

APPLICATION FOR SEWER CONNECTION OR SEWER EXTENSION PERMIT

**Return To: K. Russell Adams, P. E., Senior Civil Engineer
Department of Public Works & Parks/Engineering Division
Worcester, MA 01604**

1. Name and Address of Applicant: _____

Telephone: _____

2. Name and Address of Project: _____

Type of Establishment Unit _____
(Per State Environmental Code, Title V, 310 CMR 15.203)

3. Number of Residences to be Served, if Applicable: _____

4. Total Number of Bedrooms, if Applicable: _____

5. Other Establishments to be Served and Corresponding Design Flow:

Name	Address	Type of Establishment	Design Flow
(a)	_____	_____	_____
(b)	_____	_____	_____

6. Design Flow of COMMERCIAL/RESIDENTIAL SEWAGE in Gallons per Day: (attach calculations if necessary)

Proposed Sewage: _____
(Per State Environmental Code, Title V, 310 CMR 15.203)

*** Credit for Existing Sewage, if Applicable:** _____
(Per State Environmental Code, Title V, 310 CMR 15.203)

*** Please Check Box for Credit, if Applicable:** **Change in Existing Building's Use**
(Minus 500 GPD at Total) **Addition and/or Expansion to Existing Building**

Total:** _____

*** Requests for credit will be considered for previous sanitary flow within five (5) years of permitting project. Proof of flow must accompany written request. Credit must be requested on or before the time of permitting.**

**** The Total cannot be less than zero and should list all applicable credits.**

APPLICATION FOR SEWER CONNECTION OR SEWER EXTENSION PERMIT (cont.)

7. Design Flow of INDUSTRIAL SEWAGE in Gallons per Day: (attach calculations if necessary)

Industrial Waste, if Applicable: _____
(Per State Environmental Code, Title V, 314 CMR 7.000)

**8. Location, Length, Size, and Capacity of Sewers to be connected to the Existing System:
(Attach Sketch or Include Plan)**

	Name of Street	Length of Sewer	Size of Sewer Flow-Full Capacity
(a)	_____		
(b)	_____		

9. Specify if the discharge contains any industrial waste, grease interceptor, oil separator, or pump station:

10. Name and Address of Massachusetts Registered Professional Engineer designing the proposed system:

Name & MA P.E. #: _____

Address: _____

Telephone #: _____

Signature of Professional Engineer: _____

11. Name of Applicant: _____ **Date:** _____

Signature: _____ **Title:** _____

APPROVED:

Date Issued: _____

**Approving City Civil Engineer
DPW&P Engineering Division**