initial here)

I hereby waive and agree not to assert any claim, demand or cause of action against the City, its officers, employees, councilmembers, volunteers and agents arising from exercise of this Right of Entry and/or performance of any lateral inspection on my property by City employees or agents. [\_\_\_\_\_] (initial here)

I hereby acknowledge and agree that the entry of, and inspection by, any City employees or agents does not relieve me of my legal responsibility for the maintenance, nor ownership, of the inspected lateral. [\_\_\_\_\_] (initial here)

I hereby acknowledge and agree that completion of a lateral inspection by City employees or agents does not qualify me or my property for any further City-provided benefits, including the grant of funds for repair or replacement of the inspected lateral. [\_\_\_\_\_] (initial here)

\_\_\_\_\_  
Print name here

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone Number(s)

\_\_\_\_\_  
Date

*Applications may be submitted by mail or in person to: City of Pacifica Waste Water Treatment Department, 700 Coast Highway, Pacifica, CA 94044, Attn: Attn: Sewer Lateral Replacement Program*

*Note: To the extent possible, an employee or agent of the City of Pacifica will contact each applicant within ten (10) days of receipt of this application to inform the applicant of the status of their application.*

---

**For City staff use only:**

Application received on (date): \_\_\_\_\_

Application reviewed by: \_\_\_\_\_

Application decision made on (date): \_\_\_\_\_

Application decision: \_\_\_\_\_ Application for inspection accepted  
\_\_\_\_\_ Application for inspection denied

Reason(s) for denial, if appropriate:

\* \* \*

*If application for inspection granted*

Inspection performed by: \_\_\_\_\_

Inspection performed on (date): \_\_\_\_\_

Copy of video made: \_\_\_\_\_ Yes  
\_\_\_\_\_ No

Report completed on (date): \_\_\_\_\_

Notes:

**City of Pacifica Sewer Lateral Replacement Program:  
Application for Grant to Reimburse for Costs of Lateral Replacement**

Property Address:

Name of Applicant:

This property is:

- a private, single-family primary residence
- owned and operated by a nonprofit organization, on a not-for-profit basis, as temporary or transitional housing or related services for homeless persons

I am the legal owner of the property located at the above address. [\_\_\_\_\_] (initial here) **or**  
I am a legal representative of the nonprofit organization that owns the property located at the above address. [\_\_\_\_\_] (initial here)

Date of lateral inspection through City of Pacifica Sewer Lateral Replacement Program (attach written report):

Date(s) of lateral replacement (attach invoice and any other available evidence that the lateral has been replaced in conformance with current City codes and specifications, including receipt of required permits, by a contractor licensed to perform such replacement):

If you did not use a contractor offering City-negotiated prices, attach a written bid from at least one contractor offering City-negotiated rates through the City of Pacifica Sewer Lateral Replacement Program.

**WAIVERS, ACKNOWLEDGMENTS AND AGREEMENTS**

I hereby waive and agree not to assert any claim, demand or cause of action against the City, its officers, employees, councilmembers, volunteers and agents arising from the lateral replacement at the above-identified property. [\_\_\_\_\_] (initial here)

I hereby acknowledge and agree that a grant from the City does not relieve me of my legal responsibility for the maintenance, nor ownership, of the replaced lateral(s). [\_\_\_\_\_] (initial here)

I hereby acknowledge and agree that I undertook the lateral replacement at my own risk and that the City does not warrant work performed the contractor who performed the lateral replacement. [\_\_\_\_\_] (initial here)

\_\_\_\_\_  
Print name here

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone Number(s)

\_\_\_\_\_  
Date

Applications may be submitted by mail or in person to: City of Pacifica Waste Water Treatment Department, 700 Coast Highway, Pacifica, CA 94044, Attn: Sewer Lateral Replacement Program

Note: To the extent possible, an employee or agent of the City of Pacifica will contact each applicant within ten (10) days of receipt of this application to inform the applicant of the status of their application.

---

**For City staff use only:**

Application received on (date): \_\_\_\_\_

Application reviewed by: \_\_\_\_\_

Application decision made on (date): \_\_\_\_\_

Application decision: \_\_\_\_\_ Grant awarded in the amount of \$ \_\_\_\_\_  
\_\_\_\_\_ Grant application denied

Reason(s) for denial, if appropriate:

\* \* \*

*If grant awarded*

Reimbursement issued by: \_\_\_\_\_

Reimbursement issued on (date): \_\_\_\_\_

Notes: