TOWN OF SUFFIELD
WATER POLLUTION CONTROL AUTHORITY

844 East Street South
Suffield, Connecticut 06078

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:

<table>
<thead>
<tr>
<th></th>
<th>AVERAGE FLOW (GPD)</th>
<th>PEAK FLOW (GPD)</th>
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<tbody>
<tr>
<td>INITIAL</td>
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<td>5 YEAR</td>
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<td>10 YEAR</td>
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<td>50 YEAR</td>
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<td>ULTIMATE</td>
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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:
DOMESTIC FLOW AVERAGE (GPD) MAXIMUM (GPD)
________________________
________________________

INDUSTRIAL FLOW
________________________
________________________

ININFILTRATION/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.
  FRICTION 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, WITHOLD 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