

IX. SEWER LATERAL CONNECTION PACKAGE

A. 4" & 6" Diameter Sewer Services, for single domestic line applications only.

(Excluding development applications)

1. Property owner identifies whether new sewer laterals are needed to service the property. The owner may contact the Authority to check for prior installation.
2. Property owner contracts for the construction of the sewer lateral installation.
3. An application is to be completed and submitted to the LEHMUA. The application will be approved upon receipt of the following:
 - a) Form Utility Service Installation Application
 - b) Certificate of Insurance in which the LEHMUA and Authority Engineer are named as additional insured.
 - c) Hold Harmless Agreement Indemnifying the LEHMUA
 - d) Copy of Valid Road Opening Permit
 - e) Underground mark-out confirmation number
 - f) Connection Fee Paid
4. The property owner or contractor is to contact the Authority Engineer 72 hours in advance of the scheduled excavation.
5. The contractor is to remove the pavement and excavate to the main, carefully exposing the pipe for the tap. The excavation is to meet OSHA and PEOSHA standards.
6. The Authority is to supply the saddles.
7. The property owner/contractor is to construct the service from the tap to the curb line and set the clean-out or curb stop and box. See attached specifications for acceptable curb stops.
8. The inspection services provided by the Engineer will be for the excavation near pipelines, constructing the service line and backfilled 2' above the pipeline.
9. The property owner/contractor is responsible to backfill, compact, and pave the roadway in accordance with the Road Opening Permit from the Township, County, or State.
10. A W-9 for (Taxpayer Identification number and certification) is to be completed and submitted to the Authority with this application.

B. Sewer Service Line Installations Package

1. Utility Service Installation Package (See Page 46)
2. Indemnification (See Page 47)
3. Insurance Certificate Requirements (See Page 48)
4. Form W-9, Request for Taxpayer Identification Number and Certification (See Page 50)

C. SEWER SERVICES

4" and 6" Diameter-Material and Installation Specifications

a. Description

Sewer laterals shall include the excavation and backfill for and the construction of sanitary sewer laterals for conveying sanitary sewage from a private property to the sewer main, including all restoration.

b. Materials

1. Sewer Lateral Pipe Main to Curb

The sewer lateral pipe shall be SDR-35 Polyvinyl Chloride (PVC) with push-on water tight joints, meeting ASTM 3034 as manufactured by the following:

- a. CertainTeed, Valley Forge, PA
- b. J-M Manufacturing Co., Livingston, NJ
- c. National Pipe & Plastics, Hyde Park, NY

2. Saddles

To be provided by the applicant.

3. Clean-outs

The clean-out wye shall be a wye and a 45° street El, designed for use with the lateral pipe, as manufactured by:

- a. CertainTeed, Valley Forge, PA
- b. J-M Manufacturing Co., Livingston, NJ
- c. National Pipe & Plastics, Hyde Park, NY

4. Fittings

Fittings shall be as required and be manufactured for use with the pipe used. The fitting shall be Polyvinyl Chloride (PVC) SDR-35, with push-on joints, meeting ASTM F477.

c. **Methods of Construction**

1. General

All materials installed shall be new which have at no time previously been used for any purpose whatsoever.

2. Excavation and Backfill

Shall be as specified in the Road Opening Permit. The depth of the clean-out shall be a minimum of 3' and a maximum of 8'.

3. Handling

All pipe and fittings shall be handled in such a manner to insure undamaged delivery and installation.

4. Tapping

To be performed by an authority approved the Contractor.

5. Laying Pipe

The pipe shall be laid accurately to line and grade. Minimum slope shall be two (2) percent. Blocking or supporting of pipe by concrete, stones, bricks, wooden wedges, or other similar methods shall not be permitted. Each length of pipe shall be shoved home against the pipe previously laid and held securely in position.

All laterals from the house side must be connected to the wye at the rear base of the fitting.

The vertical clean-out standpipe shall be one piece, from the wye to the cap. The clean-out shall be set at the proposed finished grade of the property. The clean-out cap shall be a threaded counter sunk brass cap.

The clean out shall be located in the right-of-way or near the curb line. Clean outs are not permitted in sidewalks, driveways, concrete, blacktop, brick pavers, etc.

6. Location

The sewer lateral shall be located a minimum of five (5) feet away from other utilities. The pipe shall be laid perpendicular to the sewer main, unless otherwise permitted.

