

Lawn Establishment, Pool, Hot Tub & Ice Rink Fill and Sewer Bill Credit Policy

In general, Wheaton Sanitary District (WSD) offers an annual sewer bill credit to residential metered customers for water used to establish a newly established lawn, fill a home swimming pool, hot tub or ice-skating rink that will not discharge into the sanitary sewer system.

Customers filling a swimming pool, hot tub or home ice skating rink may be eligible to receive an adjustment to their sewage service billing if they use a garden hose to fill the apparatus and the home does not have a deduction meter. A customer has 2-3 consecutive days to fill the apparatus.

The credit will be issued based on the lesser of either the calculated volume for the percentage of the pool fill, ice rink fill, or hot tub fill or the difference between the month the fill occurred and the average monthly water consumption of the previous 12 months usage, not to exceed the design capacity of the apparatus.

Customers establishing a newly sodded lawn may be eligible for a reduction in their sewage service billing for no more than two consecutive billing cycles. The credit will be issued based on the difference between the month(s) in which the sodding/seeding occurred and the average monthly water consumption based on the usage for the previous 12 months or like period whichever is deemed most appropriate by WSD.

For new accounts with no previous billing history or accounts without 12 months of historical usage, WSD may make a reasonable alternative calculation to determine the average monthly baseline. The method of calculation is at the sole discretion of WSD.

To be eligible for a sewer bill credit, you must submit your request within **60 days of the water usage** and your account must be current and in good standing. There can be no overlap between this credit and any other WSD credit. Sewer bill credit applicants must complete the relevant sections of the attached form, including most, if not all, of the following:

- Fill dates
- Meter readings before and after filling
- Shape of the apparatus
- Dimensions of the apparatus including the normal elevation of the water (e.g., length, width/diameter, depth)
- Rated capacity of the apparatus (provided by the manufacturer) in gallons
- Fill percentage of the apparatus (e.g., partial fill percentage or filled from empty)
- For sod installation, include copy of the landscaping invoice and a detailed description of the work completed, including the start and end dates of the project. If you did the work yourself, submit dated receipt(s) for the material or supplies purchased, provide a detailed description of the work you completed, including the start and end dates of the project

Wheaton Sanitary District reserves the right to deny any request that fails to meet the required criteria. Sewer Bill Credit Request submission does not guarantee that an adjustment will be issued. Your eligibility for an adjustment will be determined using the information you have supplied.



Wheaton Sanitary District Sewer Bill Credit Request Form

Customer Information:

Request Date:	Account Number:	Daytime Phone Number:
Applicant Name:		Email:
Service Address:		

Fill Information:

Fill Start Date:	Fill End Date:	Full Fill:	Partial Fill %:
Meter Reading (Before filling):		Meter Reading (After filling):	
Type of Pool:	In-ground:	Above-ground:	Inflatable:
Shape and Pool Dimensions <i>(Please attach a sketch or a copy of the manufacturer's pool specifications):</i>			
Pool Shape:	<input type="checkbox"/> Rectangular	<input type="checkbox"/> Circular	<input type="checkbox"/> Oval
	<input type="checkbox"/> Oblong	<input type="checkbox"/> Other	
<i>Other, brief description:</i>			
Pool Dimensions:	Length: _____ ft. Width or Diameter: _____ ft. Small Diameter <i>(oblong only)</i> : _____ ft.		
Depth of pool:	Shallow End: _____ ft. Deep End: _____ ft.	Rated Capacity of Pool: _____ gals. <i>(provided by the manufacturer)</i>	

Lawn Establishment:

Installation Start Date:	Installation End Date:
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Please describe the work completed or how the excess water was used.

Customer's Name (Acting as Signature): _____

Date: _____

By signing this request, I agree to the following:

1. I understand Wheaton Sanitary District (WSD) reserves the right to deny any request that fails to meet the required criteria and that the submission of a Sewer Credit Request does not guarantee that an adjustment will be issued.
2. I understand a sewer adjustment, if applicable, will appear on a subsequent invoice after the occurrence and billing of the sewer charges.
3. I agree to allow WSD staff to access my property to verify the information provided in this application.
4. I affirm and certify that all the information and answers to questions herein are true, accurate and complete to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of any facts called for in the application may render this application void and may result in legal action, whenever discovered.

PLEASE EMAIL THIS COMPLETED FORM TO FINANCE@WSD.DST.IL.US