

APPENDIX E

FORMS

1. Application for Service
2. Application for Service Response
3. Plan Review Retainer Invoice
4. Construction Service Retainer Invoice
5. Reimbursement Agreement
6. Final Acceptance Letter
7. Grease/Oil/Sand Interceptor Maintenance Agreement

**SOUTH DURANGO SANITATION DISTRICT
P.O. BOX 2024, DURANGO, CO 81302
(970) 382-2623**

**SOUTH DURANGO SANITATION DISTRICT
APPLICATION FOR SERVICE**

Please complete the entire form and submit it to the District with attachments.

1. Project Name: _____

2. Business Name (if applicable): _____

3. Owner's Name(s): _____

4. Owner's Contact Information (mailing address, phone number(s), e-mail):

5. Engineer's Name and Contact Information (if applicable):

6. Description of Project (attach narrative and any preliminary plans or specs):

Project Address: _____

Legal description (or attach deed): _____

La Plata County Assessor Schedule No. (Get from Tax Notice): _____

Type of Existing or Proposed Structures in the project:

_____ Single Family Residential

Number of Units _____

_____ Multi-Family Residential (includes permanent mobile home spaces)

Type of Units (town homes, mobiles, condos, etc.): _____

Number of Units under 700 square feet: _____

Number of Units over 700 square feet: _____

_____ Commercial

Type of Business _____

Total number of square feet _____

If School or Day Care Center, provide number of students: _____

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If Restaurant or Bar, provide max number of seats per fire code and hours of operation:

If Camper/Trailer Park, provide information on number of hook-ups with plumbing and number of sanitary dump stations: _____

If Hotel or Motel, provide total number of rooms and number of rooms with kitchens:

If not typical domestic wastewater, identify wastewater characteristics including BOD5, Total Suspended Solids, and other atypical characteristics: _____

Other information to enable an accurate determination of projected sewage flows: _____

- 7. Other useful information about the premises or project:** (If project involves more than a simple sewer service connection, describe infrastructure to be dedicated to the District in separate design documents that address all components of the proposed sewer system.)

- 8. Will Tap Fee be paid by Owner listed in Item 3 above, or by subsequent buyers of the individual units?** _____

- 9. Proposed Project Construction Start Date:** _____

- 10. Proposed Connection Point(s) to the District's sewer:** _____

- 11. I hereby certify that all the information on or accompanying this application is true and complete to the best of my knowledge:**

Date: _____

Owner's Printed Name: _____

Owner's Signature: _____

IMPORTANT: This application must be approved and Plant Investment Fees paid before a connection is made. Connections must be in accordance with the District's Codes & Standards.

**SOUTH DURANGO SANITATION DISTRICT
P.O. BOX 2024, DURANGO, CO 81302
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For District Use Only

Date Application Received at District Office: _____

Number of ERTs (see ERT Calculation below): _____

Infrastructure Dedication Required: _____

Reimbursement Agreement Required: _____

Project Recommended by District Staff: _____

Project Approved by District Board: _____

Commitment to Serve or Denial of Service Letter Sent: _____

NOTES: _____

SOUTH DURANGO SANITATION DISTRICT

Owner's Name
Owner's Address

Re: Application for Service Approved/Denied for Project Name

Dear _____:

The South Durango Sanitation District has approved/denied your Sewer Tap Application.

If denied:

The application has been denied for the following reasons:

- Xxx
- Xxx
- Xxx

The District has also determined that a Reimbursement Agreement will be required for your project to ensure that the District's costs for plan review and construction inspection are paid for by the Owner and not by the District's customers. The District will send you a draft Reimbursement Agreement for your review along with a Plan Review Cost Estimate. This cost estimate will be based on the preliminary plans and specifications submitted with your Application for Service. Once the agreement is signed and the Plan Review Retainer is submitted, the Design Phase of the project may begin. Please refer to the District's Codes & Standards regarding subsequent steps in the project process.

We thank you for working with the District on this matter. Please contact us at (970) 382-2623 if you have any further questions.

Sincerely,

District Manager

**SOUTH DURANGO SANITATION DISTRICT
REIMBURSEMENT AGREEMENT
PLAN REVIEW RETAINER INVOICE**

DATE: _____

FOR: _____

(Name of Project)

(Name of Owner)

(Owner's address, telephone, fax, e-mail)

1. In accordance with the terms of the Reimbursement Agreement dated _____ between the South Durango Sanitation District and the above-named Owner, the Owner agrees, upon receipt of a plan review cost estimate from the District, to provide a plan review retainer to cover 100-percent of the estimated costs of plan review. The retainer must be received by the District before plan review will commence. The Owner further agrees that the plan review fee may be increased, and that the Owner shall pay for said increase in fee, if the actual cost of review exceeds the plan review cost estimate. The District agrees to refund any excess plan review retainer funds that remain after the final plans and specifications have been approved.
2. The Plan Review Cost Estimate is \$ _____
3. The Owner shall pay the amount shown in Item 2, before the District will begin review of the plans and specifications for the above-referenced project.