LITTLE EGG HARBOR MUNICIPAL UTILITIES AUTHORITY
823 RADIO ROAD, P.O. BOX 660
LITTLE EGG HARBOR, NJ 08087
609-296-1168

UTILITY SERVICE INSTALLATION APPLICATION
4" & 6" DIAMETER SEWER SERVICES AND 1" TO 2" DIAMETER WATER SERVICES

Premises to be connected: Block _____ Lot _____ Qual _____
 SERVICE ADDRESS: _____
 Name of Owner: _____ Phone No. _____
 Mailing Address: _____

WATER DEPOSIT	SEWER DEPOSIT
Connection Fee Paid _____	Connection Fee Paid _____
Inspection Fee Paid _____	Inspection Fee Paid _____
Check No. _____ Cash _____	Check No. _____ Cash _____

Service Size to Be Installed _____ Service Size to Be Installed _____

It is understood and agreed that the applicant/property owner has elected to install a SEWER and/or WATER service and that same will be installed at the sole expense of the applicant/property owner with no cost attaching to the Authority. The installation shall be made by a utility contractor.

It is also agreed that the Authority shall be the sole owner of the sewer and water services constructed from the main line to the property line/curb after it has been approved by the Authority.

The applicant/property owner is responsible for obtaining the necessary road opening permit(s) for construction of said service(s). A copy of the road opening permit(s) must be provided to the Authority before this application can be approved.

APPLICANT MUST CONTACT THE AUTHORITY to schedule an appointment for the inspection of the installation of the service(s) a minimum of 72 hours before construction begins. The LEHMUA will require a \$500.00 deposit per service (\$500 for water and \$500 for sewer) for inspection fees. Any charges beyond the deposit will be billed to the property owner of record. If the charges do not exceed the deposit, the balance will be returned to the applicant/property owner.

CONTRACTOR INSTALLING SERVICE(S) _____

Emergency Telephone Number of Contractor _____

CONTRACTOR PERFORMING INSTALLATION OF SERVICE(S) MUST SUBMIT A CERTIFICATE OF INSURANCE BEFORE APPLICATION CAN BE APPROVED. Attached is a copy of the Insurance Requirements.

The property owner shall hold the Authority harmless by reading, agreeing to, and executing the Indemnification on the back of this application.

SIGNATURE OF PROPERTY OWNER _____ **DATE** _____

FOR OFFICIAL USE ONLY

LEHMUA Account No. _____
 Date Service Installation Application Received: _____
 Township, County, or State Road Opening Permit No: _____ Date Received: _____
 Date Certificate of Insurance Received: _____ Indemnification Signed _____
 Underground Mark-out Confirmation No. _____

_____ **Date Approved by LEHMUA** _____ **LEHMUA Approval Signature**

APPOINTMENT SCHEDULED

(WATER)	(SEWER)
Date _____ Time _____	Date _____ Time _____
Scheduled Date _____ Initials _____	Scheduled Date _____ Initials _____

INDEMNIFICATION

The permittee or their contractor shall defend, indemnify and save harmless, the Little Egg Harbor Municipal Utilities Authority from and against all losses, costs, damages, expense claims, or demands arising out of or caused or alleged to have been caused in any manner against claims arising from the operation of the permittee's contractor, subcontractor or agent's operations, by a defect in any equipment or materials supplied hereunder or by performing the permitted utility work herein provided, including all suits or actions of every kind of description brought against Little Egg Harbor Municipal Utilities Authority, either individually or jointly with the permittee for or on account of any damage or injury to any person or persons or property, caused or occasioned or alleged to have been caused by or on account of the performance of any work pursuant to or in connection with this permitted utility work or through any negligence or alleged negligence in guarding the work or through any act, omission or fault or alleged act, omission or fault of the permittee or their contractor, their employees or agents, or others under the permittee's control.

Signature of Property owner _____

Signature of Witness _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
	6 City, state, and ZIP code		
	7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number	
[] [] [] [] [] []	- [] [] [] [] [] []
or	
Employer identification number	
[] [] [] [] [] [] [] [] [] []	- [] [] [] [] [] [] [] [] [] []

