

FEE \$ _____

PERMIT **H₂O** N^o _____

DATE OF ISSUE _____

TOWN OF MONTVILLE
MUNICIPAL WATER CONNECTION PERMIT

METER READING _____ METER NO. _____ METER LOCATION _____
(THIS INFORMATION TO BE FILLED OUT BY INSPECTOR OF CONNECTION)

PROPERTY LOCATION _____

PROPERTY OWNER(S) _____
EXACT NAMES AS RECORDED IN DEEDS

MAILING ADDRESS _____
PO BOX OR NUMBER & STREET TOWN STATE ZIP

CONNECTION TO: RESIDENTIAL _____ NO OF UNITS _____ COMMERCIAL _____ NO OF UNITS _____
INDUSTRIAL _____ NO OF UNITS _____ INSTITUTIONAL _____ NO OF UNITS _____
TYPE

PIPE SIZE _____ TYPE OF PIPE _____

SIGNATURE OF APPLICANT

CONNECTED BY _____ LICENSE# _____ TELEPHONE _____

APPROVED BY _____
INSPECTOR

SHOW CONNECTION SKETCH FROM SHUT-OFF AT CURB LINE TO STRUCTURE SHOWING EXACT DISTANCES FROM STRUCTURE AND DEPTH AT STRUCTURE EXIT.
(THIS MUST BE COMPLETED PRIOR TO INSPECTOR'S APPROVAL.)

TOWN OF MONTVILLE

PERMIT FOR PUBLIC SEWER CONNECTION

DATE _____ FEE \$ _____ PERMIT NO. _____

TYPE _____

NO. OF UNITS _____

LOCATION _____

OWNER(S) OF RECORDS _____

NAME

MAILING ADDRESS

CONTRACTOR _____ TIE-IN DATE _____ INSPECTED BY _____

WPCA AGENT

METERED _____ METER NO. _____

DATE
INSTALLED

FIRST READING

SKETCH OF LOT SHOWING WELL OR WATER PIPES, BUILDING AND PROPOSED TIE-IN ROUTE TO STREET STUB.

Show as-built connection complete with all measurement from a permanent structure to pipe exit from building and all cleanout locations, trap and vent (if outside), grease pit (if any), grinder pump installation (if any). (Use back of white sheet if necessary.)

WPCA COPY
(white)

INSPECTOR COPY
(yellow)

**TOWN OF MONTVILLE
WATER POLLUTION CONTROL AUTHORITY
Sewer Use Determination Form**

Applicant: _____

Mailing Address: _____

Telephone: _____

Location of Project: _____

Project Name: _____

Description of Project: _____

The undersigned hereby makes application for the following:

<u>Determination/Approval</u>	<u>Statute/Regulation</u>	<u>Public Hearing</u>	<u>Fee</u>
_____ System capacity determination	G.S. §7-246a(a)(1)	No	\$
_____ Sewer main hook up approval	G.S. §7-246a(a)(2)	Yes	\$
_____ Other wastewater disposal	G.S. §7-246a(a)(3)	No	\$
_____ Preliminary sewer design approval	G.S. §7-247a	No	\$
_____ Sewer construction approval	G.S. §7-247a	Yes	\$
_____ Sewer connection approval	G.S. §7-247a	No	\$
_____ Changed Discharge Approval	Regs. §6.05	No	\$
_____ FOG Pretreatment Permit	Regs. §6.07B	No	\$
_____ License/Permit to work on sewers		No	\$

*No public hearing required unless either a connection to or construction of a facility extending to a WPCA collection or WPCA waste disposal system is proposed.

Nature of Use

_____ Residential No. Bedrooms _____ Public water Y / N

_____ Commercial Food Establishment Y / N Class I _____ Class II _____ Class III _____ Class IV _____

Public Water Y / N Est. usage _____ (gpd) Est. discharge _____ (gpd)

Wastewater discharge complies with Sewer Use Rules and Regulations §6.0 Y / N

TOWN OF MONTVILLE
WATER POLLUTION CONTROL AUTHORITY

310 NORWICH-NEW LONDON TPKE
UNCASVILLE, CT 06382

Phone – 860-848-6776 Fax – 860-848-4354

Requirement for Septage Hauler permit process

1. Completed application for permit for Disposal of Septic Tank Waste
2. Check for \$150.00/per truck, yearly permit fee (payable Town of Montville WPCA)
3. Copy of current vehicle registration
4. Copy of current insurance card
5. Copy of subsurface license

Treatment plant does not accept grease. Disposal should be from properties within Montville.

Once permit fee is paid a placard will be issued. This placard is to be displayed on the truck when dumping at the plant.

Once a month you will be billed for what you have dumped.

**APPLICATION FOR PERMIT
FOR
DISPOSAL OF SEPTIC TANK WASTE
AT THE WASTE WATER POLLUTION CONTROL FACILITY
MONTVILLE, CONNECTICUT
[TO BE FILLED OUT IN TRIPPLICATE]**

1. _____
Name of Company _____ Owner / President _____

2. _____
Business Address _____ Telephone Number _____

3. _____
Residential Address _____ Telephone Number _____

4. Number of years in business _____ 5. Insurance Company _____

6. Equipment – Trucks
Registration Number. _____ Capacity _____ Type _____

[Note: Only those trucks registered above shall be considered under the permit.]

I, the undersigned duly authorized agent for the stated company, recognize the obligation of Town of Montville to provide a safe and acceptable effluent from the Water Pollution Control Facility and further recognize that any material disposed of at the plant could seriously disrupt the necessary biological conditions at the Plant which produces this effluent.

By accepting the permit I obligate myself and company to abide by all rules, regulations and policies set forth by the Town of Montville Sewer Authority or its duly authorized agent in the use of the Plant and relinquish any claims against the Town or its agents resulting from decisions, policies and regulations.

I further state that I have read and am familiar with all rules, regulations and policies as set forth by the Town Sewer Authority.

Date _____
Signature – Contractor _____

If Corporation Affix Seal

Permit Number _____ granted in conformance with
all rules, regulations and policy set forth by the Town of Montville Sewer
Authority. Certificate of Insurance attached.

Date _____
Superintendent Treatment Plant for Sewer Authority _____

Expiration of Permit _____

Dist: Orig. File, Copy – Applicant plus copy of Permit for each vehicle listed above.