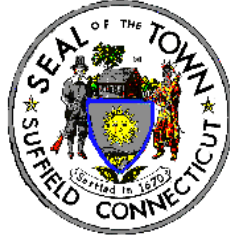


BUSINESS OFFICE
(860)668-3856
FAX: (860)668-3858

TOWN OF SUFFIELD
WATER POLLUTION CONTROL AUTHORITY

TREATMENT PLANT
(860)668-3853
FAX: (860)668-3858



844 East Street South
Suffield, Connecticut 06078-2402

SEWER EXTENSION PERMIT # SE-_____

ASSOCIATED INSPECTION PERMIT # I-_____

DEVELOPERS AGREEMENT # DA-_____

NOTE : FEE: \$1000.00 WITHOUT PUMP STATION, \$1500.00 WITH PUMP STATION

PART I. – CHECK LIST

EXCLUDING THE CHECK FOR PAYMENT, SUBMIT TWO (2) COPIES OF THE FOLLOWING DOCUMENTS, INCLUDING THIS APPLICATION:

___ APPLICATION FEE ___ PLANS AND SPECIFICATIONS
___ APPLICATION ___ DEVELOPER'S AGREEMENT

PART II – APPLICANT NAME, ADDRESS AND CONTACT INFORMATION:

PART 3 – APPROVAL OF PLANS FOR CONSTRUCTION

___ SEWERS AND APURTENANCES
___ PUMP STATIONS/LOW PRESSURE SEWER PUMP STATIONS

ESTIMATED COST OF PROPOSED FACILITIES _____

PART IV. – APPROVALS AND PERMITS HAVE BEEN OBTAINED FROM:
(ATTACH COPIES OF APPROVALS AND PERMITS)

___ WPCA PLANNING ___ DEP
___ TOWN PLANNING ___ CONN. DOT
___ PRELIMINARY DESIGN REPORT ___ SUFFIELD D.P.W.
___ DEVELOPER'S AGREEMENT ___ CONSERVATION COMMISSION

SEWER EXTENSION PERMIT (CONT.)

PART V. – WASTEWATER CHARACTERISTICS:

DESCRIBE WASTEWATER CHARACTERISTICS OF EFFLUENT BEING DISCHARGED INTO SEWER SYSTEM IF OTHER THAN RESIDENTIAL SANITARY WASTEWATER. (ATTACH ADDITIONAL SHEETS IF NECESSARY)

PART VI.. – SEWER SYSTEM

INITIAL POPULATION SERVICED: _____

ULTIMATE POPULATION SERVICED: _____

ULTIMATE DESIGN YEAR: _____

PIPE SIZE(S), LENGTH(S), AND MATERIAL(S):

DESIGN FLOW DATA:

	AVERAGE FLOW (GPD)	PEAK FLOW (GPD)
INITIAL	_____	_____
5 YEAR	_____	_____
10 YEAR	_____	_____
20 YEAR	_____	_____
50 YEAR	_____	_____
ULTIMATE	_____	_____

PART VII. – PUMPING FACILITIES

LOCATION:

SEWER EXTENSION PERMIT (CONT.)

PART VII. PUMPING FACILITIES (CONT.)

TYPE OF PUMP STATION: (CONVENTIONAL, SUBMERSIBLE, LOW PRESSURE SEWER SYSTEM/GRINDER PUMPS ETC.)

NUMBER OF GRINDER PUMPS: _____

MAKE/MODEL: _____

TYPE OF EMERGENCY POWER AND CAPACITY: _____

****INDIVIDUAL GRINDER PUMPS MUST HAVE EMERGENCY POWER PROVISIONS APPROVED BY WPCA. PORTABLE STANDBY POWER HOOK UP MAY BE CONSIDERED ON A CASE BY CASE BASIS, IF COMPLIANT WITH LOW PRESSURE SEWER POLICY.

INITIAL POPULATION SERVED: _____

DESIGN POPULATION AND YEAR: _____

FORCE MAIN:
SIZE(S): _____

LENGTH(S): _____

MATERIAL(S): _____

DESIGN INFORMATION:

	AVERAGE (GPD)	MAXIMUM (GPD)
DOMESTIC FLOW	_____	_____
INDUSTRIAL FLOW	_____	_____
INFILTRATION/INFLOW	_____	_____
DESIGN FLOW	_____	_____

EFFECTIVE WET WELL CAPACITY _____ (GALLONS)
DETENTION TIME _____ (MINUTES)

DESIGN AVERAGE VELOCITY IN FORCE MAIN _____(FEET PER SECOND)

TOTAL DYNAMIC HEAD (HEAD PUMP STATION AND FORCE MAIN)

STATIC HEAD _____ FT.

FRICITION LOSS _____ FT.

TDH _____ FT.

PUMPING FACILITIES:

PUMP STATION NAME: _____

NUMBER AND TYPE OF PUMPS: _____

PUMP CAPACITY(GPM): _____

PUMP TDH (FT.) _____

SEWER EXTENSION PERMIT (CONT.)

PART VIII. – PUMP STATION ODOR CONTROL FACILITIES

1. HAS THE GENERATION OF OBJECTIONABLE ODORS BEEN CONSIDERED IN THE DESIGN OF THIS STATION? _____ YES _____ NO
2. WILL AN ODOR CONTROL SYSTEM BE INSTALLED? _____ YES _____ NO
3. DESCRIBE THE MEASURES TAKEN TO MINIMIZE THE GENERATION OF OBJECTIONABLE ODORS DURING THE DESIGN LIFE OF THE PUMPING STATION

PART 9 – SIGNATURES

APPLICANT SIGNATURE:

THIS IS TO CERTIFY THAT I HAVE PERSONALLY REVIEWED ALL ENGINEERING INFORMATION CONTAINED IN THE APPLICATION AND SUPPORTING DOCUMENTS, DRAWINGS, PLANS, AND SPECIFICATIONS WHICH ARE PART OF THIS APPLICATION AND THAT I HAVE FOUND IT TO BE OF GOOD ENGINEERING QUALITY, TRUE, AND CORRECT, AND IN CONFORMANCE WITH THE REQUIREMENTS OF THE TOWN OF SUFFIELD WATER POLLUTION CONTROL AUTHORITY, AND IT DOES NOT, TO THE BEST OF MY KNOWLEDGE, WITHHOLD INFORMATION THAT IS PERTINENT

TO A DETERMINATION OF COMPLIANCE WITH THE REQUIREMENTS OF
THE WPCA.

NAME OF DESIGN ENGINEER

DESIGN FIRM

MAILING ADDRESS

CONTACT INFORMATION

SIGNATURE

SEAL