



**SEWER LATERAL INSPECTION AGREEMENT**

I, \_\_\_\_\_ am requesting a sewer lateral inspection to be done by the City of Maquoketa at this address: \_\_\_\_\_ for the following reason:\_\_\_\_\_.

I am the property owner

I am not the property owner, but I have authority to make this request because: (explain, e.g. holder of power of attorney): \_\_\_\_\_

I, as the property owner or other legally authorized party must comply with the terms set below by the City of Maquoketa:

- I must contact City Hall to schedule an inspection and pay the fee of \$110;
- I, or my authorized representative must be present during the inspection;
- **I must have cleaned out the drain or lid access and have the lid open/off to allow access for the camera. If neither of these access points are available, a toilet must be removed and reinstalled by owner or legally authorized party;**
- I must remove any obstacles from the working area;
- I must have the sewer line free of water so line can be viewed;
- I understand if water is in the line within 10 feet of entry and as a result the line cannot be viewed, half of the \$110 charge will be refunded; and
- I understand that if an unforeseen change in pipe angle within 10 feet of entry does not allow the camera head to pass through and as a result the job cannot be completed, half of the \$110 charge will be refunded.

I further understand that following a successful the inspection, a flash drive containing the video obtained in the inspection will be provided to me. I am responsible for **reviewing the video with a licensed plumber** to confirm the type and condition of the pipe. I am responsible for ensuring the sewer lateral is in compliance with all City ordinances. I agree to hold harmless the City and Alliance Water Resources for any property damage, whether or not foreseeable, which occurs during or as a result of the inspection. I understand the City and Alliance Water Resources are not responsible for any misidentification of the material of which the sewer lateral is constructed, and I hold the City and Alliance Water Resources harmless for any such misidentification and any resulting damages arising from the same. I agree never to sue the City or Alliance Water Resources for any act or omission, misidentification of the sewer lateral material, or any other action in connection with this inspection.

I acknowledge and agree to the terms and conditions above:

I UNDERSTAND THIS IS A LEGALLY BINDING RELEASE. I UNDERSTAND I SHOULD CONSULT LEGAL COUNSEL BEFORE SIGNING. IF I SIGN THIS DOCUMENT WITHOUT CONSULTING COUNSEL, I ACKNOWLEDGE MY KNOWING AND VOLUNTARY WAIVER OF MY RIGHT TO DO SO.

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legally authorized Requesting Party, if different from Property Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
City Representative signature

\_\_\_\_\_  
Date

## SEWER LATERAL INSPECTION WORK ORDER

Date: \_\_\_\_\_

Address to Be Televised: \_\_\_\_\_

Please list the contact information for the person who is requesting the televising and is responsible for all billing.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please list the property owner and their contact information.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If the person requesting the televising is NOT the person we should contact to set up an appointment, please list that information below:

Appointment Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Payment Information:

\_\_\_\_\_ cash \_\_\_\_\_ check (check # \_\_\_\_\_) Payment from: \_\_\_\_\_

Receipt number \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_