DATE PAID: _____

AMOUNT PAID: _____

CHECK NO.: _____

**SOUTH DURANGO SANITATION DISTRICT
REIMBURSEMENT AGREEMENT
CONSTRUCTION SERVICE RETAINER INVOICE**

DATE: _____

FOR: _____

(Name of Project)

(Name of Owner)

(Owner's address, telephone, fax, e-mail)

1. In accordance with the terms of the Reimbursement Agreement dated _____ between the South Durango Sanitation District and the above-named Owner, the Owner agrees, upon receipt of a construction service cost estimate from the District, to provide a construction service retainer to cover 100-percent of the estimated costs of construction service. The retainer must be received by the District before authorization to connect to the District's system will be issued. The Owner further agrees to pay for any increase if the actual cost of construction service exceeds the estimate. The District agrees to refund any excess construction service retainer funds that remain after Notification of Final Acceptance has been issued to the Owner by the District.

2. The Construction Service Cost Estimate is \$ _____

3. The Owner shall pay the amount shown in Item 2, before the District will begin construction service for the above-referenced project.

DATE PAID: _____

AMOUNT PAID: _____

CHECK NO.: _____

**SOUTH DURANGO SANITATION DISTRICT
REIMBURSEMENT AGREEMENT**

FOR: _____
(Name of Project)

This Agreement entered into by the South Durango Sanitation District (District) and

(Name of Owner)

(Owner's address, telephone, fax, e-mail)

The Owner agrees with the District as follows:

1. The Owner agrees to furnish information to District about the Project to enable District to determine the terms and conditions for services including plant investment fees and new sanitary sewer facilities.
2. The Owner agrees to design and construct, at no expense to the District, the sanitary sewer facilities necessary to serve the Project.
3. The Owner agrees that all facilities shall be designed and constructed in accordance with the District's Standard Specifications for Material and Installation of Sewer System Improvements.
4. The Owner agrees to reimburse the District for all expenses incurred in the review, approval, construction and inspection of the Project, as well as the expenses incurred in the enforcement of this agreement. Such expenses shall include but not be limited to, engineering fees, inspection costs, testing costs, legal fees, general administrative expenses, and collection costs.
5. Reimbursement shall be made to the District within 15 days after receipt of an invoice for reimbursement (the "due date"). Unpaid invoices for reimbursement shall bear interest at the rate of 12% per annum from the due date until paid.
6. No building permits shall be approved and no facilities shall be accepted by the District for the Project until all invoices for reimbursement have been paid.

Date: _____

By: _____
(South Durango Sanitation District)

By: _____
(Owner)

SOUTH DURANGO SANITATION DISTRICT

PO BOX 2024

DURANGO, CO 81302

(970) 382-2623

Reimbursement Policy

The South Durango Sanitation District Board of Directors has adopted a policy which requires all new development projects to reimburse the expenses incurred by the District which are specifically related to the project. This is consistent with the long-standing District policy that growth pays for growth. Because of the rapid growth in the service area of the District in the last 10 years, the expenses incurred by the District in connection with new development have been quite substantial. It has been determined that those expenses should not be borne by existing customers but should be paid by those seeking new service as a cost of development. Other agencies incurring similar expenses are reimbursed through application and/or permit fees based on the size of the project. The District has found that the size of the project is not an accurate indication of the expenses that may be incurred by the District related to a specific project. The reimbursement of actual expenses is a more equitable reimbursement policy for both the District and the developer.

A Reimbursement Agreement is required for all new development projects. The Agreement includes an explanation of the type of costs that may be incurred by the District in the process of reviewing a new development project. Typically, those expenses are minimal except for larger projects which require detailed engineering review and inspection. The submission of projects which are well designed with clear, detailed information about potential uses related to wastewater flows will help reduce the expenses to the District and keep reimbursement amounts low.

SOUTH DURANGO SANITATION DISTRICT

Owner's Name
Owner's Address

Re: Notification of Final Acceptance for Project Name

Dear _____:

This letter serves as Notification of Final Acceptance for Project Name by the South Durango Sanitation District. The date of this letter will serve as the effective date of this notice. This date will also serve as the start of the one-year warranty period for the work.

If there are any unexpended funds in your Construction Inspection Retainer, a refund check for the remaining balance is enclosed with this letter.

We thank you for working with the District on this matter. Please contact us at (970) 382-2623 if you have any further questions.

Sincerely,

District Manager

**SOUTH DURANGO SANITATION DISTRICT
GREASE/OIL/SAND INTERCEPTOR MAINTENANCE AGREEMENT**

Please complete the entire form and submit it to the District.

1. **Business Name (if applicable):** _____

2. **Owner's Name:** _____

3. **Business Contact Information: (mailing address, phone number(s), e-mail):**

4. **Description of Business:**

5. **Type of Interceptor (Grease, Sand, Oil):** _____

6. **Size of Interceptor (gallons):** _____

7. **Proposed Cleaning Frequency:** _____

8. **Proposed Waste Removal Company (Name, Address, Phone):** _____

IMPORTANT: By signing this agreement, Owner authorizes the District to contact the Waste Removal Company to verify that the proposed cleaning frequency is being met. If the Business changes Waste Removal Companies, please notify the District in writing.

Date: _____

Owner's Printed Name: _____

Owner's Signature: _____

Approved: _____

District Manager, South Durango Sanitation District,
PO Box 2420, Durango, CO 81302 (970) 382-2623