



APPLICATION FOR REIMBURSEMENT Lead Service Line Replacement

RETURN APPLICATION TO: City of Eau Claire Attn: Inspections 203 South Farwell St. Eau Claire, WI 54701

Eligible applicants will receive reimbursement for the actual cost up to a maximum of \$1,000 for replacement of their lead water service line by a plumber from the approved plumbers list. *This application form will not be accepted unless it is filled out completely, signed, dated, and returned with all copies intact.*

1. Print your full name: _____
Last First M.I.

2. Print address where lead service line was replaced:

3. Is this property owned by a business entity or an owner occupied residence?

 (Reimbursement check will be made payable to the property owner)

4. Date lead water service line was replaced: _____

5. Amount paid to a licensed plumber to replace the lead service line: \$ _____

****A COPY OF THE PAYMENT RECEIPT WITH A LICENSED PLUMBER'S SIGNATURE MUST ACCOMPANY THIS APPLICATION IN ORDER TO BE ELIGIBLE FOR REIMBURSEMENT*****

I hereby certify that the information provided on and with this application is true and accurate to the best of my knowledge.

 Signature (application must be signed) Date Daytime Phone

 Print owner's mailing address (Check will be sent to this address.)

The undersigned official hereby certifies that, for all private lead service line replacement expenditures included in this Request for Disbursement, the following requirements have been met by the Plumber/Utility Contractor:

- The Use of American Iron and Steel, as mandated in the U.S. Environmental Protection Agency's State Revolving Fund programs;
- All applicable state regulations, including ch. 145, Wis. Stats., SPS 382 and 384, Wis. Admin. Code;
- All applicable local ordinances and regulations;
- All lead service line replacements resulted in the complete removal of the lead service line and associated materials from the curb stop to the water meter within the structure.
- Certified payrolls per the Davis Bacon Act, have been included with this application for all work completed at properties owned by a business entity.

 Signature of Plumber completing the work Date

(Section to be completed by City of Eau Claire)

Inspections – Approved by	Date	Permit #
Date Application Received	Date Funds Reimbursed	Amount
Payment Approved By	Check Date	Check Number