

Sewer Back-Ups

Purpose

This policy will establish the conditions under which the City of Bismarck will pay for the cost of damages resulting from blockages in the sanitary sewer system.

Policy

The City of Bismarck, through its Sanitary Sewer Utility, will pay for the cost of cleanup and reimbursement for property damages resulting from sanitary sewer backups that are a result of an obstruction or blockage in the City sewer main. Damages that result from blockages or deficiencies in private sewer service lines or private sewer mains are not covered by this policy.

The City will pay for actual cleanup and restoration costs and actual present cash value for any personal property damage resulting from such sewer backups. The property owner must file a damage claim with the City Attorney's office and provide documentation to support the claim.

The cost of claims will be paid for from an account funded by the establishment of a surcharge on the monthly sewer bill for all commercial and residential properties. The sewer backup protection is \$0.30 per month for residential and commercial accounts. The charge shall be reviewed annually and adjusted as necessary by the Board of City Commissioners.

Acceptance or payment of a claim by the City is not an admission of liability or negligence on behalf of the City. Payment of a claim is not determined under principles of negligence or legal responsibility but rather is a payout from a fund that is collected by the City to relieve the financial burden that may be caused by sewer backups.

Submitting a Claim

You can complete the online claim form:

<https://www.bismarcknd.gov/FormCenter/City-Attorney-4-4/City-of-Bismarck-OnLine-Claim-Form-102-102>

Alternatively, the attached form can be completed, printed, signed, and mailed to:

Office of City Attorney
PO Box 5503
Bismarck, ND 58506-55803

City of Bismarck Claim Form

| | |
|---|--|
| Name (property owner or injured person) | |
| Address | |
| Phone | |
| Date of Incident | |
| Location (where incident occurred) | |
| Property damaged/injury sustained | |
| Amount of damage/injury (estimate) | |
| Describe the incident in detail. Include verbatim statements of the person suffering injury or property damage, and witnesses. Ask key witnesses to write statements. Please state how you believe the City caused or contributed to the damage/injury. | |
| Witness #1 Name | |
| Witness #1 Address | |
| Witness #1 Phone | |
| Witness #2 Name | |
| Witness #2 Address | |
| Witness #2 Phone | |
| Documentation | <input type="checkbox"/> Estimates <input type="checkbox"/> Statements <input type="checkbox"/> Pictures <input type="checkbox"/> Other <input type="checkbox"/> Records |
| Name of city employee(s) with knowledge of incident | |
| Send claim and supporting documentation to: | Office of City Attorney PO Box 5503 Bismarck ND 58506-5503 |
| <p>By signing and returning this claim form, I understand that I am asking the City of Bismarck to consider my claim for reimbursement.</p> | |
| _____ Signature | _____ Date |
| The City will review the incident to determine whether it will offer payment to you for your loss. | |