



Town of Hillsborough Sewer Rehabilitation Reimbursement Program

The Town of Hillsborough is offering reimbursement of \$500 to residents who rehabilitate their sewer lateral the full distance from their house or other building structure to the Town's sewer main. Rehabilitations will be performed by contractors selected by the homeowner. Homeowners are encouraged to obtain two or more bids from qualified plumbers before authorizing rehabilitation work.

To be eligible for reimbursement the lateral:

- Must be rehabilitated the full distance from the building to the sewer main
(*Spot repairs or partial replacement of the lateral are **not** reimbursable*)
- Sewer lateral be rehabilitated with a seamless HDPE pipe or epoxy liner
- The wye connection must be replaced with the same material as the sewer main
- Rehabilitated after July 1, 2009

Rehabilitation work requires a Town of Hillsborough plumbing permit and inspection. The plumbing permit must be finalized before the reimbursement application can be approved.

Plumbers must have a valid Town of Hillsborough business permit prior to performing rehabilitation work.

Residents can choose to replace their lateral for any reason. No video inspection is required in advance of replacement.

One reimbursement can be approved for each lateral on a property. (e.g. residents who have 2 laterals can receive a reimbursement for each lateral rehabilitated.) Separate applications must be submitted for each rehabilitation reimbursement.

Reimbursements are available on first-come first serve basis. The Town will operate the program until funding is exhausted. Approximately 120 reimbursements will be approved over the life of the program.

The process between application approval and Town review may require up to 90 days.

This program has been implemented as part of a Supplemental Environmental Program ordered by the Regional Water Quality Control Board (Region 2) as part of Cease and Desist Order R2-2009-0020 which prescribes measures needed to avoid sanitary sewer overflows from the Town of Hillsborough's sewer system.

Sewer Rehabilitation Reimbursement Request

Submit request to: Town of Hillsborough, Sewer Rehabilitation Program,
1600 Floribunda Avenue, Hillsborough, CA 94010

Applicant Information:

Address: _____

Name: _____

Daytime Phone: _____ Email: _____

Sewer Lateral Information:

Date of installation: ____/____/____ Installation cost: \$_____

Name of Plumber: _____

Process of rehabilitation: ☐ Seamless ☐ Epoxy Liner
HDP Pipe

Plumbing Permit #: _____

Applicant Affidavit

- Applicant owns the property listed above.
- Applicant hereby requests reimbursement for rehabilitation of sewer lateral after July 1, 2009, at the property listed above, which was inspected and approved by the Town of Hillsborough.
- Applicant understands and agrees that it is his or her responsibility to maintain the lateral in working order for as long as the applicant owns the property.
- Applicant understands and agrees that the Town does not in any way warrant the lateral, the work, or the installer.
- Applicant agrees to hold harmless the Town, its directors, officers and employees, against all loss, damage, expense and liability resulting from any loss, destruction or damage to property arising out of or in any way connected with the installation of the sewer lateral.
- Applicant has paid for the rehabilitation of a sewer lateral the full distance from the building to the Town's sewer main. (Spot repairs or partial replacement of the lateral are **not** reimbursable)
- Applicant affirms that the information set forth in this Sewer Rehabilitation Reimbursement Request is true and accurate.
- Applicant affirms that the lateral was rehabilitated with seamless HDPE Pipe or Epoxy Liner.

Signature of applicant: _____ Date: ____/____/____

Address for payment: _____

Tax ID or SSN (required): _____

Attach: ☐ Copy of plumber's invoice for installation. ☐ Final Inspection Sign-Off

☐ Proof of payment (Copy of check or credit card receipt. Reimbursements are not available for cash payments)

For Town Use:

Received: ____/____/____

Reimbursement: ☐ *Approved* ☐ *Denied*

Date: ____/____/____