



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:

