

Northfield Township Sanitary Sewer System
2550 Waukegan Road, Suite 100
Glenview, IL 60025
847-724-7055

Overhead Sanitary Sewer Conversion Cost-sharing Reimbursement Program

Who? Residents who are connected to a Northfield Township Sanitary Sewer System-maintained sanitary sewer with gravity sewer service susceptible to a sanitary sewer back-up. Any resident who has converted to an overhead system including removal of all storm discharges to the sanitary system after January 1, 2011 is eligible for reimbursement.

Why?

To provide financial assistance to residential homeowners who would like to modify their plumbing system to an overhead system to reduce the risk from sanitary sewer backups.

What does it involve?

The construction of a sump pit under the basement or crawl space, an ejector pump and a watertight sewer line to connect to the existing gravity sewer service. In addition the existing gravity service (unless in excellent condition) shall be rehabilitated by lining from the house to the Township sewer via a cleanout or by replacement. (The installation of a cleanout will be required if one is not currently present.) Removal of all storm connections to the sanitary system (including but not limited to footing drains and storm sumps) is a requirement of this program. The Township's contribution will be 50% of the actual cost up to a maximum reimbursement of \$7,500, based on a minimum of three estimates and homeowner approval of the contractor.

What costs are included?

1. All material and labor costs necessary to convert the plumbing system to an overhead sewer including sanitary sump, pump, plumbing and ancillaries.
2. Installation of a separate storm sewer system to handle stormwater flows disconnected from the sanitary service or sanitary sump including storm sump, pump, plumbing and ancillaries as necessary.
3. Installation of a cleanout a maximum 10 feet from the house. An additional cleanout is required every 80 feet if the sewer service is more than 80 feet in length.
4. Lining or replacement of the sanitary service from the home up to and including the mainline connection.
5. Topsoil, sod, sidewalk, curb and gutter and road patch as necessary.

What costs are not included?

1. Permit fees
2. Architectural fees
3. Rodding and/or televising of the sanitary service
4. Incidental costs such as interior redecorating – drywall repairs, paint, carpet and flooring
5. Decorative exterior plantings (bushes, trees, plants etc) and hardscape (retaining walls, pavers)

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APPLICATION

Home Owner's Name & Phone Number: _____

Home Owner's Address: _____

Year house was constructed: _____

Contractor's Name and Phone Number: _____

Contractor's Address: _____

Plumber's Illinois License # _____

Estimated Cost for Project \$ _____

Submittal Checklist:

1. Proof of Home Ownership and Occupancy
2. Contractor check list
3. 4 sets of plans meeting Township's requirements
4. 3 quotes from Contractors including itemized breakdown of all major construction items.
5. Certification that sanitary service is PVC. If PVC, a DVD of sanitary service from home to main line connection.
6. Briefly describe main work required: _____

If approved and I receive Township grant monies for the overhead sewer reimbursement I understand that all work will be constructed and maintained in accordance with Township's, Village's and Cook County's Ordinances.

(Signed by Home Owner): _____ Date: _____

Submit to:

.....

(For Township Use only)

Plan Approved by: _____ Date: _____

Inspection(s) Approved by: _____ Date: _____
(To match inspection checklist provided to homeowner)

The Steps Are:

1. Submit an **Overhead Sanitary Sewer Service Conversion Cost-sharing Application Form** together with the following information/attachments:
 - a. *Contractor's checklist (this will include certification from a licensed plumber that there are no stormwater connections to the service sewer or if present they will be removed as part of this project)*
 - b. *Three (3) detailed written estimates from licensed Contractors to install an overhead sanitary sewer system, including disconnection of any stormwater connections and re-plumbing as necessary (a separate storm sump pump system may be required).*
 - c. *Certification that the sanitary sewer service is PVC and less than ten years old. If PVC a DVD of sanitary service from home to main-line sewer connection required*
 - d. *Three (3) detailed written estimates from licensed Contractors to install a new sanitary service from the building connection to the main, in accordance with Township, Village and Cook County Codes or to line the sanitary service from the building connection to the main including the installation of a cleanout. (Township may determine based on its condition that an older PVC service does not require rehabilitation)*
 - e. *Four (4) copies of construction plans and all necessary building/construction permit applications. (All inside plumbing work must be performed by an Illinois licensed plumber.)*
2. Once permits are approved Contractor may begin work but Homeowner must ensure that all inspections required by the Township are performed so that all the work is eligible for reimbursement. Work must be completed within 90 days of Township's approval being granted.
3. On completion of the work Homeowner shall submit to the Township the following:
 - a. *Inspection check-list (to be prepared by Township and attached to approval notification)*
 - b. *Request for reimbursement form/checklist*
 - c. *Internal television DVD of the new/rehabilitated sanitary service identifying location and date of inspection on the audio with accompanying inspection sheet.*
 - d. *Proof of payment, in the form of waivers and paid receipts, that all costs associated with the installation of the overhead system, the removal of the foundation drain (if appropriate) and the rehabilitation of the sanitary service have been made.*

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CONTRACTOR CHECKLIST

Property Address: _____

- 1. The homeowner is the resident of the property Yes/No
- 2. Property was built before 1980 Yes/No
- 3. Overhead sewer present Yes/No
- 4. Storm sump is connected to the sanitary service Yes/No
- 5. Combined sump Yes/No
- 6. Diverter valve Yes/No
- 7. Unsealed sanitary sump Yes/No
- 8. Footing tile directly connected to sanitary service Yes/No

“Yes” answers to any of 3-7 must be corrected as part of this project

- 9. Sanitary service is PVC and less than 10 years old Yes/No

***If “Yes” DVD of sanitary service from home to main sewer connection required.
If “No” cost must be provided to line or replace sanitary service.***

- 10. The property has a cleanout less than 10 feet from the foundation
and no more than 80 feet apart Yes/No

If “No” one or more must be provided as part of this project

- 11. All storm connections to the sanitary service (downspouts,
area drains, etc.) shall be disconnected as part of this project Yes

- 12. Four (4) sets of plans for work including all Township requirements and
items as itemized above and rehabilitation of sanitary sewer by lining or replacement

- 13. Cost estimate including breakdown of all major items

- 14. Work must be completed within 90 days from receipt of Township permit

***I do certify that all the above information is a true and accurate evaluation of the
property and that the proposed work shall be undertaken in accordance with
Township requirements and Illinois Plumbing Code.***

Name: _____ IL Plumber’s License No: _____

Company: _____ Signature: _____ Date: _____

Address: _____

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REQUEST FOR REIMBURSEMENT CHECKLIST

Property Address: _____

- 1. Inspection reports and approval from agency having jurisdiction (village or county)

- 2. Internal television DVD of the new/rehabilitated sanitary service identifying location and date of inspection on the audio (if service was sliplined)

- 3. Proof of payment, in the form of waivers and paid receipts that all costs associated with the installation of the overhead system, the removal of the foundation drain and all other storm connections (if appropriate) and the rehabilitation of the sanitary lateral have been made

- 4. All rights of way and/or easements have been restored to their original conditions.

Signed: _____

Name: _____

Phone: _____

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(For Township Use Only)

Inspections Complete _____ Date: _____

Sanitary Service DVD reviewed _____ Date: _____

Eligible costs \$ _____

Amount of reimbursement \$ _____ Paid Receipt received