

CITY OF DECATUR
SANITARY SEWER BACKUP PREVENTION PROGRAM
PROGRAM DIRECTIONS

1. Fill out the Preapproval Application and the Settlement and Release Form and send or submit to:

Sanitary Sewer Backup Prevention Program
Public Works Department
One Gary K Anderson Plaza
Decatur, IL 62523
217-424-2747

The Settlement and Release Form must be signed and dated in presence of a Notary Public and sealed by a Notary Public. A Notary Public can be provided by the Public Works Department at the address above or most banks will provide this service for bank customers.

2. **Applicant property owner must be the primary resident of the property to qualify for the program.**
3. Upon submittal of the Preapproval Application and the Settlement and Release Form the property owner will be contacted by a representative of the Public Works Department to arrange an inspection of the property for illegal connections to the sanitary sewer system. Illegal connections may include sump pumps or downspouts connected to the sanitary sewer system. All illegal connections must be corrected by the property owner prior to approval for the program.
4. Upon inspection of the property for illegal connections by the inspector, the property owner will receive an approved copy of the Preapproval Application. The property owner shall contact a minimum of two (2) licensed plumbing contractors. The plumbing contractor shall provide the property owner with a detailed proposal and drawings for the installation of an overhead sewer device in the residence. The proposed work must disconnect all fixtures lower than the City's upstream manhole rim elevation and connect the fixtures to the proposed overhead sewer device. See Sanitary Sewer Backup Causes and Prevention for more information on overhead sewer systems at <http://www.decaturl.gov/citygovernment/engineering/sewerbackupprevention.html>
If there are any questions on the location of the City's sewer, please contact the Public Works Department for assistance. The property owner shall submit the Application for Funding with two plumbing contractor's proposals attached.

CITY OF DECATUR
SANITARY SEWER BACKUP PREVENTION PROGRAM
PROGRAM DIRECTIONS

5. The property owner shall meet with the Public Works representative to review the plumbing contractor's proposals and determine the lowest cost proposal to determine City's cost share as shown on the Application for Funding. **The property owner shall not authorize the plumbing contractor to start work until the property owner has received an approved copy of the Application for Funding.** The property owner may choose any of the plumbing contractor's proposals but City's cost share will only provide funding for the lowest approved proposal.
6. Upon approval of the Application for Funding, the property owner may direct the plumber contractor to install the overhead sewer system. The plumber contractor shall obtain all necessary permits from the City's Building Inspection Department.
7. Any change orders or price adjustments shall be approved by the Public Works representative prior to starting any extra work. The City will not reimburse property owner for extra work performed without City approval (see Change Order/Price Adjustment Form).
8. Prior to making any payments to the plumber, the property owner shall receive an approved copy of the City of Decatur's Field Inspection Report from the City's Building Inspection Department.
9. The property owner shall pay the plumber for the completed work in full or pay 25% to the plumbing contractor and request a two party check from the City made out to the property owner and plumbing contractor. The property owner shall submit the payment receipt along with the Check Release Form to the City of Decatur for reimbursement. The City will reimburse the property owner for 75% of the approved cost for the overhead sewer up to a total reimbursement of \$5,625.
10. The property owner is responsible to provide maintenance to their overhead sewer system as recommended by plumbing contractor and ejector pump manufacturer.
11. **The City of Decatur does not own, maintain, or warranty the overhead sewer system.**
12. **If there are any questions on the program please visit <http://www.decaturl.gov/citygovernment/engineering/sewerbackupprevention.html> or contact the Public Works Department at 217-424-2747**

CITY OF DECATUR
SANITARY SEWER BACKUP PREVENTION PROGRAM
SETTLEMENT AND RELEASE FORM
(TO BE SUBMITTED WITH THE PREAPPROVAL APPLICATION)

THE UNDERSIGNED, for the sole consideration of 75% reimbursement of cost not to exceed \$5,625 as the City of Decatur's share of the cost for the installation of a sanitary sewer backup prevention system for;

(Name of property owner and co-owner if applicable)

(Address, City, State Zip of residence)

does hereby release, acquit and forever discharge the City of Decatur, its officers, directors, agents, attorneys, employees and affiliates, of and from all claims, causes of action, suits, fines, costs and demands of whatever name or nature and any matter arising or growing out of or on account of a loss, expense, injury, damages, or added expenses which occurred as a result of the sanitary sewer backup prevention system.

THE UNDERSIGNED ACKNOWLEDGES that the consideration shown above will be full payment and satisfaction of the City's obligation for the installation of a sanitary sewer backup prevention system as described above and that no other promise has been made by the City of Decatur or any of its officers, directors, agents, attorneys or employees.

