

Section XX - Contractor's Certificate of Completion and Warranty to the Metropolitan Sewerage District of Buncombe County, North Carolina

**Lining Contract No. 9 Sanitary Sewer Rehabilitation, Project No. 2017031**

I, the undersigned, do hereby certify:

1. That \_\_\_\_\_ hereinafter referred to as CONTRACTOR, is a licensed Utility or Unclassified Contractor in the State of North Carolina.
2. That the sewer rehabilitation, replacement, improvements, and/ or extensions relative to the above referenced project have been installed and tested in strict accordance with the approved plans and specifications for the project under the supervision of the ENGINEER and DISTRICT'S representative.
3. That we guarantee the materials and installation of the sewer rehabilitation, replacement, improvements, and/ or extensions, including all appurtenances and the restoration of any disturbed areas for a period of (1) year and shall make repairs deemed necessary by DISTRICT, during the one year warranty period. Any repairs for defective work will be made at The CONTRACTOR's expense for all labor, materials, equipment, and supplies necessary for a complete and acceptable repair. Should any additional work, not performed under the original contract and not as a result of defective work or materials, be required, the DISTRICT will pay CONTRACTOR at the original contract unit prices without mobilization.
4. That we have submitted the record documents to the DISTRICT.
5. That we will reimburse DISTRICT for costs for emergency repairs made by its own forces during the one year warranty period. These costs will include, but not be limited to, materials, labor, equipment, damages and reimbursement collection costs.

\_\_\_\_\_  
*Name of Firm (Corporation/Company)*

\_\_\_\_\_  
*Signature of Authorized Representative*

\_\_\_\_\_  
*License Number*

\_\_\_\_\_  
*(Title)*

\_\_\_\_\_  
*Substantial Completion Date*

\_\_\_\_\_  
*Date signed*

\_\_\_\_\_  
*Warranty Period Ends (Date)*

Corporation or Company Seal

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Notary Public

(Seal)