



## INSPECTION APPLICATION FOR SEWER LATERAL

PROJECT INFORMATION	
*Project Name:	
*Project Location:	
*Project APN:	

CONTACT INFORMATION			
CONTRACTOR		OWNER/DEVELOPER	
*Company Name:		*Company Name:	
*Address:		*Address:	
*City, State, Zip:		*City, State, Zip:	
*Contact Name:		*Contact Name:	
*Office Phone:		*Office Phone:	
*Cell Phone:		*Cell Phone:	
*Email:		*Email:	

REQUIRED DOCUMENTS	
<input type="checkbox"/>	1) *Payment Receipt of the Service Commitment Letter (SCL) that includes the Water and/or Sewer Capacity Fees a) This SCL is provided by submitting a <a href="#">Residential Will Serve Application</a> b) SCL No. _____ (Noted on the top right corner of the SCL)
<input type="checkbox"/>	2) *Work Order Request Form/Responsible Party Form (Attached)
<input type="checkbox"/>	3) *Signed Construction Contract between the Owner/Developer and Contractor for the sewer lateral work.
<input type="checkbox"/>	4) *Inspection Deposit in the amount of \$1,500.00 by the following two methods a) Credit Card Form (Attached), or b) Check payable to EVMWD in person or mail at ATTN: Engineering, 31315 Chaney Street, Lake Elsinore, CA 92530
<input type="checkbox"/>	5) *Contractor and/or Sub-Contractor California Contract License from <a href="http://www.cslb.ca.gov">www.cslb.ca.gov</a> a) California Contract License Type: <input type="checkbox"/> A, <input type="checkbox"/> C-34 or <input type="checkbox"/> C-42 b) California Contract License No: _____
<input type="checkbox"/>	6) *Certificate of Liability Insurance from Insurance Provider a) Workers Compensation Insurance Expiration Date: _____ b) Liability Insurance Expiration Date: _____ c) General Liability Expiration Date: _____ d) Automobile Liability Expiration Date: _____ <b>e) The attached Insurance Certificate Sample shall be provided to the insurance provider as an example</b>
<input type="checkbox"/>	7) *Emergency Contact Information Form (Attached)
<input type="checkbox"/>	8) Copy of Reference Permit/Plans (Applicable for New Construction) a) Building Permit, Building Plans, Grading Plans, Street Improvement Plans

MATERIAL SELECTION (SELECT ONE MANUFACTURE FOR EACH ITEM)		
ITEM	DESCRIPTION	MANUFACTURE
*Pipe	4" PVC SDR 35, ASTM D 3034	<input type="checkbox"/> Vinyltech <input type="checkbox"/> Lamson Vylon <input type="checkbox"/> North American Pipe
*Bend and Wye Fitting	4" Wye and Bend Fittings	<input type="checkbox"/> Certainteed <input type="checkbox"/> Inserta Tee <input type="checkbox"/> J-M Pipe
*Saddle	4" Saddle	<input type="checkbox"/> Certainteed <input type="checkbox"/> Inserta Tee (10" and Above) <input type="checkbox"/> J-M Pipe



<b>*Cleanout</b>	Traffic and Non-Traffic Rated	<input type="checkbox"/> JR Concrete <input type="checkbox"/> Applied Engineering
<b>*Rock</b>	¾" Class 2 Crushed Aggregate Base (No. 67)	All Suppliers are Accepted
<b>*Warning Tape</b>	6" Wide Tape, Color Green with Continuous Warning "CAUTION: SEWER LINE BURIED BELOW"	<input type="checkbox"/> Calpico, Type 1 <input type="checkbox"/> Line-Tec, Type B <input type="checkbox"/> Thor, Elast Tec <input type="checkbox"/> Northtown <input type="checkbox"/> Dot Sales
<b>Backwater Valve</b>	4" Extendable ABS Valve (Required if the house slab elevation is lower than the upstream manhole rim elevation)	<input type="checkbox"/> Clean Check, Inc. <input type="checkbox"/> Mainline Backflow Products, Inc.

**DEPOSIT AND BILLING RATES**

Deposit Amount: \$1,500 (Additional funds will be requested if the balance is depleted)  
 Billable Rates Per Administration Code Section 2601.B.2:

Inspections	\$166	SCADA	\$197	Management Support	\$275
Operations	\$105	Administrative Support	\$86		

**SUBMITTAL INSTRUCTIONS**

- 1) All (\*) are required fields.
- 2) The application and required documents shall be submitted together to be an accepted application.
- 3) Submit the application, required documents and deposit by the following two methods:
  - a) Emailed to [EngServices@evmwd.net](mailto:EngServices@evmwd.net), or
  - b) Drop-off in person or mail to ATTN: Engineering, 31315 Chaney Street, Lake Elsinore, CA 92530

**DURATION**

Allow **5 business days** for the application to be reviewed. You will receive an email indicating if the application has been accepted or rejected.

