



Montecito Sanitary District

1042 Monte Cristo Lane
Santa Barbara, CA 93108
General Manager: Diane M. Gabriel, P.E.

A Public Service Agency

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PRIVATE SEWER LATERAL INVESTIGATION AND REHABILITATION PROGRAM SERVICE REQUEST FORM

Return completed form to District Office: 1042 Monte Cristo Lane, Santa Barbara, CA 93108
Requests must be made by the property owner or an authorized agent prior to work being performed

Owner: _____ Phone #: _____
(Required)

Mailing Address: _____ City: _____ State: _____ Zip: _____

Agent/Contractor: _____ *(If other than owner)* Phone #: _____

Service Request Address: _____ Year Built? _____ Rental / Owner Occupied
(If known) (Circle One)

Please give a brief description of problems you are currently experiencing: _____

I understand the requirements of participation in this program and that I must supply an inspection video to District staff for evaluation and receive approval of request prior to work performed. I also understand that failure to comply with The Private Sewer Lateral Investigation and Rehabilitation Program Policy by either myself or the contracted plumber may result in denial of reimbursement for replacement of my sewer lateral.

Signature: _____

Date: _____

WORK APPROVED TO BE PERFORMED *(District use only)*

- Replacement of entire sewer lateral on private property; Length to be replaced: _____
- Repair a portion of the sewer lateral on private property.
- (Confirmed County plumbing permit was issued)*
- Replacement of entire length of sewer lateral in the public right-of-way; Length to be replaced: _____
- Repair a portion of sewer lateral in public right-of-way.
- (Confirmed County road encroachment permit was issued)*
- Installation of clean-out.
- Installation of new wye.
- Cost estimate of work to be performed _____

Approved by: _____ Date: _____

REIMBURSEMENT APPROVAL *(District use only)*

GM Approval: _____ Completed by: _____ Date: _____

REIMBURSEMENT: Amount: _____ Date: _____