

# Tamworth Sewer System

## Sewer Connection / Change of Use Application

**Facility**

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Tax Map/Lot Number: \_\_\_\_\_

**Facility Contact**

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**Owner**

Full Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**Use of Property Where Connection is Requested:**

- |   |  |
|---|--|
| <input type="checkbox"/> Single Family Dwelling           | <input type="checkbox"/> Industrial, Type: _____   |
| <input type="checkbox"/> Multi-Family Dwelling            | <input type="checkbox"/> Commercial, Type: _____   |
| <input type="checkbox"/> Apartment / Condominium Building | <input type="checkbox"/> Governmental, Type: _____ |

**Connection Type (Check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> New               | <input type="checkbox"/> Repair/Replacement    |
| <input type="checkbox"/> Gravity Sewer     | <input type="checkbox"/> Other, Explain: _____ |
| <input type="checkbox"/> Pressurized Sewer | (May use additional attachments)               |

*Sewer service by means of a "Pressurized Sewer" includes systems that utilize an individual pumping system owned, operated, and maintained by the property owner. Owners and occupants of the premises serviced by a pressurized sewer shall expressly release and indemnify the Tamworth Sewer System from and against any and all liabilities associated with the use, operation and/or malfunction of the pressurized sewer.*

**The Following Indicated Fixtures will be Connected to the Proposed Building Sewer:**

Fixture	Number	Fixture	Number
Bathroom Sink	_____	Urinals	_____
Bath Tub	_____	Dish Washers	_____
Bath Tub & Shower	_____	Garbage Grinders	_____
Toilets	_____	Kitchen Sinks	_____
Clothes Washer	_____	Grease Traps	_____
Showers	_____	Other, Specify: _____	

**Wastewater Characteristics: (Commercial/Industrial Applications Only)**

- Domestic Sewage: Average Daily Flow Gallons per Day (gpd): \_\_\_\_\_
- Process Waste: Average Daily Flow (gpd): \_\_\_\_\_
- Industrial Waste: Average Daily Flow (gpd): \_\_\_\_\_

**Please Choose What Best Describes Your Facility (Commercial/Industrial Applicants Only)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Apartments/ Condominiums | <input type="checkbox"/> Club/Organization       | <input type="checkbox"/> Supermarket           |
| <input type="checkbox"/> Fast Food Restaurant     | <input type="checkbox"/> School/College          | <input type="checkbox"/> Meat Market           |
| <input type="checkbox"/> Ice Cream Shop           | <input type="checkbox"/> Office Building         | <input type="checkbox"/> Bar/Lounge            |
| <input type="checkbox"/> Coffee Shop              | <input type="checkbox"/> Nursing Home            | <input type="checkbox"/> Seasonal              |
| <input type="checkbox"/> Cafeteria                | <input type="checkbox"/> Hotel/Motel             | <input type="checkbox"/> Manufacturing         |
| <input type="checkbox"/> Bakery                   | <input type="checkbox"/> Full Service Restaurant | <input type="checkbox"/> Warehouse             |
| <input type="checkbox"/> Caterer                  | <input type="checkbox"/> Fruit/Vegetable Market  | <input type="checkbox"/> Garage                |
| <input type="checkbox"/> Religious Institution    | <input type="checkbox"/> Convenience Store       | <input type="checkbox"/> Other, Specify: _____ |

**The Following Questions/Attachments Apply to Commercial/Industrial Applicants Only:**

1. Attach two sets of plans and specifications for the proposed building sewer.
2. Attach NH DES Subsurface Systems Bureau Approval Number/ form.
3. Attach a list of what is produced or what is processed at the facility.
4. Attach a list of cleaning products and nay chemicals that will be used by at the facility.
5. How many employees will be employed at the facility? Number: \_\_\_\_\_
6. If serving food, what is the seating capacity at the facility? Number: \_\_\_\_\_
7. Will there be any pretreatment (Grease/Oil/Fats/Grit/Other) at this location? Yes ( ) No ( )
  - a. If "Yes" attach two sets of plans and specifications for the pretreatment system

**Licensed Contractor who will be Completing the Work:**

Contractor Name: \_\_\_\_\_  
Contractor Address: \_\_\_\_\_  
Contractor Phone Number: \_\_\_\_\_

In consideration of the granting of this permit, the undersigned agrees:

- A. To accept and abide by all rules and regulations of the Tamworth Sewer System and the State of New Hampshire Department of Environmental Services and the U.S Environmental Protection Agency and all pertinent ordinances.
- B. To notify the Tamworth Sewer System Commissioner's when the building's sewer is ready for inspection and connection to the public sewer at least twenty-four (24) hours prior to any portion of the work is covered.
- C. To install and maintain the building sewer from the building to the main sewer line in the street at no expense to the Tamworth Sewer System.
- D. This sewer permit shall lapse, become invalid, and be of no further force or effect, in accordance with the Tamworth Sewer System's Ordinance.

Signed (Applicant): \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address of Property Owner: \_\_\_\_\_

*Approval of this sewer connection application does not mean or imply that this lot is buildable.*

**SUBMIT APPLICATION TO: TAMWORTH SEWER SYSTEM, 84 MAIN STREET, TAMWORTH, NH 03886**