	Pag	е	1	of	2
--	-----	---	---	----	---

<b>NSD Tracking</b>	No
---------------------	----



### **NOVATO SANITARY DISTRICT**

# Lateral Replacement Grant Program Application FY 2025-2026

SE	CTION I. General Information	<u>on</u> Please pi	rint clearly.		
1.	Property Address:				
2.	Property Owner Name:				_
3.	Property Owner Address: (if different from above)	Street	City	State	Zip
Pro	pperty Owner Signature:			Date:	
I of th D P	certify by signing this application be submission of this document of istrict (NSD). I have read the introgram and am aware that a letter formed prior to receiving a	that <b>I am the le</b> does not constitution discurtion discurrence discurtion di	gal owner of the propute that a grant has be ssing the requiremented advising if funds ha	en approved by the s for the Lateral F ave been granted	he Novato Sanitary Replacement Grant I. <b>Any repair work</b>
th D P p au g	certify by signing this application are submission of this document of istrict (NSD). I have read the in	that I am the ledoes not constitute the will be issued letter of obligation and void. Subject to apply my lateral in pation.	gal owner of the propute that a grant has be ssing the requiremented advising if funds hation from NSD is pel understand not a roval by NSD. I under its entirety (including	en approved by the solution for the Lateral Fave been granted at my of applications wastand that to quing the upper and the stand that to quing the upper and the stand that to quing the upper and th	he Novato Sanitary Replacement Grant I. Any repair work own risk and cost, will be granted. I alify for the lateral and lower laterals).
th D P p au g	certify by signing this application the submission of this document of istrict (NSD). I have read the integram and am aware that a left of the integram and am aware that a left of the integration of the	that I am the ledoes not constituted formation discuster will be issued letter of obligational and void. Subject to apply my lateral in action.	gal owner of the propute that a grant has be ssing the requiremented advising if funds hation from NSD is pel understand not a roval by NSD. I under its entirety (including	en approved by the solution for the Lateral Fave been granted at my of applications wastand that to quing the upper and the stand that to quing the upper and the stand that to quing the upper and th	he Novato Sanitary Replacement Grant I. Any repair work own risk and cost, will be granted. I alify for the lateral and lower laterals).
th D P p au g	certify by signing this application be submission of this document of istrict (NSD). I have read the interpretation of the interpret	that I am the ledoes not constituted formation discuster will be issued letter of obligational and void. Subject to apply my lateral in lation.	gal owner of the propute that a grant has be ssing the requirement ed advising if funds hation from NSD is pe I understand not alroval by NSD. I under its entirety (including	en approved by the for the Lateral Fave been granted rformed at my of applications wastand that to quing the upper an article	he Novato Sanitary Replacement Grant I. Any repair work own risk and cost, will be granted. I alify for the lateral and lower laterals).

Page	e 2	of	2

SAN
<b>- 1</b>
RICA

NSD Tracking No.

### **NOVATO SANITARY DISTRICT Lateral Replacement Grant Program Application**

### FY 2025-2026

#### **SECTION III: Price Quotations Form**

If you choose to participate in the Lateral Replacement Grant Program, please attach to this page at least three (3) price quotations from licensed contractors and provide information below. Submit full packet to NSD for review to remain eligible for the grant program.

1.	Contractor Name:	Quotation: \$
	License #	
	Repair Method:	
2.	Contractor Name:	Quotation: \$
	License #	
	Repair Method:	
3.	Contractor Name:	Quotation: \$
	License #	
	Repair Method:	
4.	Contractor Name:	Quotation: \$
	License #	
	Repair Method:	
Ple	ease be advised:	

NSD will review price quotations for reasonableness of scope and cost. Additional estimates may be requested by NSD. Individual property owners shall be responsible for all applicable permits and fees.

Please submit the completed application form and estimates to Novato Sanitary District, Attn: Erik Brown, Deputy General Manager. Any questions, please call the District office.

#### **Novato Sanitary District**

500 Davidson St., Novato CA 94945 Phone: 415-892-1694 / Fax: 415-898-2279

> Website: www.novatosan.com Email: Info@novatosan.com



#### **NOVATO SANITARY DISTRICT**

# Lateral Replacement Grant Program Frequently Asked Questions (FAQs)

#### 1. What is a Sewer Lateral?

<u>Response</u>: Within the Novato Sanitary District (NSD), the sewer lateral is the portion of the sewer system, typically beginning at the junction with a house/building plumbing system, usually located within two (2) feet of the foundation of the house/building, and extending to and including the connection to the public sewer main in the street.

#### 2. Why should the sewer lateral matter to me?

<u>Response</u>: The sewer lateral is the private property of the property owner who is therefore responsible for all costs relating to the installation, connection, maintenance, repair, construction, alteration, abandonment, or removal of the sewer lateral.

#### 3. Why does my private sewer lateral matter to NSD?

Response: In winter, old and leaky sewer laterals are often a significant source of rainwater infiltration and inflow (or "I/I") that can quickly overwhelm public sewer systems and result in sewage spills and overflows. By fixing or replacing older, leaky sewer laterals, rainwater "I/I" into the public sewer system from laterals can be reduced or potentially eliminated. Also, tree roots enter cracks in the laterals and can extend into the sewer blocking the flow in the sewer as well as the lateral.

#### 4. What is the upper lateral? What is the lower lateral?

<u>Response</u>: The upper lateral is the portion of your sewer lateral that runs from the junction of your house/building plumbing system, to your property line or the public right-of-way. The lower lateral is the portion that connects your upper lateral to the public sewer main, including the point of connection.

#### 5. Do I qualify for the grant?

Response: Each year, the District allocates a fixed amount of money for the Lateral Grant Program. For Fiscal Year 25-26 the amount is \$80,000. Grants will be made on a first-come-first served basis until the \$80,000 amount is disbursed.

#### 6. What is the maximum grant amount to an individual property owner?

Response: The maximum grant amount to an individual property owner is half the cost of the **full** lateral replacement, up to \$2,750. Note: to qualify for the grant, you are required to replace the lateral in its entirety. (ie. **both the upper and lower laterals**.)

Email: info@novatosan.com



#### **NOVATO SANITARY DISTRICT**

# Lateral Replacement Grant Program Frequently Asked Questions (FAQs)

#### 7. What do I need to do to obtain the grant amount?

Response: Complete the attached application form and return it to the District office. A District representative will contact you with further details, including a "letter of obligation" advising if your application has been accepted. Please do not have any work performed prior to receiving a letter of obligation. Any repair work performed prior to receiving a letter of obligation from NSD is performed at your own risk and cost, and will make the grant application null and void.

8. Who can perform the work to replace my lateral?

<u>Response</u>: Generally speaking, you will be able to select and hire the contractor that you wish to perform the work. We require that you obtain at least three bids for the work and include that information in Section III of the application form before returning.

\*\*\*\*\*

Email: info@novatosan.com