SEWER EXTENSION REPAIR PERMIT

PART I – CHECK LIST
EXCLUDING THE CHECK FOR PAYMENT, SUBMIT TWO (2) COPIES OF THE FOLLOWING DOCUMENTS INCLUDING THIS APPLICATION.

___ APPLICATION FEE
___ PLANS & SPECIFICATIONS
___ APPLICATION

PART II – APPLICANT NAME & ADDRESS

____________________________________

____________________________________

TELEPHONE #:

____________________________________

PART III – APPROVAL OF PLANS FOR REPAIR TO
COST OF PROPOSED REPAIR TO:

___ PUMP STATIONS
___ SEWER AND APPURTENANCES
___ LOW PRESSURE SEWER SYSTEMS
___ SEWERAGE FACILITIES

PART IV – APPROVALS AND PERMITS HAVE BEEN OBTAINED FOR:
(Submit evidence of approvals/permits)

___ DEEP
___ PRELIMINARY DESIGN REPORT (IF REQUIRED)
___ CONSERVATION COMMISION

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).

<table>
<thead>
<tr>
<th>Pollutant</th>
<th>Concentration (mg/l)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PART VI – SEWER SYSTEM

Existing Sewer Material and Pipe Size: _______________________________________
Describe Problem and Location:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Describe Repair:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

PART VII – PUMP STATION(S) (INCLUDING PRIVATE PUMP STATIONS OR LPSS STATIONS)

Pump Station Name: _____________________________________________________
Location: __________________________________________________________________

Type (Conventional, Submersible):
Initial Population Served:
Design Population & Year:
Force Main Size(s), Length(s), Material(s):

Emergency power systems (or connections)
type/make/model/capacity ___________________________________________________

Design Information:

<table>
<thead>
<tr>
<th></th>
<th>AVG (GPD)</th>
<th>MAX (GPD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Flow</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Industrial Flow</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infiltration/Inflow</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Design Flow</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective Wet Well Capacity</td>
<td>(GAL)</td>
<td></td>
</tr>
<tr>
<td>Detention Time</td>
<td></td>
<td>(MIN)</td>
</tr>
<tr>
<td>Design Average Velocity in Force Main</td>
<td>(FPS)</td>
<td></td>
</tr>
</tbody>
</table>
Total Dynamic (Head Pump Station + Force Main)

Static Head __________________ Ft.
Friction Loss __________________ Ft.
TDH __________________ Ft.

Describe Repair to Pumping Facilities:


PART VIII – PUMP STATION ODOR CONTROL FACILITIES

1. Has the generation of questionable odors been considered in the design if 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 pump station.


PART IX – SIGNATURES

Applicant
Signature: ________________________________

This is to certify that I have personally reviewed all engineering information contained in the application and supportive documents, drawings, plans, and specifications which are part of this application and that I have found it to be 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: ________________________________