Property Owner Signature

Co-owner Signature (if applicable)

Address

City, State, Zip

SIGNED this _____ day of _____, 20____.

Seal

NOTARY PUBLIC

CITY OF DECATUR
SANITARY SEWER BACKUP PREVENTION PROGRAM
APPLICATION FOR FUNDING

Permit No. _____
 (For Office Use)

Please print the following information:

Date: _____

I, _____, am the property
 (Name of property owner and co-owner if applicable)
 owner(s) and primary resident(s) of the house located at _____
 (Address of property)
 _____ Decatur, Illinois _____
 (Zip Code)

My contact information - Home: () - Mobile/Daytime: () -

List below a minimum of two (2) proposals received from licensed plumbing contractors. Attach all detailed proposals to this document.

Name and Address of Plumbing Contractor	Proposal Price

I will not allow any work to be initiated prior to approval of the Application for Funding.

I understand that change orders, if necessary, must to be approved by the City prior to the start of any additional work and I will not be reimbursed for more than the City's maximum portion of \$5,625.

 (Signature of property owner and co-owner if applicable)

(For Office Use Only)

Approval:

Approved Proposal _____

Approved Reimbursement: \$ _____ x 75%/100 = \$ _____ (Maximum \$5,625)

 (Public Works Department Approval)

 (Title)

 (Date)

CITY OF DECATUR
SANITARY SEWER BACKUP PREVENTION PROGRAM
CHECK RELEASE FORM

Permit No. _____
(For Office Use)

Please print the following information:

Date: _____

I, _____, am the property
(Name of property owner and co-owner if applicable)
owner(s) and primary resident(s) of the house located at _____
(Address of property)
_____ Decatur, Illinois _____
(Zip Code)

My contact information - Home: () - Mobile/Daytime: () -

I have:

Submitted a receipt verifying that I have paid the plumbing contractor 25% of the approved cost for the overhead sewer work and request a two party check to be written to the plumbing contractor _____ and myself for the City's 75% portion.
(Plumbing contractor name)

OR

Submitted a receipt verifying that I have paid the plumbing contractor 100% of the approved cost for the overhead sewer work and request a check made out to myself as reimbursement for the City's 75% portion.

(Signature of property owner and co-owner if applicable)

(For Office Use Only)

Approval:

Plumbing Contractor _____

The overhead sewer system has been approved by Plumbing and Electrical Inspector.

Proposal Price: \$ _____

Change Order / Price Adjustment to Proposal Price: \$ _____ (If Applicable)

Reimbursement: \$ _____ x 75%/100 = \$ _____ (Maximum \$5,625)

Check Payee(s) _____

(Public Works Department Approval)

(Title)

(Date)

CITY OF DECATUR

SANITARY SEWER BACKUP PREVENTION PROGRAM

CHANGE ORDER / PRICE ADJUSTMENT FORM NO. _____

Permit No. _____
(For Office Use)

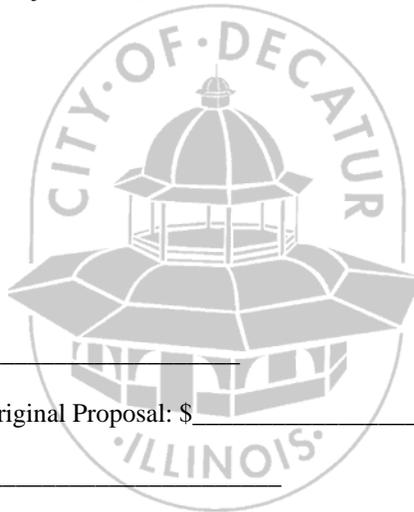
Please print the following information:

Date: _____

I, _____, am the property
(Name of property owner and co-owner if applicable)
owner(s) and primary resident(s) of the house located at _____
(Address of property)
_____ Decatur, Illinois _____.
(Zip Code)

My contact information - Home: () - Mobile/Daytime: () -

Reason for Change Order / Price Adjustment (Provide attachments as necessary):



Original Proposal: \$ _____

Net Increase or Decrease from Original Proposal: \$ _____

Revised Project Cost: \$ _____

I will not allow any extra work to be started prior to approval of the Change Order / Price Adjustment Form from the City of Decatur.

(Signature of property owner and co-owner if applicable)



(For Office Use Only)

Approval:

Adjusted Project amount: \$ _____

(Public Works Department Approval)

(Title)

(Date)