

City of Geneva
Sanitary Sewer Service Lateral Lining or Grouting Program
General Information Form

Name: David + Nicole Hopkins

Address: 24 Amsey Ave Geneva IL 60134

Phone: (Home) _____ (Cell) _____

Email Address: _____

Date you moved into this home: Month 10 (Year) 1999

1. Does your home have a sump pump? YES NO

2. Please check all the plumbing fixtures that are present in the basement of your home:

Floor Drain Shower or Tub Lavatory Ejector Pump

Laundry Sink/Wash Basin Toilet Other _____

Application Materials Required: Each of the following documents must be attached to this application in order for the application to proceed and for a permit to be issued:

1. Video of sanitary sewer service lateral on a thumb drive or DVD.
2. Explanation of how the liner or grout will reduce ground water infiltration based on the condition of your sewer service lateral.
3. Copy of detailed proposal and drawings from plumbing contractor performing the work.

Property Owner Certification

I, Nicole Hopkins am the homeowner of the subject property and I certify that all of the information contained on this form is true and accurate. Providing inaccurate information may result in a property being deemed ineligible for participation in the Program and subjects the owner to repayment of any reimbursement received.

Signature _____

Date 10-30-25