APPLICATION FOR REIMBURSEMENT OF COST
FOR PRIVATE-SIDE LEAD WATER SERVICE LATERAL REPLACEMENT

Eligible applicants will receive a fifty percent (50%) reimbursement for the cost of private-side lead water service lateral replacement, up to a $1,500 maximum reimbursement. This application form will not be accepted unless it is completely filled out, signed, dated, and returned with a copy of the actual payment receipt from the plumber/contractor that replaced the lead water service lateral.

Eligible properties include private homes, K-12 schools, and licensed day cares. Commercial or business properties only qualify if they also have a residential dwelling unit.

Property Address: ____________________________________________

Property Owner(s): ____________________________________________

Plumber/Utility Contractor Contact Name: ____________________________

Plumbing/Utility Contractor Company Name: _________________________

Date of Work Performed: _________________________ Total Contract Amount: _________________________

I hereby certify the information provided on and with this application is true and accurate to the best of my knowledge. I further certify to the Use of American Iron and Steel, as mandated in the U.S. Environmental Protection Agency’s State Revolving Fund programs; 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 private-side lead water service lateral replacements resulted in the complete removal of the private-side lead water service lateral and associated materials from the property’s curb stop to the water meter within the structure. I also certify that a good faith effort was made to solicit subcontractors (if used) meeting the DBE requirements, listed below:

DAVIS-BACON WAGE RATE REQUIREMENTS

Funding for private-side lead water service line replacement is being provided by the U.S. Environmental Protection Agency. Therefore, the federal Davis-Bacon wage rate requirements will apply in the following circumstance:

- The property is owned by a business entity (trust, LLC, etc.); will be using a plumbing/utility contracting firm that has employees (who are not owners of this firm); and an owner of that plumbing/utility contracting firm did not perform one hundred percent (100%) of the work.
Davis-Bacon wage rate requirements will not apply in the following circumstances:

- The property is owned by an individual or individuals.
- The property is owned by a business entity (trust, LLC, etc.) and an owner of the plumber or utility contractor completing the work completes one hundred percent (100%) of the work.
- The total cost of the LSL replacement is less than $2,000.

The City of Oshkosh will assist in determining property ownership and whether or not the Davis-Bacon wage rate requirements apply.

The plumber/utility contractor must obtain a copy of the Davis-Bacon wage rate determination that is in effect when they sign the contract for the work that requires compliance with the Davis-Bacon wage rates, which must be submitted to the City with the reimbursement application form. The Davis-Bacon wage rates can be located at the following website:

https://beta.sam.gov/search?keywords=&sort=-modifiedDate&index=wd&is_active=true&page=1.

Select “I Need DBA” on the first screen and the construction type to be selected on the website is “Residential”.

The plumber/utility contractor must also provide a certified payroll to the City on the U.S. Department of Labor’s Payroll form with the reimbursement application form.

________________________________________________________________________
Plumber’s Signature                      Property Owner’s Signature
________________________________________________________________________
Date                                    Date
________________________________________________________________________
Phone                                    Phone
________________________________________________________________________
Email Address                            Email Address

A COPY OF THE PAYMENT RECEIPT FROM A LICENSED PLUMBER/UTILITY CONTRACTOR MUST ACCOMPANY THIS APPLICATION IN ORDER TO BE ELIGIBLE FOR REIMBURSEMENT.

Lateral replacement verified:__________________ By Whom:__________________________

Approved payment amount:____________________

Staff Signature:____________________________  Date:______________________________