PARSONS PRIVATE SEWER SYSTEM MITIGATION PROGRAM APPLICATION

Inspection/Code Enforcement Department
112 South 17th, PO Box 1037
Parsons, KS 67357
Phone (620) 421-7054
Fax (620) 421-7056

Address of property: _____

Name of property owner(s): _____

Mailing address of owners: _____

Daytime phone number: _____

Email address: _____

This program is intended to fix or repair problems that allow rainwater or runoff to get into the sanitary sewer system. Repairs or issues that do not allow rain water into the sewer system are not eligible for this program even though the problem might be related to sewer. For example, a cracked sewer service line would be eligible as it allows rain water in the sewer system. A clogged or obstructed sewer service line would not be eligible as it does not allow rain water into the sewer system.

Nature of problem being fixed:

___ Storm sump pump directly connected to sewer

___ Storm sump pump with diverter valve directly connected to sewer

___ Combination sanitary sewer/storm sump pump directly connected to sewer

___ Area drains directly connected to sewer
Please provide the number and location of area drains: _____
_____
_____

___ Downspouts directly connected to sewer system
Number of downspouts connected: _____

___ Cleanout repair (not installation of new cleanout)

___ Repair of replacement of sewer service line

___ Other

Nature of problem: _____

_____

_____

By signing this application, I agree that all of the information provided is accurate, that I have read the information for the EPA Private Corrective Mitigation Program, and I understand the City of Parsons has the right to not participate in the cost of my repair in the event the repair does not qualify or there is no funding available. I further understand all payments by the City are made directly to the plumber and not the land owner.

_____

Signature of applicant Date

For City Use Only

Amount allowed for repairs:

Item 1: $_____ Description: _____ Date: _____ Approved: ___

Item 2: $_____ Description: _____ Date: _____ Approved: ___

Item 3: $_____ Description: _____ Date: _____ Approved: ___

Date plumber notified: _____

Final inspection: _____ Date: _____

Final Approval: _____ Date: _____

Notes: _____

_____

_____

_____

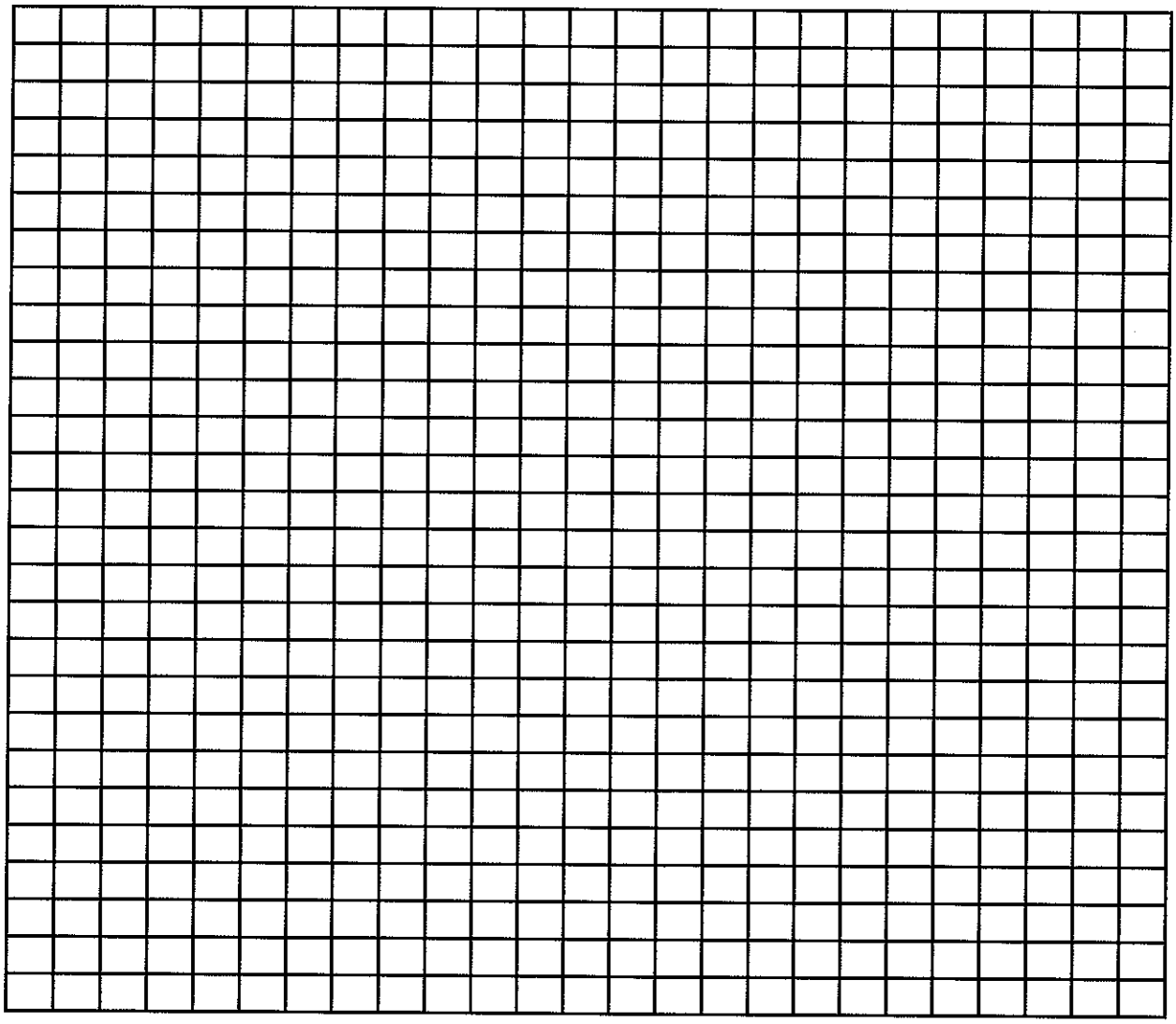
_____

PLOT PLAN

Address_____ Owner_____

Please plot area where proposed sewer work will be performed with measurements included.

Indicate North in Circle ◯



I/We certify that the proposed sewer repairs/construction will conform to the dimensions and uses shown above and that no changes will be made without first obtaining approval.

_____

Signature of owner or plumber