



## Application for Winter Discharge of Clear Water into Sanitary Sewer

*Please complete all items on the application.*

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Sump Pump Units: \_\_\_\_\_

Location of current sump pump discharge: \_\_\_\_\_

- Attach photo or other information if necessary

**How often does sump pump run during freezing conditions & winter months:**

Number of Months: \_\_\_\_\_ Frequency of Pumping (Minutes): \_\_\_\_\_

**Justification for Permit:**

- Sump pump water is causing a dangerous condition such as ice buildup or flooding on either public or private property.

Is a location available on private property to discharge the water away from the home and not impact other properties? \_\_\_\_\_

If no, explain: \_\_\_\_\_

- There is danger that the sump pump or footing drain pipes will freeze up and result in either failure or damage to the sump pump unit or the footing drain and cause basement flooding.

What steps have been taken to minimize this danger? \_\_\_\_\_

- The water being discharged from the sump pump or footing drain cannot be readily discharged into a storm drain or other acceptable drainage system.

**Please provide additional information as necessary:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Method of Disconnection / Reconnection	Point of Discharge
<input type="checkbox"/> Simple Assembly	<input type="checkbox"/> Laundry Tub / Wash Basin
<input type="checkbox"/> T-Connection Fixture	<input type="checkbox"/> Floor Drain
<input type="checkbox"/> T-Valve	<input type="checkbox"/> Direct Connection to Sanitary Sewer Pipe

Explanation (attach additional information if necessary): \_\_\_\_\_

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I hereby apply for a sewer use permit and I acknowledge that the information above is complete and accurate. I understand this application is not a permit until reviewed and authorized by the Public Works Director, and that no clear water discharge into the municipal sanitary sewer system is allowable without a permit.

I understand and hereby agree that the use for which the permit is issued shall be performed according to: (1) Conditions of the permit; (2) The approved plans and specifications; (3) The applicable City ordinances and codes; and (4) The State building/plumbing codes and regulations.

I understand that the permit will become null and void if the property under which the permit is registered is found not to be in conformance with any of the conditions of the permit, or changes ownership.

I understand this connection can be made no earlier than November 15 and must be removed by March 15 and failure to remove and properly seal the connection will result in a sewer bill surcharge of \$100 per month after March 15\*.

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Date

*\*Property owner will receive notification in the mail prior to November 15 of each year and March 15 of each year as a reminder to connect/disconnect.*

**TO BE COMPLETED BY THE CITY**

A permit is issued for winter discharge of clear water into the sanitary sewer for the above application. Any conditions/changes are indicated on the application. An inspection will be made by the City after March 15.

This permit is issued in accordance with Plymouth City Code, Subdivision 740.08.

\_\_\_\_\_  
City of Plymouth Public Works

\_\_\_\_\_  
Date