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
jkreller@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:

____ PROJECT NARRATIVE
____ LOCATION MAP (1"=2000')
____ SITE PLAN (1"=200')
____ SIGNED APPLICATION (SIGNED BY OWNER)
____ PROPOSED PUMP STATION
____ ALTERNATIVE EVALUATION
____ FLOW COMPUTATIONS

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
INITIAL:	_____	_____	_____	_____	_____
5 YEARS:	_____	_____	_____	_____	_____
10 YEARS:	_____	_____	_____	_____	_____
ULTIMATE:	_____	_____	_____	_____	_____

COMMERCIAL/INDUSTRIAL DEVELOPMENT WASTEWATER FLOWS:

	AVERAGE DAILY FLOW (GPD) PROJECT	SEWERSHED	PROJECT EDU'S	PEAK FLOW	SEWERSHED
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 FACILITES 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