

TOWN OF CHESHIRE

WATER POLLUTION CONTROL AUTHORITY (WPCA)

84 South Main Street • Cheshire, Connecticut 06410 Phone: 203-271-6650 Fax: 203-271-6659

APPLICATION FOR FEASIBILITY APPROVAL FOR EXTENSION OF PUBLIC SANITARY SEWERS

PLEASE COMPLETE ALL PARTS BELOW. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

Project Name		Project Location	
Zoning District		Lot No.	
201111g District	inap ito:	20(1101	
Applicant Namo		Phone	
Applicant Name:		Phone:	
Email:			
Owner Name (if not applicant):			
Address:			
Representative/Agent for the Application			
Name:			
Address:			
Phone:	Email:		

Project Details (check and fill in all that apply):				
☐ New Discharge	Substantial change in the volume or ch	naracter of pollutants being discharged. <u>Attach Explanation</u>		
Single-Family Residential	Number of Bedrooms			
Multi-Family Residential	Number of Bedrooms			
Commercial	Square Footage	Estimated Daily Flow in Gallons per Day		
Industrial	Square Footage	Estimated Daily Flow in Gallons per Day		
Total estimated capacity required: (Gallons per day). <u>Attach Calculations</u>				
Estimated date of occupancy:				
Is food preparation occurring on the Property? No Yes If yes, provide the Public Health Code Classification: *Note: All classifications are defined by the CT EPA 19-13-B42 and PA 17-93: https://portal.ct.gov/DEEP/Municipal-Wastewater/Fats-Oils-and-Grease-FOG-Model-Program				
Proposed Sewer Type (Check all that apply): Gravity Sewer System Low Pressure Sewer System Pump Station (Conventional)				
Town of Cheshire Sewer Service Area Map Designation/Site Location (Check All That Apply):				
Special Flow (Map Color Co	ode: Purple)			
Sewered Parcel (Map Color Code: Light Blue)				
Potential Sewered Parcels (Map Color Code: Light Green				
Areas Not Recommended for Sewers (Map Color Code: Pink)				
R-80 Zoning (Map Color Co	de: Yellow)			
Parcel Reporting Problems with Disposal System (Map Color Code: Outlined Red)				
☐ Infill Property				
Located within C&D Growt	h Area			

*Note: The map can be accessed on the Town of Cheshire website located here: https://cheshire.mapxpress.net/portal.asp

Application Checklist (Attach the following):				
Project narrative briefly describing the project and detailing necessary information. This should also include the anticipated start date, construction phases/dates, ownership of the sanitary sewer and any easements required for construction.				
Calculations for the estimated daily demand.				
Locus Map outlining the project area.				
Preliminary flow computations for immediate and future service areas (average daily and peak flow rate	s).			
Original application along with supporting documentation (outlined above).				
Two (2) full size copies of the preliminary site plan showing location of structures, pipes, easements, top	ography, etc.			
☐ Eight (8) 11" x 17" size copies of Preliminary Site Plan				
Digital copy (.pdf format) of the application and supporting documentation listed above. Provide flash drive or email to npwengineering@cheshirect.org				
\$150 Application Fee.				
 By signing below, I hereby agree and certify as follows: The statements made, and the information provided in this application and in all supporting documentation are true to the best of my knowledge and belief; I have reviewed, understand, and will comply with The Town of Cheshire Sewer Regulations; I will provide such other data or information as may be requested by the Director or the WPCA as they deem necessary to decide on the application; and Official representatives and agents of the Town of Cheshire are authorized to enter the property, at reasonable times, for purposes of inspection, observation, measurement, sampling, and testing. 				
Applicant's Name (printed):				
Applicant's Signature	Date:			
Property Owner's Name (printed)				
Property Owner's Signature	Date:			