



CITY OF WOONSOCKET, RHODE ISLAND
DEPARTMENT OF PUBLIC WORKS
ENGINEERING DIVISION

APPLICATION FOR A SEWER CONNECTION

Sewer Permit No. _____

TO THE DIRECTOR OF PUBLIC WORKS:

The undersigned, owner of the estate at No. _____, hereby makes application for permission to connect said estate with public sewer in _____.

The undersigned agrees to strictly conform to all existing ordinances, rules and regulations, and to all ordinances, rules and regulations relating to the use of the public sewers and the making and using of all connections with said sewers, which may hereafter be enacted by the City Council or by the Director and approved by the City Council.

The undersigned further agrees that no claim for damages that may be occasioned to said estate or any property thereon in any manner by the construction, existence or use of said connection shall be made against the City of Woonsocket, Rhode Island.

The undersigned further agrees that the Director shall have access at all reasonable hours to the premises to see that all ordinances, rules and regulations relating to the public sewers and all connections therewith are being complied with.

All connections shall be of such size and material, and laid to such grade and depth as the Director may determine.

All work of making connections shall be under the supervision of the Director.

All repair work to the public right-of-way, necessitated by this excavation, shall be the sole responsibility of the homeowner. The actual cost of the repair will be billed to the homeowner. The actual cost of the repair will be billed to the homeowner through the plumber to whom the excavation permit was issued.

USER CLASSIFICATION

(To be completed by Applicant)

(Check appropriate item(s))

Residential – No. of Dwelling Units _____ Commercial _____ Industrial* _____
 Miscellaneous; explain _____

 (Signature of Owner) Date _____ (Signature of Drain Layer or Master Plumber) Date _____

 (Insurance Certificate No. & Date)

Sewer Connection Fee Paid: \$ _____ Date: _____ Not Applicable: _____
 (Property Owner) (Amount) (Explain) _____
 Sewer Permit Fee Paid: \$ _____ Date: _____ Sewer Permit Issue Date: _____
 (Amount) Return Date: _____

*If industrial application is made, Owner must provide the following to the Director on the reverse side application.

ASSURANCES

To be certified by a Registered Professional Sanitary Engineer:

Description of industrial sewage characteristics proposed to be discharged:

Max. BOD _____ mg/1 (not to exceed 250 mg/1)

Max. SS _____ mg/1 (not to exceed 30 mg/1)

Max. Flow _____ gal/day

Avg. Flow _____ gal/day

If parameters exceed design, what pretreatment measures will be taken?

If reserve capacity needed at the treatment plant in the future?

_____ Yes _____ No

Is sewage treatable by conventional biological treatment process?

_____ Yes _____ No

If no, please explain.

(Stamp)

_____ P.E.
(Signature)