

SCHEDULE C-R (for REPAIR or work in close proximity to the existing sewer connection)

Town of Wilmington

Application for REPAIR TO A CONNECTION to the Municipal Sewer System

NOTE: If your property is in the Wilmington Water District, Please check with them to see if a permit is required.

(Boxed areas for office use only)

Date Received: _____	Application Fee (\$80.00) WAIVED FOR REPAIRS
Time: _____	PAID: _____ <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash
TAX MAP #: _____	Bianchi Fee (\$11.00) WAIVED
PSC #: _____	PAID:\$ _____ <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash
Initials: _____	Received by (Signature): _____

APPLICATION FOR REPAIR OF A PUBLIC SEWER CONNECTION

INSTRUCTIONS: (Town Ordinance sections 501, 502) Complete Application and submit the original to the Wilmington Town Manager, PO Box 217, Wilmington, VT 05363. (Permit Required but Application Fee waived for repairs.)

TO: Town of Wilmington – Board of Sewer Commissioners.

The Undersigned, being the owner of the property located at _____
(Locatable address number and street)
does hereby request a permit to make repairs to an existing public sewer connection, described as follows:

(503) Will work require excavation in a Town or State highway right of way? Yes No. If work will be done within a State or Town highway right of way, permits must be attached.

(506) Will any portion of any existing outside piping be utilized in making the public sewer connections? Yes No. If yes, has piping been approved for use by the Commissioners? Yes No.

(507) Building Sewer Size? _____ (4" min.) slope _____ (1/4"/ft.) desired.

(520) Building Sewer Material _____.

(509) Depth of cover over pipe? Varies from _____ to _____ ft. (4' min.)

(511,511A) Will any connections be made from roof drains, foundation drains or other sources of surface runoff

or groundwater to building sewer? Yes No. If yes, explain why.

(516) Building sewer to be connected to public sewer by a Town provided house connection, Town provided wye connection, new tap provided by owner, other _____.

(518) Length from structure to public sewer, as measured along proposed route of building sewer? ____ ft. Is the alignment straight, or are there bends? Number of cleanouts to be provided? _____.

(521) Name, address and telephone number of plumber to perform the work:
_____.

(526) Is work to be done on public property or within a highway right-of- way? Yes No. If Yes, have the required insurance policies and performance bonds been filed with the Commissioners? Yes No.

Those persons applying for a permit relative to sanitary sewers or public sewer connections for developments or subdivisions shall submit herewith, a complete set of design notes, plans, specifications, State approval and all other information required or necessary to completely identify the work proposed.

In consideration of granting a permit, the undersigned certifies that the information provided herein is true and correct and agrees to the following:

1. To accept and abide by all provisions of the "Ordinance Regulating the Use and Allocation of Reserve Capacity of Public and the Use of Private Sanitary Sewerage Systems, Wilmington, Vermont", (ORDINANCE) and of all other pertinent ordinances or regulations that may be adopted in the future.

2. To construct the proposed facilities in accordance with the information provided herein, the ORDINANCE and all other provisions which may be included on the Permit.

3. To install, operate and maintain the proposed facilities in a sanitary manner at all times, at no expense to the Town.

4. To Notify the Commissioners or the WWTP Chief Operator at least 48 hours in advance of any work and before covering any work in order that they may supervise and inspect such work (517).

5. To allow the Commissioners, or their authorized representatives, to enter upon said property to witness tests and construction or for any other purposes required to determine compliance.

6. To pay for all costs and to furnish all necessary tools, labor, materials and assistance for making required tests and for removing, replacing or repairing defective work or materials, at no expense to the Town.

Signed _____

Print Name _____

Mailing Address _____

Tel. No. _____

Date _____

* Do not write below this line – for office use only *

Received on _____, 20____ By _____

Received by John Lazelle, Chief Operator on _____

Est. GPD _____ (SFD 250; public buildings per State Flow Quantities.)

User Classification: _____ ECU _____ No change to existing allocation.

Application is: Approved Approved as Noted Disapproved

John Lazelle, Chief Operator, WWTP

Zoning, Design Control Permits Required? YES NO

If yes, date issued and permit No. _____

Road opening permit required? Yes No. If yes, has it been Issued? Yes No.

Sewer Permit issued on _____, 20____ and expires
on _____, 20____ (6 Months.)

Chairman, Board of Sewer Commissioners
(or authorized representative)