

BUSINESS OFFICE

(860)668-3856

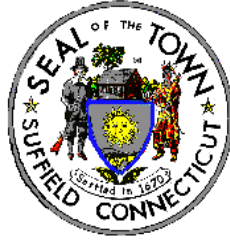
FAX: (860)668-3858

TOWN OF SUFFIELD
WATER POLLUTION CONTROL AUTHORITY

TREATMENT PLANT

(860)668-3853

FAX: (860)668-3858



844 East Street South
Suffield, Connecticut 06078-2402
wpcfeedback@suffieldct.gov

PLANNING APPLICATION

BASE FEE: \$750 MINIMUM CHARGE.

PROJECTS WHICH THE WPCA MAY INCUR MORE SUBSTANTIAL REVIEW COSTS WILL REQUIRE AN ADDITIONAL DEPOSIT, BASED ON REASONABLE ESTIMATED EXPENSES AS COMPARED TO A SIMILAR PROJECT, OR AS ESTIMATED BY THE WPCA OR IT'S ENGINEER.

- **THE WPCA WILL PROVIDE PROOF OF THE EXPENSES INCURRED, AND WILL REFUND THE BALANCE OF THE DEPOSIT.**
- **IF ACTUAL REVIEW CHARGES ARE OVER AND ABOVE THE ESTIMATED EXPENSES, PROJECT OWNER WILL REIMBURSE WPCA FOR THE ADDITIONAL CHARGES PRIOR TO PROJECT APPROVAL. THE WPCA WILL NOT PROCEED WITH ADDITIONAL EXPENSES BEYOND THE DEPOSITED AMOUNT WITHOUT THE PROJECT OWNERS APPROVAL.**
- **ALL PROJECT DESIGNS MUST USE SUFFIELD WPCA CRITERIA**

PART I. - CHECK LIST

SUBMIT TWO (2) COPIES OF THE FOLLOWING DOCUMENTS, INCLUDING THIS APPLICATION:

- | | |
|---|---|
| <input type="checkbox"/> PROJECT NARRATIVE | <input type="checkbox"/> PROPOSED PUMP STATION |
| <input type="checkbox"/> LOCATION MAP (1"=2000') | <input type="checkbox"/> ALTERNATIVE EVALUATION |
| <input type="checkbox"/> SITE PLAN (1"=200') | <input type="checkbox"/> FLOW COMPUTATIONS |
| <input type="checkbox"/> SIGNED APPLICATION (SIGNED BY OWNER) | |

PART II. APPLICANT INFORMATION

NAME OF PROJECT: _____

NAME OF PERSON COMPLETING APPLICATION: _____ **TITLE:** _____

ADDRESS: _____ **PHONE 1:** _____ **PHONE 2:** _____

EMAIL: _____

OWNERSHIP OF LAND DEVELOPMENT:

NAME: _____ **TITLE:** _____

ADDRESS: _____

PHONE 1: _____ **PHONE 2:** _____

EMAIL: _____

TYPE OF OWNERSHIP:

INDIVIDUAL DOMESTIC CORPORATION FOREIGN CORPORATION PARTNERSHIP OTHER _____

REGISTERED TO DO BUSINESS IN CONNECTICUT? YES _____ **NO** _____

IF CORPORATION OR PARTNERSHIP GIVES NAMES AND TITLES OF PRINCIPAL OFFICERS:

1) NAME _____ TITLE _____ 2) NAME _____ TITLE _____

3) NAME _____ TITLE _____

OWNER'S SIGNATURE: _____ SIGNATURE APPLICANT: _____

PART III. - PROPOSED DEVELOPMENT

A: TYPE OF DEVELOPMENT (OFFICE, RESIDENTIAL, BUSINESS, ETC.) - ATTACH SEPARATE SHEETS OF PAPER IF NEEDED

DESCRIBE:

B: POPULATION SERVED BY WASTEWATER FACILITIES:

INITIAL: _____ 5 YEAR: _____ 10 YEAR: _____ 20 YEAR: _____ ULTIMATE: _____

C: EQUIVALENT DWELLING UNITS (EDU'S)/WASTEWATER FLOWS: **(1 EDU = 126 GALLONS PER DAY - 2017)**

RESIDENTIAL / INDUSTRIAL / COMMERCIAL DEVELOPMENT WASTEWATER FLOWS:

AVERAGE DAILY FLOW (GPD)

	PROJECT	SEWERSHED	PROJECT EDU'S	PEAK FLOW	SEWERSHED
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INITIAL:	_____	_____	_____	_____	_____
5 YEARS:	_____	_____	_____	_____	_____
10 YEARS:	_____	_____	_____	_____	_____
ULTIMATE:	_____	_____	_____	_____	_____

COMMERCIAL/INDUSTRIAL DEVELOPMENT WASTEWATER FLOWS:

AVERAGE DAILY FLOW (GPD)

	PROJECT	SEWERSHED	PROJECT EDU'S	PEAK FLOW	SEWERSHED
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INITIAL:	_____	_____	_____	_____	_____
5 YEARS:	_____	_____	_____	_____	_____
10 YEARS:	_____	_____	_____	_____	_____
ULTIMATE:	_____	_____	_____	_____	_____

PART IV: PROPOSED WASTEWATER FACILITIES

INDICATE APPLICABLE PROPOSED FACILITIES:

____ GRAVITY SEWERS SIZE AND LENGTH _____

____ PUMP STATION(S)

____ FORCE MAIN SEWERS SIZE AND LENGTH _____

____ BUILDING LATERAL CONNECTIONS SIZE AND LENGTH _____

____ OTHER (SUCH AS LOW PRESSURE SEWER SYSTEMS) _____

ESTIMATED COST OF PROPOSED FACILITIES _____

PUMPING STATION AND FORCE MAIN, INCLUDING LOW PRESSURE SEWER SYSTEMS WILL BE PERMITTED ONLY IF THE FOLLOWING CONDITIONS APPLY:

- A. GRAVITY SEWERS ARE PROHIBITED BY PHYSICAL OR OTHER CONSTRAINTS.
- B. EXISTING DOWNSTREAM FACILITIES HAVE SUFFICIENT CAPACITY TO ACCEPT FLOW FROM THE PROPOSED DEVELOPMENT.

LOCATION, DISTANCE, SIZE, AND CAPACITY OF NEAREST EXISTING SEWER LINE

PART V: PROPOSED WATER SUPPLY

TYPE OF PROPOSED WATER SERVICE: (PUBLIC, WELL, ETC.)

ESTIMATED WATER USAGE (GALLONS PER DAY): _____

EMERGENCY POWER PROVISIONS: _____

NOTE: PROJECTS ARE REQUIRED TO UTILIZE WATER SAVING PLUMBING FIXTURES. PLEASE INCLUDE ANY REQUIRED SUPPLEMENTARY MATERIALS INCLUDING DRAWINGS, NARRATIVES, ETC.

PART VI. ENGINEER'S SIGNATURE AND SEAL

ENGINEER MUST BE LICENSED IN THE STATE OF CONNECTICUT

TO THE BEST OF MY KNOWLEDGE AND BELIEF THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND ACCURATE.

SIGNATURE OF REGISTERED PROFESSIONAL ENGINEER

_____ DATE

SEAL