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

INSURANCE CERTIFICATE REQUIREMENTS

PROJECT: _____					
			Limits of Liability in Thousands (000)		
Type of Insurance	Policy Number and Insurance Company	Policy Expiration Date	Amounts of Less than \$1,000,000 Will Not Be Acceptable	Amount Required	Amount Provided
General Liability <small>Attached/Required</small> <input checked="" type="checkbox"/> Comprehensive Gen. Form <input checked="" type="checkbox"/> Premises -- Operations <input checked="" type="checkbox"/> Explosion & Collapse Hazard <input checked="" type="checkbox"/> Underground Hazard <input checked="" type="checkbox"/> Projects/Completed Operations Hazard <input checked="" type="checkbox"/> Contractual Ins. (Blanket) <input checked="" type="checkbox"/> Broad form Prop. Damage <input checked="" type="checkbox"/> Independent Contractors <input type="checkbox"/> Personal Injury			Bodily Injury	\$1,000	\$
			Property Damage	\$1,000	\$
			Bodily Injury and Property Damage Combined	\$1,000	\$
			Personal Injury	\$	\$
Automobile Liability <input checked="" type="checkbox"/> Comprehensive Form <input checked="" type="checkbox"/> Owned <input checked="" type="checkbox"/> Non -- Owned <input type="checkbox"/> Garagekeepers Insurance (Without Regard to legal liability as direct coverage on a primary basis)			Bodily Injury (Each Person)	\$	\$
			Bodily Injury (Each Accident)	\$	\$
			Property Damage	\$	\$
			Bodily Injury and Property Damage Combined	\$1,000	\$
Excess Liability <input type="checkbox"/> Umbrella Form <input type="checkbox"/> Other Than Umbrella Form			Bodily Injury and Property Damage Combined	\$	\$
<input checked="" type="checkbox"/> Worker's Compensation and Employers' Liability	All States Endorsements		Statutory NJ Coverage \$100,000 / \$500,000		
			Minimum \$100,000	\$100,000	
Remarks: Additional Insured ATIMA: Little Egg Harbor Municipal Utility Authority, Remington, Vernick & Vena, Authority Engineer, 823 Radlo Road, P.O. Box 660, Little Egg Harbor, NJ 08087					

The Insurance Certificate must indicate that, in the event of any material change in, cancellation of, or expiration of the policy or policies the Insurance Company agrees to give a written notice to the Little Egg Harbor Municipal Utility Authority, at the above address ten (10) days in advance of such change or cancellation.

The Insurance Certificate shall be properly executed and issued to the Little Egg Harbor Municipal Utility Authority certifying that the Insured has been issued a policy or policies with the Limits of Liability of at least the required amounts

TO: INSURANCE PRODUCER

Your client is required to provide a certificate of insurance to the Little Egg Harbor Municipal Utilities Authority for the coverages and amounts indicated on the reverse side of this form. It is important to your client that you respond quickly since the installation of utility services depend upon valid insurance. Additionally, the minimum amount and type of coverage shown on this form is not negotiable and is not intended to imply that is all the insurance necessary to protect him/her from all losses or liability. It is the Little Egg Harbor Municipal Utilities Authority's policy to require all persons or Utility Contractors performing any water and or sanitary sewer utility service installations, repair operations or a service in, on, or upon any property/premises or facilities under the Authority's care, custody and control to maintain the insurance coverage described below; such insurance must be obtained prior to the start of any such work.

- A. Comprehensive General Liability (CGL)
This coverage must include: Premises-Operations, Products/Completed Operations Hazard, Contractual Insurance (Blanket Coverage), Broad Form Property Damage, Independent Contractors, and Personal Injury and all others shown on 'X' in the required column.

Minimum Coverage

Bodily Injury and Property Damage combined - as shown in the amount required column.

AMOUNTS OF LESS THAN \$1,000,000 WILL NOT BE ACCEPTABLE.

Contractual Insurance (Blanket Coverage)

Contractual Indemnification - Save Harmless Agreement which is incorporated into all Vouchers, General Purchase Agreements and Contracts.

- B. Automobile Liability - Comprehensive Form (or as shown on reverse side).
Minimum Coverage
Bodily Injury and Property Damage combined - as shown in the amount required column
- C. Worker's Compensation - As required by New Jersey State Statute
and
Employer's Liability (minimum \$100,000)
- D. Excess Liability
Commercial Umbrella Form - \$1,000,000 preferred.
- E. Other Coverage(s)
As shown on reverse side.

Important - Producer:

THE CERTIFICATE MUST BE SIGNED BY THE AGENT OF THE INSURER OR CERTIFICATE WILL BE RETURNED.

IT IS NECESSARY TO SUBMIT YOUR CLIENT'S COVERAGE THIRTY (30) DAYS PRIOR TO THE EXPIRATION OF THE EXISTING COVERAGE ON OUR CERTIFICATE ONLY; ALL OTHERS WILL BE RETURNED TO THE SUPPLIER AND SERVE TO DELAY FUTURE BUSINESS DEALINGS BETWEEN THE OWNER AND YOUR CLIENT

**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: Individual/Sole proprietor Corporation Partnership
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ Exempt payee
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.) Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
OR
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,