

**SANITARY SEWER LATERAL PROGRAM
APPLICATION**

DATE: * _____

APPLICATION NO. _____

ADDRESS: _____

PHONE NO. _____

OWNER: _____

BRIEF DESCRIPTION OF SEWER LATERAL
PROBLEM _____

1. HAS MSD BEEN CONTACTED? YES/NO
2. HAS MSD VIDEO INSPECTED SEWER MAIN? YES/NO
3. HAS PLUMBER/DRAIN LAYER BEEN CONTACTED? YES/NO
**IF YES, FURNISH REPORT AND/OR RECEIPT FROM THE PLUMBING OR SEWER
SERVICE WHO CABLED OR JETTED THE SEWER LATERAL IN AN ATTEMPT TO CLEAR
THE LATERAL.
4. *HAS SEWER LATERAL BEEN IN-LINE VIDEO INSPECTED AND LOCATION OF
SEWER LATERAL BETWEEN HOUSE CONNECTION AND MSD SEWER MAIN
CONNECTION LOCATED AND MARKED. IN-LINE VIDEO INSPECTION TAPE MUST
HAVE AUDIO NARRATION DESCRIBING THE PROBLEM AND LOCATION OF THE
PROBLEM ON LATERAL, NAME OF COMPANY MAKING THE VIDEO INSPECTION,
ADDRESS OF HOUSE WHERE VIDEO INSPECTION IS BEING MADE AND DATE
VIDEO INSPECTION WAS MADE. YES/NO
5. HAS VIDEO OF SEWER LATERAL BEEN MADE AVAILABLE TO THE CITY? YES/NO
6. IS DEFECTIVE AREA OF SEWER LATERAL ON NEIGHBORS PROPERTY? YES/NO
7. IS SEWER LATERAL IN FRONT, SIDE OR REAR YARD: (CIRCLE ONE)

SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

IS HOMEOWNER DELIQUENT IN PAYING ST. LOUIS COUNTY REAL ESTATE TAXES
INCLUDING SEWER LATERAL FEE? YES/NO

REV.#1-1/13/00
*REV.#2-9/01/00
**REV.#3-6/23-03