



LEAD AND GALVANIZED PRIVATE SERVICE LINE REPLACEMENT (LSL) APPLICATION FOR PAYMENT OF COSTS (After Work Is Completed)

Prequalified plumbers will receive full payment of eligible costs (up to \$4,500) of the LSL Program after completing work and fulfilling all Program Requirements. To receive reimbursement, please fill out, sign, date, and return this form to the Engineering Department with a copy of the final itemized invoice. Plumbers must also provide the property owner with the final itemized invoice and BABA-required documentation from product suppliers (if applicable).

Payments for eligible costs under the LSL Program may be comprised of a grant for up to 75% of the actual cost (not to exceed a maximum amount of \$3,375) and a loan, in the form of a special charge, to the property owner for the remaining costs. A special charge invoice will be sent to property owner by the City for their share of the project and an administration fee. This amount may be paid in one of two ways: 1) in full upon receipt, or 2) over 5 years as an interest loan. If the property is sold during the payback period, the entire loan balance becomes due and payable and shall be paid when the house sale closes. Payment for both the grant portion and the property owner advance loan portion will be paid directly to the plumber by the City of Chippewa Falls.

Property Address:
Property Owner(s):
Name of Plumber:
Name of Plumbing Company:
Date Service Line Replaced:

SERVICE LINE INFORMATION

Replaced – Material Type:	Size:
New – Material Type:	Size:

The property owner understands and agrees that they are solely responsible for the selection of the plumber and have contracted with the plumber for the LSL replacement independently from the City of Chippewa falls. Accordingly, in consideration for the amount paid by the City as described above, the property owner agrees to release all entities of the City of Chippewa Falls, including the Utility, and its employees and officials, from any loss, damage, or unexpected costs or expenses arising from the LSL Program.

FINAL FUNDING REQUEST (City will assist with filling out this portion)

Total Cost: \$

Payment Options

(1) Payment in full - should be paid within 30 days of receipt of the special charge invoice.

(2) The loan shall be paid in five annual installments with deferred payments bearing interest at the rate of 4% on a per annum basis on the unpaid balance. A private LSL replacement loan shall be considered a special charge and lien on the property. Each year's annual installment shall be levied onto the property tax bill of the property as a special charge pursuant to s.66.0627, Wis. Stats., as amended.

Select Payment Option: ___ Option 1 (Pay in Full) ___ Option 2 (Five Annual Installments)

Final Project Amount:	\$ _____	
Amount City Owes to Contractor:	\$ _____	(Total Project Cost Not to Exceed \$4,500)
Owner Owes to Contractor:	\$ _____	(Any amount over \$4,500)
Amount Owner Owes to City:	\$ _____	(25% of Project Cost Not to Exceed \$1,125)

I hereby certify that the information provided on and with this application is true and accurate to the best of my knowledge. I further certify to following all applicable state regulations, including Ch. 145, Wis. Stats., SPS 382 and 384, Wis. Admin. Code, and applicable local ordinances and regulations, and that all lead service line replacements resulted in the complete removal of the eligible service line and associated materials from the water main to the water meter within the structure.

Owner Signature Print Name Date

Owner Signature Print Name Date

Owner Phone Number Owner Email

Plumber/Contractor Signature Plumber/Contractor Print Name Date

Plumber/Contractor Phone Number Plumber/Contractor Email

Return this form and all documentation to:

City of Chippewa Falls
Attn: LSL Program
30 W Central St, Engineering Dept
Chippewa Falls WI 54729

Email: Utility@ChippewaFalls-WI.gov
Phone: 715-726-2741

For Office Use Only

City Building Permit Number: _____

Date Inspection Completed: _____

Grant Portion 75% Cost up to \$3,375: \$ _____

Administration Fee (paid with application): \$ 150.00

Requested Loan Amount: \$ _____

Total Cost of Service Replacement: \$ _____

Approved Payment Amount to Contractor: \$ _____ Date: _____

City of Chippewa Falls Staff Signature: _____