TOWN OF ANDOVER
HEALTH DIVISION
SEWER CONNECTION PERMIT APPLICATION

Site Address: _____

Date: _____ Town Map: _____ Town Lot: _____

Drain Layer: _____

Address: _____

_____

Owner Name: _____

Address:_____

_____

Telephone: _____

Owner's Signature: _____

Engineer: _____

Address: _____

_____

Telephone: _____

☐ New Construction ☐ Existing Facility
☐ Repair of Existing Sewer – Describe:

_____

_____

Facility Type:
☐ Dwelling: # of Bedrooms: _____

☐ Food Service: # of Seats: _____

☐ Exterior Grease Trap Size: _____

Is a pump required? ☐ Yes ☐ No
If Yes, attach stamped engineering drawings.
Is there an existing Sewer Stub? ☐ Yes ☐ No
If No, attach stamped engineering drawings.
Plan Date: _____ Revision: _____

Is a Special Permit Required? ☐ Yes ☐ No
Is a Variance Required? ☐ Yes ☐ No
Are easements required? ☐ Yes ☐ No
Is a Sewer Extension Permit Required?
☐ Yes ☐ No

The undersigned agrees to construct the approved sewerage system in accordance with the requirements set forth in the Board of Health Regulations. Further, I hereby certify under the pains and penalties of perjury that any existing septic system on the property will be abandoned in full compliance with the provisions of 310 CMR 15.354 (3).

Name of Licensed Pumper: _____ ☐ Crushed & Filled OR ☐ Removed from Site

Drain Layer's Signature: _____ Date: _____

Attached:
☐ 5 Copies of Design Plan ☐ Sketch showing connection route ☐ Application Fee ☐ Proof of Easement

For Office Use Only:

	Date Received	**Date Issued**	**Approved by**	**Permit #**
Application				
SSUP				
BSIP TRENCH				
BSRP TRENCH				
Certificate of Compliance				

Created 03/01/2009

SEWER CONNECTION STAFF REVIEW AND APPROVAL

Address: _____Town Map _____ Town Lot _____ Subdivision Lot _____

Date Distributed: _____ Plan Date: _____ Revision? ☐ Yes ☐ No

☐ **Sent to**

The **Conservation Commission** Recommends the Following:

☐ No action required.
☐ Applicant must submit Request for Determination.
☐ Applicant should file Notice of Intent
☐ Plan conforms to plans approved under existing Order of Conditions #90-_____; no further action required.
☐ Plan does not conform to plans approved under existing Order of Conditions #90-_____

☐ Applicant should file written request as to whether changes require a new filing or amendment of the Order of Conditions OR

☐ Changes proposed appear to have reduced impact on statutory interests and may proceed without further action, provided that an As-Built drawing accompanies the Designer's Certification and the request for a Certificate of Compliance from the Commission.

Signed: _____ Date: _____

Notice: This report is not an assurance of quality or compliance, and third parties, including applicants, are not entitled to rely thereon.

☐ **Sent to**

The **Director of Public Works / Town Engineer** recommends the following:

☐ Approval
☐ Disapproval for the following reason(s): _____

_____

_____

Signed: _____ Date: _____ Sewer Entry # _____

☐ **Sent to**

The **Plumbing / Sewer Inspector** recommends the following:

