

Appendix J – Additional Allocated Wastewater Flow Application
Town of Orleans, Massachusetts
Board of Water and Sewer Commissioners

Section 1 - General Information

A. Property Owner's Name:

B. Property Address:

C. Owner's Mailing Address:

D. Telephone Number/Email/Cell Phone Number:

E. Name, Address, Contact Name, Telephone Number, Cell Phone Number, and License Number of Architect (if applicable):

F. Name, Address, Contact Name, Telephone Number, Cell Phone Number, and License Number of Applicant if different from Owner:

G. Name, Address, Contact Name, Telephone Number, Cell Phone Number, and License Number of Consulting Engineer (if applicable):

H. Type of Commercial Establishment (if applicable):

Section 2 – Existing Building and Use Description

A. Describe Existing building (single family residence, two family residence, apartment building, commercial building, etc.):

B. Total building size (square feet):

C. Total number of bedrooms (if applicable):

D. Number of persons employed (if applicable):

E. Total number of plumbing fixtures:

1. Bathtubs and/or Indoor/Outdoor Showers
2. Exterior faucets
3. Urinals and/or Water Closets
4. Drinking Fountains
5. Dishwashers
6. Floor Drains
7. Oil/Water/Sand Separator
8. Garbage Grinders
9. Kitchen Sinks
10. Laundry Washers/Tubs
11. Service Sinks
12. Sump Pumps
13. Other (attach a list of other)

F. Will food be served at this establishment? Yes No

If yes – seating capacity (commercial applicants only) _____

Note: Exterior grease traps are required at all restaurants, food establishments and similar establishments.

G. Attach floor plans of existing building with descriptions.

Section 3 – Proposed Building and Use Description

A. Describe Proposed building (single family residence, two family residence, apartment building, commercial building, etc.):

B. Total building size (square feet):

C. Total number of bedrooms (if applicable):

D. Number of persons employed (if applicable):

E. Total number of plumbing fixtures:

1. Bathtubs and/or Indoor/Outdoor Showers
2. Exterior faucets
3. Urinals and/or Water Closets
4. Drinking Fountains
5. Dishwashers
6. Floor Drains
7. Oil/Water/Sand Separator
8. Garbage Grinders
9. Kitchen Sinks
10. Laundry Washers/Tubs
11. Service Sinks
12. Sump Pumps
13. Other (attach a list of other)

F. Will food be served at this establishment? Yes No

If yes – seating capacity (commercial applicants only) _____

Note: Exterior grease traps are required at all restaurants, food establishments and similar establishments.

G. Attach floor plans of proposed building with descriptions.

Section 4 - Consumption and Usage

A. Attach existing water usage records, if applicable

B. Attach any additional existing water consumption information and data

C. Requested proposed net increase in Allocated Wastewater Flow _____ (gallons per day).

D. Attach documentation to describe how the net increase in Allocated Wastewater Flow was determined. Documentation needs to be certified by a Civil Engineer licensed in the Commonwealth of Massachusetts

Section 5 - Certification

In consideration of the granting of this permit, the undersigned property owner agrees to the following:

- A. To accept and abide by all **Sewer Use Rules and Regulations** of the Town.
- B. To maintain the connection to the Town’s wastewater system at no expense to the Town.
- C. That all information submitted is accurate to the best of my knowledge.
- D. That all applicable fees per the **Sewer Use Rules and Regulations** and the **Sewer Assessment Bylaw** shall be paid prior to the issuance of this permit, prior to any proposed construction proceeding and prior to any increase in flows being added to the wastewater system.

I hereby certify that I shall adhere to the Town’s **Sewer Use Rules and Regulations** and I understand that failure to adhere to all discharge limitations and to the Town’s **Sewer Use Rules and Regulations** will be cause for the Town to revoke the connection permit and plug the connection to the Town’s wastewater system, upon completion of a hearing by the Board of Water and Sewer Commission.

Signature of Applicant

Signature of Property Owner

Name

Date

DO NOT WRITE BELOW THIS LINE – FOR OFFICIAL USE ONLY
TO BE COMPLETED BY THE TOWN

Application Complete: Yes No

Supporting Documentation Attached, Complete and Adequate: Yes No

Application Permit Fee Paid: Yes No

Betterment Assessment Paid: Yes No N/A

Privilege Fee Paid: Yes No N/A

Compensatory Sewer Privilege Fee Paid: Yes No N/A

Flow Offset Fee Paid: Yes No N/A

Reserve Capacity Fee Paid: Yes No N/A

Water Meter on Site: Yes No

Application Approved and Permit Issued by the Department: Yes No

If no, Why?

Approved net increase in Allocated Wastewater Flow _____ (gallons per day)

Board of Water and Sewer Commissioners

Chair

Vice-Chair

Member

Member

Member

Member

Associate Member

Associate Member

Associate Member

Date

Signature of Department Staff

Name of Department Staff

Title of Department Staff

Date