

TOWN OF WHITEFIELD
SEWER CONNECTION PERMIT APPLICATION



Whitefield Wastewater Residential or Commercial Sewer Connection Form in Consideration of Granting A Permit the Undersigned Agrees:

1. To get State approval to connect to the Whitefield Wastewater System;
2. To provide a drawing or plan with the location tie and elevations of the proposed connection to be reviewed by the Wastewater Department prior to connection;
3. That the connection will be installed under Town of Whitefield guidelines and requirements under the Sewer Use Ordinance;
4. To pay for all materials and labor for inspection and installation for connecting to the sewer line with appropriate backfill;
5. To maintain the sewer line connection at no expense to the Town of Whitefield;
6. To schedule and inspector to oversee the connection and backfill, to ensure quality and sewer line integrity. (Please contact the Public Works Director at 837-2202);
7. If applicable, shall conform to the policy for Commercial Sewer Connection.

Part 1: Application Information

Date: _____

Applicant Name: _____

Phone Number: _____

Mailing Address: _____

Property Address: _____

Map: _____ Lot: _____

Part 2: Proposed Connection (check ONE that applies):

- _____ Existing Building: Replacement or repair of sewer service in same location and no new internal connections.
- _____ Existing Building: New or relocated sewer service to existing building
- _____ New Residential Construction
- _____ New Commercial Construction

Part 3: Fee (Refer to Town's Sewer Use Ordinance for Applicable Fees)

New Sewer Hook-Up Fee:

FEE

- Building/Service Type: _____
- Associated Sewer Hook-Up Fee¹: _____
- (Number of Connections) _____ x (Fee) \$ _____ = \$ _____

Wastewater System Development Charge:

- (# of connections) _____ x (estimated gpd)² _____ x WWSDC³ = \$ _____

TOTAL PERMIT FEE \$ _____

¹ Refer to the Town of Whitefield Sewer Use Ordinance for applicable hook-up fee.

² Estimated gallons per day (gpd) shall be based on the New Hampshire Code of Administrative Rules, Env-Wq 1000, Table 1008-1 Unit Design Flow Figures (current version).

³ WWSDC = \$5.35/gallon

FOR TOWN USE ONLY:

Comments: _____

Authorized Signature: _____ Date: _____

Permit Number: _____



State of New Hampshire
 DEPARTMENT OF ENVIRONMENTAL SERVICES
 WASTEWATER ENGINEERING BUREAU
 HAZEN DRIVE - P.O. BOX 95
 CONCORD, NH 03302-0095
 TEL (603) 271-3503 FAX (603) 271-4128
 www.des.state.nh.us



APPLICATION FOR SEWER CONNECTION PERMIT

On behalf of _____
 (Project Name or Description)

The Town/City of _____ hereby requests authorization to

A. Connect additional domestic wastewater to its existing wastewater collection, treatment and disposal system, in the amount of :

_____ gallons / day;

and/or

B. Extend its existing wastewater collection system by installing the following :

_____ LF of _____-inch sewer at _____ Street
 " " " " " "

The municipal wastewater collection/treatment facilities have no history of hydraulic surcharge or overload. The proposed sewer connection and/or sewerage design plans meet with the approval of the local jurisdictional authority/ies.

Name: _____ Title: _____
 (Municipal Official; Please Print or Type)

Signature: _____ Date: _____

See reverse side for additional instructions. Contact the NHDES/Wastewater Engineering Bureau at the address on the masthead if you need clarification regarding this form or connection permit requirements.