☐ Approval
☐ Disapproval for the following reason(s): _____

_____

Signed: _____ Date: _____

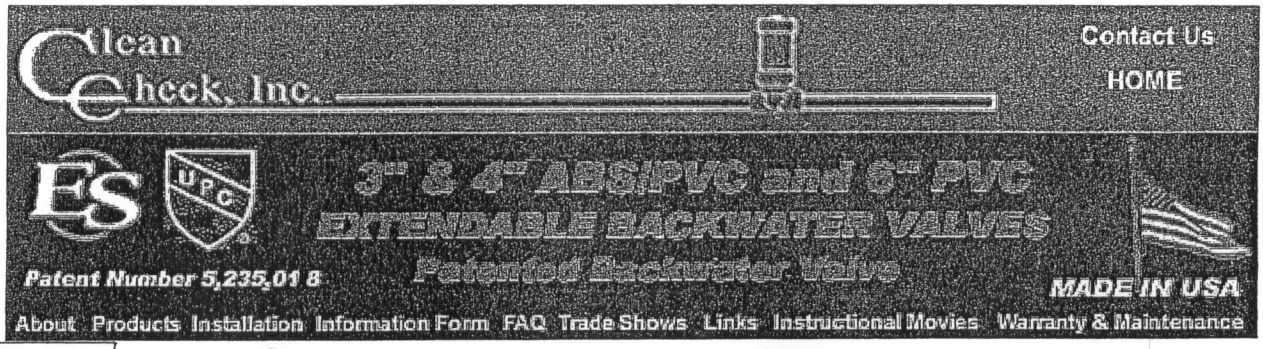
☐ **Sent to** Health Division for Review:

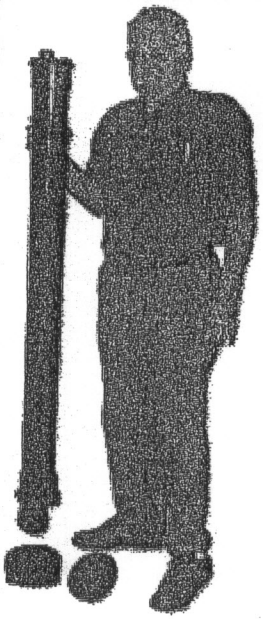
Plan Specifications (check if OK):

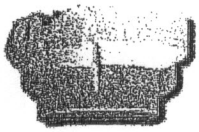
☐ Lot Identifiers
☐ Benchmark
☐ Plan Date / Revision Date
☐ Contours (2' intervals)
☐ Locus Plan
☐ Compass Rose
☐ Lot area/dimensions
☐ Easements
☐ Scale 1" = 20'
☐ Profile to Scale
☐ Pipe size, length, & slope
☐ Pipe inverts
☐ Stub or saddle connection
☐ Design Flow Calculations
☐ Wetlands & Utilities
☐ Existing & Proposed Structures
☐ Invert elevation of Town Sewer Line

Plans approved: _____ Date: _____

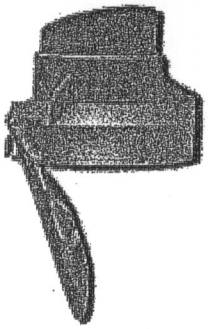
Created 03/01/2009



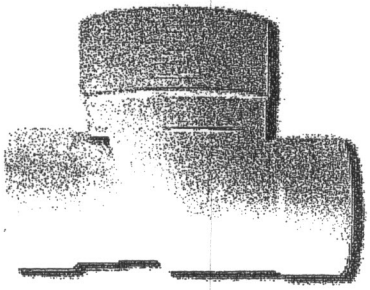




COLLAR



FLAPPER ASSEMBLY



VALVE BODY

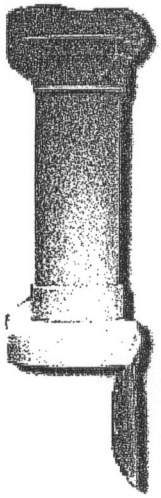
ICC ESR-1148
IPC- IRC

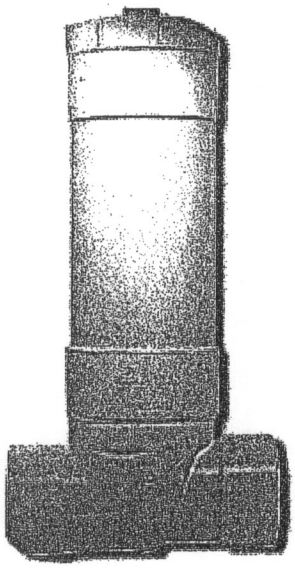
IAPMO
File # 4068
UPC

4" PVC
INSERT PIPE*____

FLAPPER
ASSEMBLY ____

FLAPPER_____





____8" PVC THREADED
PLUG**

____8" PVC FEMALE
ADAPTER**

_____8" PVC RISER PIPE*

____VALVE BODY

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