

9641 Bellefontaine Road
St. Louis County, Missouri 63137
Office: 314-867-0076
Fax: 314-867-1790



SANITARY SEWER LATERAL PROGRAM APPLICATION

DATE: _____ APPLICATION NO: _____

Address: _____ Phone: _____

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 recording 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 neighbor's property? Yes No
7. Is sewer lateral in FRONT, SIDE or REAR yard? (circle one)

Signature: _____

Do not write below this line

Is homeowner delinquent 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**