

**PARSONS PRIVATE SEWER SYSTEM  
MITIGATION PROGRAM APPLICATION**

**Inspection/Code Enforcement Department**

**112 South 17<sup>th</sup>, PO Box 1037**

**Parsons, KS 67357**

**Phone (620) 421-7020**

**Fax (620) 421-7089**

I1	___
D1	___
I2	___
D2	___
Plumber Estimate	___
Plumber Bill	___
Payment Pending	___
Paid	___
Add to File	___

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 rainwater into the sewer system are not eligible for this program even though the problem might be related to sewer. For example, a cracked sewer line would be eligible as it allows rainwater in the sewer system. A clogged line would not be eligible as it does not allow rainwater into the sewer system.**

Nature of problem being fixed:

- Remove floor drain, add sump pump
- Directly connected storm sump pump
- Combination sanitary and storm sump pump
- Area drains (driveway, patio, basement entry, etc.)
- Downspouts (connected to sewer)
- Sewer service lines
- Other

Nature of problem: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this application, I agree that all 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 landowner.

\_\_\_\_\_  
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: \_\_\_\_\_

Total: \$ \_\_\_\_\_

Plumber Notified: \_\_\_\_\_ Date: \_\_\_\_\_

Final Inspection: \_\_\_\_\_ Date: \_\_\_\_\_

Final Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

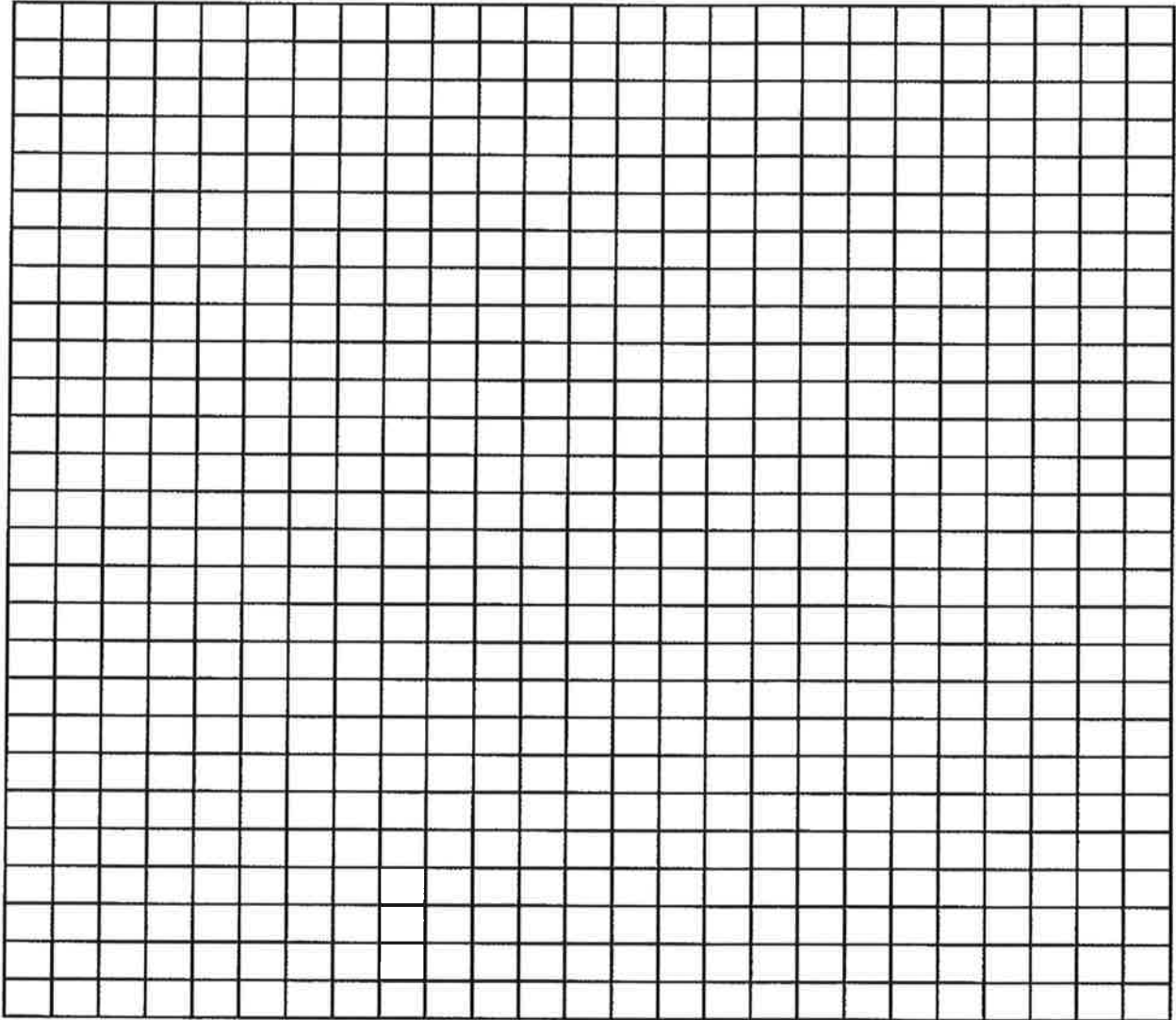
# PLOT PLAN

Address of Property: \_\_\_\_\_

Name of Property Owner(s): \_\_\_\_\_

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 changed will be made without first obtaining approval.

\_\_\_\_\_  
Signature of Owner or Plumber

\_\_\_\_\_  
Date