



# SEWER SERVICE LINE REPLACEMENT PROGRAM

## DOMESTIC CUSTOMER APPLICATION FORM

11 Clearwater Drive  
Little Rock, AR 72204

CAW Acct. #: \_\_\_\_\_

SSLR Program I.D.: \_\_\_\_\_

SSLR I.D.: \_\_\_\_\_

### Section 1: Applicant/Owner Information

Applicant is (check one):  Individual Owner  Business  Company  Other: \_\_\_\_\_

<p>(A) Applicant's Name, Address, Zip Code</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>(B) Applicant's Contact Information (List Only Preferred Contact Methods Below)</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p> <p>Cell Phone: _____</p> <p>E-Mail: _____</p>
<p>(C) Property Owner's Name, Address, Zip Code</p> <p><input type="checkbox"/> Check Here if Same as Applicant</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>(D) Property Owner's Contact Information (List Only Preferred Contact Methods Below)</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p> <p>Cell Phone: _____</p> <p>E-Mail: _____</p>

### Section 2: Work Site / Background Information

Work Site Address ( Check Here if Same as Applicant)

\_\_\_\_\_

*(Number / Street Name / Suffix / State / Zip Code)*

Residential Structure is (check one):  Single Family  Duplex  Other: \_\_\_\_\_

1. State the nature of the private sewer service line problem(s): \_\_\_\_\_
2. Is the private sewer service line flowing or backed-up at this time? \_\_\_\_\_
3. Did a professional plumber / drain cleaner attempt to clear a blockage? \_\_\_\_\_
4. What was found? \_\_\_\_\_

5. How many times has this private sewer service line problem occurred in the last 12 months?  
\_\_\_\_\_
6. Approximate Age of Home, In Years? \_\_\_\_\_
7. What is the sewer service line estimated diameter, age, and material? \_\_\_\_\_
8. Do you have a clean-out access for the sewer line? \_\_\_\_\_
9. Have you previously applied for the Sewer Service Line Replacement Program at this address?  
 Yes  No If yes, when: \_\_\_\_\_
10. How did you become aware of the Sewer Service Line Replacement Program? (Check one)  
 Bill Insert  Newspaper  Plumber  Neighbor/Friend  LRWRA Staff  Other \_\_\_\_\_

**Section 3: Owner Acknowledgements**

ACCESS AGREEMENT

In signing the Application, the applicant grants Little Rock Water Reclamation Authority (LRWRA) personnel access to the outdoor portion of the private property as described in this Application on page 1 under Section 2, work site address. This access is granted for the purpose of evaluating and inspecting the condition of the private sewer service line and making various determinations regarding this Application.

CERTIFICATION BY APPLICANT(S)

I certify by signing this Application that I am the legal owner of the property described herein and the information provided is true and complete to the best of my knowledge and belief. Verification of any of the information contained in this Application may be obtained from any source named herein. I am aware the submission of this Application does not constitute that the property will be approved by LRWRA for participation in the Sewer Service Line Replacement Program, hereinafter Program. I have read the Procedure discussing the requirements for the Program. I acknowledge that a letter will be issued either advising that participation in the Program for full and complete sewer service line replacement has been approved, with maximum reimbursement by LRWRA of \$2,500; or that only service line repairs were needed for the property, which is ineligible for reimbursement under the Program. I acknowledge that any work performed prior to receiving a Program eligibility letter from LRWRA is performed at my own risk and expense.

Reference is made to Section 2.2.1 of the Procedure with regard to the optional ANRC Funding, by checking yes, I acknowledge that I/We qualify as individual owners and that the property is not owned by a business or company.

Yes; or  No

I have attached a copy of my driver's license or other approved form of government issued identification, and acknowledge if the Application is approved, identification is required to assure LRWRA that the proper Owner will be reimbursed under the terms and conditions of the Program.

Date: \_\_\_\_\_ Property Owner's Signature: \_\_\_\_\_

Date \_\_\_\_\_ Property Owner's Signature: \_\_\_\_\_