

Town of Chester
203 Middlesex Avenue
Post Office Box 218
Chester Connecticut 06412-0218



telephone: 860-526-0013
facsimile: 860-526-0004
web page: chesterct.com
e-mail: info@chesterct.com

WATER POLLUTION CONTROL AUTHORITY

Special (over 500 gallons per day)
Regular

Permit Application Form Permit fee \$60.00

- 1) Building or source location _____
- 2) Is this a new or existing building _____
- 3) Building owner _____
Address _____
Phone No. _____
- 4) Occupants Names _____
Address _____
Phone No. _____
- 5) Name of Business _____
- 6) Nature of Business (describe) _____
_____ No. Employees _____
No. Patrons _____ Hours of Operation _____ Days _____
No. water closets, lavatories, showers _____
Is this a new or existing business? _____
- 7) Waste water volume (gallons per day) _____
How was volume determined? _____
Describe any water conservation measures taken in the system

- 8) Attach water use records for past 1 year.
- 9) Is there a present pollution or public health problem associated with the building's sewerage waste water? _____

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If yes, describe briefly and attach an order or certificate by Town's Health Official that such a condition exists. _____

10) Size of building's property S.F. _____. Attach a map showing the lot and building on the property (map should show slope of ground, wells, soil types and location of septic systems tests and all buildings.

11) Describe briefly all on site sewage disposal remedies attempted or investigated

12) Attach sanitarian report certifying that onsite disposal is unfeasible.

13) Sewage character is:

a. Domestic _____

b. Commercial _____

c. Industrial _____

d. Describe the nature of the operations which will generate the commercial or industrial wastes _____

14) What if any pretreatment is planned? _____
Attach Engineer's drawings, reports, etc.

15) Are any cooling waters included in the proposed discharges? _____

16) Are any sump pumps, ground water, roof, surface or ground waters intended to be connected to the system? _____

17) Will you agree to allow Sewer Authority or Town personnel to periodically inspect your system and connections for compliance with their regulations and conditions, and to monitor your water use? _____

SIGNATURES

Applicant: _____

Building/Property Owner(s): _____

Date: _____