

**BUSINESS OFFICE**

(860)668-3856

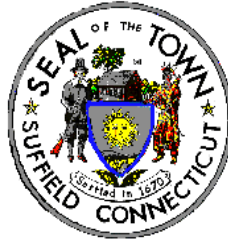
FAX: (860)668-3858

**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 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 COMMISSION

**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).

Pollutant

\_\_\_\_\_

Concentration (mg/l)

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OFFICIAL USE ONLY

PERMIT ISSUED \_\_\_ YES \_\_\_ NO      REVIEWED BY: \_\_\_\_\_  
DATE: \_\_\_\_\_      \_\_\_\_\_  
SIGNATURE

**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:

	AVG (GPD)	MAX(GPD)
Domestic Flow	_____	_____
Industrial Flow	_____	_____
Infiltration/Inflow	_____	_____
Design Flow	_____	_____

Effective Wet Well Capacity - \_\_\_\_\_ (GAL)  
Detention Time - \_\_\_\_\_ (MIN)  
Design Average Velocity in Force Main - \_\_\_\_\_ (FPS)

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 FACILITES**

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: \_\_\_\_\_

\_\_\_\_\_

Telephone No.:

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SEAL

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SIGNATURE