



Avon Lake Municipal Utilities

Todd A. Danielson, Chief Utilities Executive

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SANITARY SEWER LATERAL LOCATE REQUEST FORM

Form No. SL1

ALMU No: _____ New Connection Blockage Disconnection Other _____

Approval Type: Septic Tank Conversion Addition Storm Water Management (CSS)

Single Family Residence Multiple Family Commercial Other: _____

Owner: _____ Address: _____

Phone: () _____ Fax: () _____ Email: _____

Applicant Name: _____ Date of Request: _____

Disclaimer / Limitation of Liability:

The field location of the sanitary sewer lateral is based upon record drawing(s) that have been prepared, in part, based upon information furnished by others. While this information is believed to be reliable, Avon Lake Municipal Utilities assumes no responsibility for the accuracy of the record drawings or for any errors and / or omissions that may have been incorporated into it as a result of incorrect information provided to the department. Those relying on this record document are advised to obtain independent field verification of its accuracy. No representation or guarantees of accuracy are granted or made, nor is any responsibility for reliance thereon assumed. In no event shall Avon Lake Municipal Utilities be liable for direct, indirect, incidental, consequential, or special damages of any kind, including, but not limited to, loss of anticipated profits or benefits arising out of use of or reliance on said information.

Applicant Signature: _____ Date: _____

Applicant do not write below this line; for office USE only

AVON LAKE MUNICIPAL UTILITIES

ALMU Field Inspector: _____ Date of Locate : _____

Signature: _____ Approx. Depth @ R/W: _____

North Direction:

Lateral length from sewer

O Distance from
nearest manhole< Flow Direction
>

O

Sketch of Sanitary Sewer Location