**NEXT STEPS**

- 1) The District will contact you to schedule a pre-construction meeting.
- 2) Upon completion of the pre-construction meeting, the applicants can schedule for inspection.

**APPROVAL/RESUBMITTAL REQUIRED (INTERNAL USE ONLY)**

Received Date:		Received By:													
<input type="checkbox"/> <b>Accepted, Date:</b>		<input type="checkbox"/> <b>Resubmittal Req, Date:</b>													
The following information was missing or incomplete: <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Project Information</td> <td><input type="checkbox"/> Contact Information</td> <td><input type="checkbox"/> Service Commitment Letter</td> </tr> <tr> <td><input type="checkbox"/> Work Order Request Form</td> <td><input type="checkbox"/> Construction Contract</td> <td><input type="checkbox"/> California Contractor License</td> </tr> <tr> <td><input type="checkbox"/> Liability Insurance</td> <td><input type="checkbox"/> Emergency Contact Information Form</td> <td><input type="checkbox"/> Reference Permits/Plans</td> </tr> <tr> <td><input type="checkbox"/> Material Selection</td> <td></td> <td></td> </tr> </table>				<input type="checkbox"/> Project Information	<input type="checkbox"/> Contact Information	<input type="checkbox"/> Service Commitment Letter	<input type="checkbox"/> Work Order Request Form	<input type="checkbox"/> Construction Contract	<input type="checkbox"/> California Contractor License	<input type="checkbox"/> Liability Insurance	<input type="checkbox"/> Emergency Contact Information Form	<input type="checkbox"/> Reference Permits/Plans	<input type="checkbox"/> Material Selection		
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<input type="checkbox"/> Material Selection															
<b>Additional Comments:</b>															

**I have reviewed and verified that this package meets the requirements as specified in EVMWD's Standard Specifications for the Construction of Water and Sewer Facilities, General Conditions.**

\_\_\_\_\_  
**Authorized Signature** \_\_\_\_\_  
**Date**



## WORK ORDER REQUEST AND RESPONSIBILITY PARY FORM

APPLICATION TYPE			
<input type="checkbox"/> PLANNING	<input type="checkbox"/> PLAN CHECK	<input type="checkbox"/> EASEMENT	<input type="checkbox"/> INSPECTION

PROJECT INFORMATION	
*Project Name:	
*Project Location:	
*Project APN:	
Tract No (If applicable):	

CONTACT INFORMATION			
APPLICANT		RESPONSIBLE PARTY	
*Name:		*Name:	
Title:		Title:	
Company Name:		Company Name:	
*Address:		*Address:	
*City, State, Zip:		*City, State, Zip:	
*Office Phone:		*Office Phone:	
*Cell Phone:		*Cell Phone:	
*Email:		*Email:	
		*EIN or SSN	

AGREEMENT	
<p>I hereby make a deposit to EVMWD in the amount of \$ _____ and agree that this money is provided for costs incurred for said project. It is understood that periodically the account balance will be checked, and if additional monies are due beyond this initial deposit, an invoice will be issued to the <b>Responsible Party</b>. Should the contractor, or any of its subcontractors, damage District property during construction, the <b>Responsible Party</b> listed below shall be responsible for all repairs and fees associated with said damage.</p>	
_____ <b>Responsible Party Signature</b>	_____ <b>Date</b>

For Finance Use Only			
Inspector Assigned:		Date Opened:	
Requested By:		Work Order Type	Work Order Assigned
KEY:			
PLAN	Planning		
PDEP	Plan Check		
D	Easement		
RW	Recycled Water Pre-meter Inspection		
RS	Recycled Water State Inspection Deposit		
RC	Recycled Water Cross Connection Inspection		
W	Water Inspection		
S	Sewer Inspection		
Previous Work Order #		* Enter into Lawson	

(\*) Required Fields



## EMERGENCY CONTACT INFORMATION FORM

CONTACT # 1	
*Contact Name:	
Title:	
Company Name:	
*Address:	
*City, State, Zip:	
*Emergency Phone No:	
*E-mail:	

CONTACT # 2	
*Contact Name:	
Title:	
Company Name:	
*Address:	
*City, State, Zip:	
*Emergency Phone No:	
*E-mail:	

CONTACT # 3	
Contact Name:	
Title:	
Company Name:	
Address:	
City, State, Zip:	
Emergency Phone No:	
E-mail:	

**(\*) Required Fields**